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MANAGEMENT'S SOCIAL CARE INNOVATORS
SUBCOMMITTEE



Institute of
Health &
Social Care
Management

DECEMBER 6TH 2021



The IHSCM and Social Care

Tracing its origins back to 1902, the Institute of Health & Social Care Management has always existed for one purpose and one purpose only – to support and encourage the development of its members.

From the NHS Long Term Plan of 2019 as well as approaches from social care friends and enquiries from social care managers, it became clear that the Institute needed to broaden its franchise to formally welcome social care. We did this with our name change and the appointment of key staff to engage with social care providers in early 2021. We are absolutely delighted that we took the decision to include social care in development of our content and support activity. Members across social care have enriched what we do and brought balance to our activities.

The one thing that has stood out for me since welcoming members from the sector has been the crisis in workforce and the absence of a plan to address it. Our social care and health care members regularly bemoan the situation and have grown mightily frustrated as the weeks and months have dragged on and the workforce situation remains perilous for all concerned.

Importantly, it was our members who acted as the catalyst for this report. We asked them how they would approach a workforce plan and they replied with the kind of inspiration and insight that we have come to expect. This report, therefore, is by our members and for our members. We are indebted to colleagues at the National Care Forum, National Association of Care and Support Workers and countless social media networks who have encouraged people involved in social care to participate by adding their views and ideas.

The outcome is a plan rooted in reality and lived experience and, in my view, it is all the more powerful and compelling for that. Agree or disagree with any of the recommendations (we are, after all, going first and pioneers need to be prepared for arrows in both front and rear!) but no one can challenge the testimonies and commitment of those who have contributed their thoughts.

I must pay a special tribute to Palvi Dodhia, Joan Bothma and Jasmeet Rai who, with our own Director of Social Care, Adam Purnell, have worked so hard and energetically to bring this plan to life on behalf of other members.

Thank you for reading it and taking the trouble to care. Long may your commitment continue.

Jon Wilks

Chief Executive

Institute of Health & Social Care Management





Foreword

The social care sector grows year on year, with projections estimating the UK will require another 490,000 care professionals (on top of the current circa 1.5million UK care professionals) by 2035. There are currently more than 105,000 vacancies in social care with the exact figure being unknown since the introduction of the mandated requirement of COVID vaccination for condition of deployment within social care home settings coming into force from November 11th, 2021. We must also consider the longer-term implications of Brexit on the sector as we impatiently wait for impact statistics that Brexit has had on the social care sector.

Lacking a unified voice, the social care sector is struggling to be heard in anything more than negative press. Recruitment is difficult, turnover is high, and morale is at its lowest.

The idea of developing a workforce People Plan was conceived in August 2021 and began a consultation period which ran until the end of November. Before we published this People Plan, the long-awaited Social Care reform white paper was published by the government on December 1st. By this time, we had already written our final draft of the People Plan, minus a thorough proofread. Although the reform paper by the government is by no means perfect, we respect that it is at least a step in the right direction. It was also reassuring that some of the recommendations we have made in our People Plan were in part reflected in the government reform paper.

Rather than continuously criticising the central government and the Department of Health and

Social Care, we must recognise that attempts are being made to help improve the sector and coproduction is going to be key to the reform of social care.

It's with this mindset that the IHSCM and the People Plan sub-committee approached the consultation and development of this people plan. If both parties, in this case the sector and the government, are both pushing on the same door, we will forever be at an impasse and no progress will be made. One will propose an idea and the other will tear it down.

I believe very much in positive approaches to problem solving. If you have a problem and you want to raise it, first try, and think of a solution. That is what we aim to do with this People Plan. There is a problem with the approach and the handling of social care, but this is our solution. No. in fact, it is not our solution. It is the solution of the care leaders and care professionals around the UK who have informed this People Plan. This People Plan is their voice.

My hope is that this People Plan can act as an olive branch between the sector and the government, a proposition to work together to address the recommendations made in this People Plan to build a better and brighter future for social care and its workforce.

Adam Purnell

Director of Social Care

Institute of Health and Social Care Management



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Introduction

A comprehensive People Plan for social care has been long awaited and the Institute of Health & Social Care Management (IHSCM) and the IHSCM Social Care Innovators People Plan Sub-Committee has proactively addressed the deficiency here. We engaged in a three-month consultation where all current leaders in social care were provided with the opportunity to advise their comments for this report so that a People Plan for the sector could be created *by* the sector instead of just *for* the sector.

The social care sector boasts a wealth of talent who, each day, provide person-led, compassionate, and safe care to our most vulnerable people in society. Without the incredible work from those in our sector, care quality will decline, needs will go unmet, and pressures experienced by the NHS will only increase exponentially.

Skills for Care's October 2021 report estimated adult social care in England had a minimum total economic value in 2020/21 of £50.3 billion¹, made up of £25.6 billion of Gross Value Added (GVA) and a further £12.6 billion of indirect and £12.1 billion induced effects, and provides significant societal benefits as well as economic ones.

Greater investment in our social care workforce has always been needed, but with the COVID-19 pandemic, mandatory vaccinations, and increasing workloads and responsibilities, investment in the workforce will be pivotal to the reform and protection of the sector.

The complexity of social care's structure, delivery, funding, and governance mean that tinkering with single aspects of workforce is not effective, but instead a holistic approach needs to be considered, especially as so many of the different elements are interwoven with each other.

To advocate change in pay ignores the statutory financial restrictions on budgets endured by local government. To recommend changes to training ignores the workforce skills that may be required for a modern social care service. To endorse change in recruitment ignores the direct link better retention plays.

This People Plan, therefore, takes a comprehensive view of the major issues facing social care and offers an appraisal of the current situation, examples of best practice, and recommendations for the future. We would like this report to be just as much a way to showcase all the wonderful things that have been achieved by our remarkable workforce as well as recommending ways where we can move forward in a united manner.

Whilst we appreciate there is a host of concerns within the sector, we felt that the five areas stated below would have the biggest beneficial impact on the sector at present.

The five topics of our People Plan

¹ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/Economic-value-report.aspx>



Introduction

- Public Perception of Career Image
- Training
- Recruitment
- Retention and Staff Well Being
- Pay and Benefits

Common themes

Quite early on into our consultation period, we recognised that recurring themes and issues were emerging in each of the five sections. Where applicable, we have referenced these within the recommendations. However, we have also included them here to highlight the overall impact, and, where possible, the need for improvement.

For each section of the People Plan, the common themes identified were:

PUBLIC IMAGE	RECRUITMENT	RETENTION AND WELLBEING	TRAINING	PAY AND CONDITIONS
EDUCATION CHANGE	PERCEPTION OF SOCIAL CARE	BURNOUT	STANDARDISATION AND TRANSFERABILITY OF QUALIFICATIONS AND COMPETENCIES	PAY SCALES AND PROGRESSION
LACK OF SUPPORT/ INFRASTRUCTURE	FINANCIAL AND EMPLOYEE BENEFITS	MENTAL HEALTH	FUNDING	FUNDING – FEE RELATED
NEGATIVE PERCEPTION	VACCINE AND COVID19	APPRECIATION	ADMINISTRATIVE BURDEN	PUBLIC PERCEPTION
LACK OF SKILLS RECOGNITION	STRUGGLES IN FINDING NEW TALENT	NON-FINANCIAL RECOGNITION	LACK OF TAILORED SPECIALIST PATHWAYS	EMPLOYEE BENEFITS
LACK OF UNDERSTANDING	UNIVERSAL CREDITS AND IMMIGRATION	FINANCIAL RECOGNITION	VARIETY OF TRAINING	CONDITION OF WORKPLACE ENVIRONMENT/ CULTURE
SECTOR WIDE PROCESSES	LEADERSHIP, DEVELOPMENT AND COLLABORATION	CURRENT SECTOR EMPLOYEES LEAVING FOR OTHER SECTORS	PROFESSIONAL DEVELOPMENT	
POP CULTURE AND POLITICAL PERCEPTION	COMPETITION	NEGATIVE CONDITIONS/ CULTURES/ PERCEPTIONS	CAREER PATHWAYS	
FINANCIAL BENEFITS AND RESOURCES TO WORKERS	CRISIS	TOO MUCH RESPONSIBILITY	CONTROL OF TRAINING SUBSIDIES	



Introduction

Each section of the People Plan is split into three sub-sections:

- Current Situation
- Good / Outstanding Practice
- Recommendations

In the sections titled **Current Situation** and **Good / Outstanding Practice**, direct feedback from the consultation has been included.

Where we have made recommendations, we have organised these into:

- Recommendations for central / local governments
- Recommendations for social care providers

Then, for each recommendation, we have further organised them into realistic implementation time frames:

- Short-term | 0-12 months
- Medium-term | 1-3 years
- Long-term | Longer than 3 years

This People Plan is a sincere and carefully considered compilation of ideas, opinions and views received through a consultation of people working within the sector who wanted to have their say, in advance of any formal government-led plan. It does not claim to be perfect but is bold enough to 'go first' and will be regularly updated and improved as the sector evolves.

Thank you for reading it and we would be delighted to receive any and all feedback so that we can refine and develop the People Plan further, and fully reflect the views and opinions of all who work in this vital and brilliant sector.

Please provide any feedback that you would like via this survey monkey link <https://www.surveymonkey.co.uk/r/SP9ZXDK>

Prepared by Adam Purnell, Jasmeet Rai, Palvi Dodhia, Joan Bothma, Jon Wilks, and the IHSCM Social Care Innovators People Plan Subcommittee



Background

Whilst this People Plan is about the workforce and has been produced with both short-term and long-term reform in mind, it recognises the critical issues currently facing providers (the link between fees/funding received and providers' ability to invest in their own workforces, and the impact on the sector of the mandate of Covid-19 vaccinations for condition of deployment within social care) and so will refer to surveys and opinions of providers throughout. This People Plan is also keen to highlight the importance of Equality, Diversity, and Inclusion (EDI) as well as the need to move towards greener, more environmentally sustainable models of care delivery.

Fees and funding

The Health and Social Care Levy announced in September 2021 aims to raise £36 billion over three years, but only approximately £5.4 billion will be for social care² itself, of which £500 million has been ringfenced for the professional development of care staff³. Investment by providers in their workforce is directly linked to the fees they receive, of which the Kings Fund 2021 report⁴ stated that *"the National Audit Office⁵ reported a Department of Health and Social Care assessment that most local authorities paid below the sustainable rate for care home placements for adults aged 65 and over and below the sustainable rate for home care."*

Between 2019 and 2021, 63%⁶ of care home placements and 70%⁷ of home care hours purchased were funded for by the state. Whilst there is an acknowledgement that a large proportion of providers wish to increase their wages and provide adequate benefits to their workforce, with such high proportions of care being subsidised by the state at inadequate rates, they are financially limited by the fees they receive as a consequence of the strict statutory rules the annual budgets of local authorities are bound by.

² <https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-how-much-of-the-health-and-care-levy-will-social-care-receive-and-what-is-this-intended-to-do>

³ <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform>

⁴ https://www.kingsfund.org.uk/sites/default/files/2021-05/social-care-360-2021_0.pdf

⁵ <https://www.nao.org.uk/report/adult-social-care-markets/?slide=1>

⁶

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheselffundingpopulationengland/2019to2020>

⁷ [file:///C:/Users/44746/Downloads/The-Homecare-Deficit-2021%20\(1\).pdf](file:///C:/Users/44746/Downloads/The-Homecare-Deficit-2021%20(1).pdf) pg25



Impact of mandatory vaccines

Pre-vaccine policy mandate, there was an estimated 105,000 vacancies in the social care workforce⁸ with a further 40,000 to 70,000 vacancies⁹ predicted as a result of the mandatory vaccines. The move to mandate the need for COVID-19 vaccination as a condition of deployment within social care homes in November 2021, and the proposition to apply this to the wider social care sector in April 2022 has moved to increase the workforce pressures currently already being experienced by social care providers.

Whilst there has been no official report or finding to show just how many care professionals have left the sector since its introduction, a snapshot survey¹⁰ in November 2021 by the IHSCM found that a fifth of managers were expecting to lose five or more staff once the mandate came into effect. By the end of September 2021, pre-vaccine mandate, only 86.7%¹¹ of staff in older adult care homes, 83.2%¹² of staff in younger adult care homes and 71.4%¹³ of home care (domiciliary workers) had received a full course of a COVID vaccination.

In the short-term, the logistics of mandating the vaccine in isolation instead of in parallel with the NHS has now made filling those vacancies even more difficult. It is an added barrier to what is an already difficult recruitment situation. Furthermore, it also raises concerns about current social care business viabilities: an October 2021 survey¹⁴ by the Institute of Health and Social Care Management (IHSCM) found that 63% of respondents had concerns that their care or nursing home/s may end up having to close because of staff shortages.

Equality, diversity and inclusivity

In 2020/21, the social care workforce comprised of 82% female workers and 18% male workers¹⁵ whilst 21% of the workforce was made up of Black, Asian and minority ethnic workers. While the exact proportions of the social care workforce who identify as part of the LGBTQ+ community are unknown, an approximate 2.7% of the UK population aged 16 years and over identified as

⁸ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

⁹ <https://www.unison.org.uk/news/press-release/2021/09/scrap-mandatory-vaccine-deadline-or-risk-decimating-the-care-sector-says-unison/>

¹⁰ <https://inews.co.uk/news/uk/mandatory-covid-jabs-new-rules-vaccine-care-home-managers-lose-staff-poll-1293460>

¹¹ <https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-october-2021/adult-social-care-monthly-statistics-england-october-2021>

¹² <https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-october-2021/adult-social-care-monthly-statistics-england-october-2021>

¹³ <https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-october-2021/adult-social-care-monthly-statistics-england-october-2021>

¹⁴ <https://inews.co.uk/news/uk/care-home-managers-vaccine-deadline-1264543>

¹⁵ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf> pg78



lesbian, gay or bisexual in 2019¹⁶ (this statistic does not include anyone who identifies otherwise in the LGBTQIA+ community) and so it can be assumed a similar proportion work within the social care sector. Around half of disabled people aged 16 to 64 years (52.1%) in the UK were in employment compared with around 8 in 10 (81.3%) for non-disabled people (July to September 2020)¹⁷. We must also consider people who identify as transgender and the complexities they can face when being included within the social care workforce, especially through misconception of gender.

Within the social care sector, while some progress has been made, there is a recognition that there remains further work to do regarding improving equality, diversity and inclusivity (EDI), especially in regard to the workforce. Throughout this People Plan, recommendations for EDI have been incorporated into each section and, where not explicitly stated, the underlying implication is that all recommendations actioned need to be done in an equitable manner by the relevant stakeholders.

Sustainable (green) social care

The health and social care system is associated with significant use of resources and carbon emissions, comprising around 4–5% of England's total carbon footprint¹⁸. Although the NHS has already announced its ambition to be the world's first net-zero healthcare system, there is not yet such a plan for social care despite both sectors relying on each other to achieve other long-term goals.

Where possible, this People Plan has tried to include recommendations that are environmentally friendly but acknowledges that there are many other organisations who have far more expertise in this particular area. Therefore, if not explicitly stated, the underlying implication is that all recommendations actioned will need to be coproduced in conjunction with the relevant leaders of this field so that social care too can aim for achieving net zero.

¹⁶

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2019>

¹⁷

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020>

¹⁸ <https://www.health.org.uk/publications/long-reads/going-green-what-do-the-public-think-about-the-nhs-and-climate-change>



Methodology

This People Plan is the result of a three-month consultation with care managers, providers and leaders, and frontline staff by the Institute of Health and Social Care Management (IHSCM) and the IHSCM Social Care Innovators People Plan Sub-Committee. The People Plan Sub-Committee was formed in August 2021 and the consultation ran through to the end of November 2021. As the aim was to produce a People *by* the sector, throughout the process, having as wide and diverse a range of contributors to the consultation was of huge importance and so the consultation consisted of:

- An online survey using Survey Monkey
- Direct talks with our own networks and peer support groups
- Social media outreach
- Clubhouse – The Health and Social Care Club – Topical discussion
- Webinars and meetings with sub-sections of the sector

The consultation used to inform this People Plan was shared with managers and leaders from all areas of the social care sector (care home, home care, learning disability care, sheltered accommodation etc) and did not focus solely on elderly care. Each contributor was asked to share further with their own networks in order to build up as wide ranging a group as possible. Running in parallel to the consultation, a desktop review occurred where a number of existing research reports, recommendations, surveys, evaluations, and thought pieces were reviewed.

Furthermore, in addition to the November Consultation Survey which formed a significant basis of the information included in the People Plan, the IHSCM conducted several other surveys during 2021 which have also been used to inform this People Plan. Finally, feedback was also provided by managers and leaders through other communications throughout the consultation period, including by email and consultation sessions.

The consultation undertaken focused on 5 main areas of social care:

- Public Image
- Recruitment
- Retention and wellbeing
- Training
- Pay and conditions



Survey Format

The November 2021 survey that formed the bulk of feedback informing this People Plan was made up of six sections and 18 questions in total.

Section 1 – Public Image

Section 2 – Training in social care

Section 3 – Recruitment in social care

Section 4 – Retention of staff in social care

Section 5 – Pay & conditions for the social care workforce

Section 6 – Equality, diversity and inclusion

Definition of terms

IHSCM: Abbreviation of Institute of Health and Social Care Management

EDI: Abbreviation of Equality, diversity and inclusion

Provider Example: refers to direct provider examples provided through consultation.

Care Professional: Refers to care assistants/ paid care workers/ carers, a person in a paid caring role.



Public Image of Social Care

CURRENT SITUATION

This section of the People Plan aims to highlight the current perception of social care, showcase examples of positive practice, and recommend how through coproduction, the image of social care can be elevated as both a viable and fulfilling career to join as well as being a sector that is truly valued by the public.

Social care is a heavily fragmented sector. Whilst there are several large providers (the market share of the largest 10 care home providers and home care providers is 22%²⁰ and 16%²¹ respectively), 75%²² of care home providers only operate a single home (accounting for 38%²³ occupancy) and 90%²⁴ of home care providers operate from only one office.

- *The perception from the public is that we receive correct funding, and the cost of care is astronomical. Therefore, they see Social Care as a fat cat society, creaming the money from the top and paying scraps to the bottom.*
- *More sympathetic post pandemic but still about care homeowners or companies overcharging people and profiteering*

It is partially because of this fragmented nature and lack of unified voice that the social care sector has not got the positive public image and perception that it should have – despite the efforts put in by all throughout the especially challenging years.

A lack of professionalised recognition partnered with a myriad of other issues, such as pay, has created a perception that the sector is made up of unskilled individuals with no real career aspirations or people who work in the sector whilst they make decisions on future careers outside of social care:

- *I feel that social care is seen as a place to get a job if you can't get work for the NHS, or you can start in social care and then go and work for the NHS.*
- *Current perception is low skilled*
- *That social care is only a steppingstone job before you move on to your 'real job'*
- *Public perception of social care is dim, it does not always attract the right type of people because it's not recognised as a true profession, just a stopgap in careers.*

²⁰ <https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf>

²¹ <https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf>

²² <https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf>

²³ <https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf>

²⁴ <https://www.nao.org.uk/wp-content/uploads/2021/03/The-adult-social-care-market-in-England.pdf>



Furthermore, due to a lack of awareness of career options and with no clearly defined career pathways, there is little understanding of the variety of possible roles within social care.

- *Its easy for those within the sector to be vague and still know what is being referred to but there appears a lack of clarity between Social Care (Local Authorities), Nursing Home and Residential homes, providers of Care Services (At home), Domiciliary Care etc. Perhaps formal clarification from IHSCM might help steer the way for clearer and then perhaps more focused communications.*
- *People are not usually aware of all the different roles that make a care organisation work and all the various roles that you can be doing and all the skills you can learn*
- *Social care is seen as a low skilled job involving washing people.*
- *In crisis. Blinkered view. Limited knowledge of what social care entails*

For many of the wider public, adult social care is synonymous with merely caring for the elderly, when in reality, out of 839,000 people receiving long-term care between 2019/2020, 290,000 (35%) were of working age²⁵. Additionally, the care sector has a larger workforce (1.6 million²⁶) than that of the NHS (1.3 million²⁷). There is a general lack of understanding that the care sector is made up of many different roles, not just Care Professionals.

Awareness campaigns highlighting the need to protect the NHS²⁸, although absolutely required, dilute the importance of social care, and lends further to the idea that social care is held in a lower regard to our health sector:

- *The gap between the perceived importance of the NHS and unimportance of social care is terrifying*
- *Second class to NHS, if they think about them at all*
- *A lot of people do not know the difference between health and social care worker and assume it's the same*

It's clear to see that there is an inconsistent picture of social care. Recent more positive efforts and messages to raise the profile and appeal of social care as a meaningful and fulfilling career option (DHSC TV advert, TV docu-dramas, Covid-19 awareness) have been offset by too many familiar issues.

From the general public's viewpoint, these certainly include:

- low pay
- poor ancillary benefits
- poor employment conditions
- zero hours contracts

²⁵ <https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care>

²⁶ <https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care>

²⁷ https://www.jobs.nhs.uk/about_nhs.html

²⁸

https://www.dorsethealthcare.nhs.uk/application/files/2415/8530/2672/Open_letter_to_Dorset_residents_stay_at_home.pdf



- low skilled work
- limited understanding of career opportunities in social care and the demographics of people reliant on social care (e.g., elderly, people with learning disabilities, residential care, community care etc.)

It's within pay, and the overall impression of the funding of social care, where opinions are formed based on the minority.

Moreover, the sector simply doesn't have the cache and admiration of the general public that is habitually applied to, for example, NHS nurses, despite often using similar skills / and performing similar roles within social care settings. The NHS brand is a huge source of public esteem and politicians tinker with it at their peril. The same simply cannot be said for social care. It lacks a brand to unify and demand respect, meaning that it is all too easy for the public's view to be entirely made up of the type of scandal which occasionally comes to the news channels (e.g., the Winterbourne View Scandal of 2011²⁹).

- *Social care is often seen as synonymous with abuse and/or institutionalisation*
- *More attention, recognition of our critical need, Ed Balls, Jodie Comer, etc have changed the negativity of care home work so commonly portrayed by Panorama / Dispatches etc as riddled with poor care & abuse*
- *We're coming from a very heterogenous place, with tabloids driving the main perception/discourse within wider society. Obviously a very decentral experience of social care contributes to a better image, but this is not advocated from anywhere central.*
- *The press tends to sensationalise the worse stories of care for news reading which makes the industry look poor*

The NHS has had its fair share of scandals involving care too (e.g., Mid-Staffordshire Hospital scandal³⁰), but the overall public perception remains positive and admiring. Not so with social care, which has failed to convey enough and regular positive stories to the general public and is therefore marked from a perception view as 'failing', in need of 'fixing' and 'the job to take if you can't get anything else'. The political messages do nothing to counter this.

A survey conducted by the IHSCM Social Care Innovator Public Perception of Care sub-group in April 2021³¹ found that out of 228 respondents, individuals with direct experiences of or interactions with social care had a much more positive attitude to the sector and would be three times more willing to work in the sector / recommend working in the sector to family and friends versus individuals who have had no interaction with the sector to date.

²⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213221/4-page-summary.pdf

³⁰ https://www.health.org.uk/about-the-francis-inquiry?gclid=EAlaIqObChMI5bWF1sHC9AIVw-vtCh0JGQqaEAAYAiAAEglqp_D_BwE

³¹ <https://ihm.org.uk/2021/04/14/social-care-survey/>



Overall, there is currently a need for a change in education, not just within the sector, but on how we educate people to improve understanding and skills recognition. More needs to be done to change the negative perception the public holds of social care and this will only be achieved if pop culture references, news and media and political perceptions also change.



GOOD / OUTSTANDING PRACTICE EXAMPLES

Despite there being such a poor and inconsistent image of social care, there is substantial positivity that is occurring within the sector which needs to be highlighted. Below are just a few examples of amazing organisations or initiatives that the sector believes highlight the fantastic image and benefits of social care.

In recent years, there have been a plethora of **awards and ceremonies** occurring that recognise the incredible work of our care professionals, for example, The Great British Care Awards,³² The Social Care Top 30³³. Award ceremonies and recognition schemes are proven tonics to overall workforce morale.

There are now more TV shows such as **BBC Two's *Inside the Care Crisis with Ed Balls* & Channel 4's *Help* starring Jodie Comer** which have highlighted how hard the staff worked through the **pandemic** and are providing greater awareness about both the benefits and the realities in the care sector, but it is widely recognised that more such shows are needed.

Relatively new **charities such as Championing Social Care** are promoting the sector with a full programme of case studies and celebrations exploring the achievements of social care individuals and organisations, as well as organising events such as Care Home Open Week and The Care Sector has Talent³⁴

<https://championingsocialcare.org.uk/>

Organisations such as TAP (Thank & Praise) have emerged in recent years. TAP is a free-to-access online resource which enables the general public and staff to express thanks to individuals and organisations across health and social care.

<https://thankandpraise.com>

There are a number of existing government and local authority initiatives, but part of the issue is that they are fragmented with only some regions benefiting from their impacts rather than having a cohesive sector-wide approach. Below are listed some of the regional initiatives our respondents wanted to draw attention to:

Proud to care: London ADASS³⁵ as a region with its 32 Boroughs have collaborated with Adult Social Care providers and established Proud to Care London which includes a rewards scheme for all Social Care staff, but also various video material to assist providers with recruitment, vaccine uptake and soon to launch recruitment platform, one stop shop for all Social Care roles in London.

Cumbria County Council are currently speaking with providers in their locality about creating promotional materials that bring light to the positive careers people can have in social care.

³² <https://www.care-awards.co.uk/>

³³ <https://www.caretalk.co.uk/sct30/>

³⁴ <https://championingsocialcare.org.uk/care-sectors-got-talent/>

³⁵ <https://londonadass.org.uk/>



Lancashire and South Cumbria ICS Thank You Campaign is an ICS wide ‘Thank you’ campaign created in coproduction with Lancashire and South Cumbria ICS, Institute of Health and Social Care Management, and TAP Thank and Praise.

<https://www.fyldecoastccgs.nhs.uk/2021/11/thank-you-week-set-to-recognise-the-contribution-of-care-workers-in-lancashire-and-south-cumbria-6-10-december-2021/>

Leicestershire Council have created an *Inspired to Care*³⁶ campaign which includes inspiring videos and a quiz which matches individuals’ skills and interests with social care roles relevant to them.

<https://www.inspiredtocare.co.uk/>

DHSC Recruitment Campaign which is more ambitious than previous campaign and includes primetime advertisement placement and a longer campaign duration.

[‘Made With Care’ for Department of Health and Social Care - YouTube](#)

Scottish Care campaign:

A day in the life of a carer... [Day in the Life of Home Care - YouTube](#)

Norfolk Care Career:

Inspiring set of videos to address recruitment in social care... [Norfolk Care Careers TV Advert 2021 ‘You Care’ #1 - YouTube](#)

WeCare Wales have been working with providers across Wales to share stories of care workers who have entered the sector from other industries. The aim is to promote understanding of the opportunities available. Local initiatives exist (e.g., Cardiff Commitment³⁷) as well as UK-wide platforms (e.g. Springpod³⁸, Speakers for Schools³⁹) that can tap into relevant audiences to support a positive impact on the public image. [Home | How to work in social care and child care | WeCare Wales](#)

ChallengeTheAnd⁴⁰ is a regional initiative that aims to empower people to challenge the media and press when they omit “and Social Care” when referring to the Secretary of State for Health and Social Care

Individual organisations have also taken it upon themselves to generate positivity and understanding. They have used social media to engage with a wider audience when showcasing their good work, and by integrating themselves into their local communities further with local initiatives.

³⁶ <https://www.inspiredtocare.co.uk/>

³⁷ <https://cardiffcommitment.co.uk/index.php/en/>

³⁸ <https://www.springpod.com/>

³⁹ <https://www.speakersforschools.org/>

⁴⁰ <https://twitter.com/ChallengeTheAnd>



Provider Example:

Our social media page, and some other care home social media pages, generate positivity in regards to social care. I think that it is really difficult for the general public because they see a lot of stuff in the news about waiting lists and poor pay and they blame social care because they don't understand.

Care2Home, Hall Green Birmingham are an uplifting example of community commitment by domiciliary care provider making over 1000 meals for local community and visiting all clients as Father Christmas.

The social care community want to change the perception of social care at every level and so even individuals are taking it on their own shoulders to do so instead of relying purely on organisational approaches: a number of new children's books have been published in the last 12 months about social care including Big Bear, Little Bear and Dementia⁴² and When I grow up I want to be a carer⁴³. The hope and expectation are that this trend will continue with both more and a diverse range of voices adding to the conversation.

⁴² <https://www.bigbearlittlebearbook.com/>

⁴³ <https://www.amazon.com/When-grow-want-Carer-Jenni/dp/B098RWW7M>



RECOMMENDATIONS

There is a clear need for the improvement of the public perception and awareness of social care. Without a positive and well-informed understanding of social care, recruitment and retention will continue to suffer. This People Plan has used findings from the consultation to propose a set of recommendations.

Recommendation for central and local governments

Implementation Timeframe - Short

1. **Establish a "Social Care Social Media Course"** within the digital wellbeing framework for social care to give the workforce the confidence and tools by which they can amplify the positive messages coming from the sector. Include on the mandatory framework (see training recommendation)
2. **Change the term care assistant/care worker to care professional** so that it indicates professionalism and accountability, and gives people pride and confidence in their role and the very valuable contribution they make to society. This should be acknowledged within government endorsed recruitment and social care campaigns.
3. **#GreenHeartForSocialCare:** The #GreenHeartForSocialCare initiative⁴⁴, set up by the Institute of Health and Social Care Management and the social care chat show 'The Caring View', is an awareness campaign designed to raise the profile and public image of social care. Although the green CARE badge is branded to social care for England, the #GreenHeartForSocialCare covers all of the United Kingdom. At present, the costs are zero as it relies on people adding green hearts to their social media platforms⁴⁵. Financial endorsement would allow for a not-for-profit addition to the campaign to allow for the creation of pin badges and other branding to help widen the reach of the care initiative.
4. **Equality, Diversity and Inclusion:** Any efforts made to improve and increase the public perception and career image of the social care sector must also highlight and promote the diverse nature of the sector. In 2020/21, the social care workforce comprised of 82% female workers and 18% male workers⁴⁶ whilst 21% of the workforce was made up of Black, Asian and minority ethnic workers. More needs to be done in terms of representation to improve gender parity in social care, and to highlight the culturally diverse workforce to promote the image of a career in social care equally to all demographics whilst also promoting the need for a more diverse leadership structure that is currently predominantly made up of white male leaders. Endorsement and promotion of Purple Tuesday⁴⁷ and making it a requirement for organisations to become learning disability organisations.

⁴⁴ <https://ihm.org.uk/2021/05/17/greenheartforsocialcare/>

⁴⁵ <https://www.youtube.com/watch?v=-3RM-EHxERs>

⁴⁶ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf> pg78

⁴⁷ <https://purpletuesday.org.uk/>



Implementation Timeframe - Medium

5. **Amplify and develop the central government TV and radio advertising initiative by providing funding for care associations and others to create their own local level public image and recruitment campaigns.** National campaigns create a good foundation for local initiatives to develop from.
6. **Increased support for fictional and non-fictional social care media content:** What's required is more TV shows / films / books / mainstream media to include storylines about social care to normalise the presence of it in the public's lives whilst being aware to avoid unconscious bias⁴⁸. Programmes such as Casualty⁴⁹, 999 What's your Emergency⁵⁰ and 24 Hours in A&E⁵¹ have all helped promote healthcare as a viable and interesting career choice. Similar content would benefit the social care sector in the same way. This content could be created by a new body of media representation for social care which includes diverse social care representatives and pitched to existing wider platforms.

Implementation Timeframe – Long

7. **Professionalise the care sector.** We recognise that this has been mentioned in the People at the Heart of Social Care Reform Dec 2021, but we must reiterate that demystifying the roles and recognising the achievements and opportunities for care professionals through a reorganisation and reappraisal of how to provide professionally registered excellence via the introduction of a register of care professionals reminiscent of the NMC⁵² register. Perhaps create a Social Care Education England, with devolved country variants. Create nationally recognized certificates at all levels of care provision. See Professionalise Care recommendation in training section.
8. **Engage with schools and colleges to more fully promote the fulfilling and interesting career that social care provides.** Liaise with the Department of Education to include literature (both fictional and non-fictional) on social care on the school curriculum from primary school onwards. Younger generations need to engage and have an understanding of social care prior to GCSE (or equivalent) age. Create a national social care 'work experience framework' for high school students to experience within local social care settings to highlight opportunities in a safe, structured and rewarding way.

Recommendations for social care providers

Implementation Timeframe - Short

⁴⁸ <https://www.theguardian.com/media/2020/jan/25/law-and-disorder-how-shows-cloud-the-public-view-of-criminal-justice>

⁴⁹ <https://www.bbc.co.uk/programmes/b006m8wd>

⁵⁰ <https://www.channel4.com/programmes/999-whats-your-emergency>

⁵¹ <https://www.channel4.com/programmes/24-hours-in-ae>

⁵² <https://www.nmc.org.uk/registration/search-the-register/>



1. **Change the term care assistant to care professional** so that it indicates professionalism and accountability, and gives people pride and confidence in their role and the very valuable contribution they make to society. This should be acknowledged within government endorsed recruitment and social care campaigns.
2. **To embed social care within media** and press by recognising the full title of Secretary of State for Health and Social Care. Care providers to challenge publications or media that omit Social Care when referencing the Secretary of State for Health and Social Care, e.g. using the 'ChallengeTheAnd'⁵³ initiative.
3. **#GreenHeartForSocialCare:** The #GreenHeartForSocialCare initiative⁵⁴, set up by the Institute of Health and Social Care Management and the social care chat show 'The Caring View', is an awareness campaign designed to raise the profile and public image of social care. Although the green CARE badge is branded to social care for England, the #GreenHeartForSocialCare covers all of the United Kingdom. Providers to utilise the #GreenheartForSocialCare campaign⁵⁵.
4. **Equality, Diversity and Inclusion:** Any efforts made to improve and increase the public perception and career image of the social care sector must also highlight and promote the diverse nature of the sector. In 2020/21 the social care workforce comprised of 82% female workers and 18% male workers⁵⁶ whilst 21% of the workforce was made up of Black, Asian and minority ethnic workers. More needs to be done in terms of representation to improve gender parity in social care and to highlight the culturally diverse workforce to promote the image of a career in social care equally to all demographics whilst also promoting the need for a more diverse leadership structure that is currently predominantly made up of white male leaders⁵⁷. Providers must work to adhere to the accessible information standard⁵⁸ and can sign up to Purple Tuesday⁵⁹.

Implementation Timeframe - Medium

5. **Increased support for fictional and non-fictional social care media content:** What's required is more TV shows / films / books / mainstream media to include storylines about social care to normalise the presence of it in the public's lives whilst being aware to avoid unconscious bias⁶⁰. Programmes such as Casualty⁶¹, 999 What's your Emergency⁶² and 24 Hours in A&E⁶³ have all helped promote healthcare as a viable and interesting career choice. Similar content would benefit the social care sector in the same way. This content

⁵³ ⁵³ <https://twitter.com/ChallengeTheAnd>

⁵⁴ <https://ihm.org.uk/2021/05/17/greenheartforsocialcare/>

⁵⁵ <https://www.youtube.com/watch?v=-3RM-EHxERs>

⁵⁶ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf> pg78

⁵⁷ <https://raceequalityfoundation.org.uk/wp-content/uploads/2018/02/Health-Briefing-39- Final.pdf>

⁵⁸ <https://www.cqc.org.uk/guidance-providers/meeting-accessible-information-standard>

⁵⁹ <https://purpletuesday.org.uk/>

⁶⁰ <https://www.theguardian.com/media/2020/jan/25/law-and-disorder-how-shows-cloud-the-public-view-of-criminal-justice>

⁶¹ <https://www.bbc.co.uk/programmes/b006m8wd>

⁶² <https://www.channel4.com/programmes/999-whats-your-emergency>

⁶³ <https://www.channel4.com/programmes/24-hours-in-ae>



could be created by a new body of media representation for social care which includes diverse social care representatives and pitched to existing wider platforms.

Implementation Timeframe – Long

6. **Engage with schools and colleges to more fully promote the fulfilling and interesting career that social care provides.** Younger generations need to engage and have an understanding of social care prior to GCSE (or equivalent) age. Utilise existing initiatives like Springpods⁶⁴ and Speakers for Schools⁶⁵ and liaise with local schools and colleges to attend or create career days to highlight opportunities in a structured and rewarding way.

Recommendations for press and media

1. **To embed social care within media and press** by recognising the full title of Secretary of State for Health and Social Care, by having a “Health and Social Care” section on news websites, not just “Health”.
2. **Increased support for fictional and non-fictional social care media content:** What’s required is more TV shows / films / books / mainstream media to include storylines about social care to normalise the presence of it in the public’s lives whilst being aware to avoid unconscious bias⁶⁶. Programmes such as Casualty⁶⁷, 999 What’s your Emergency⁶⁸ and 24 Hours in A&E⁶⁹ have all helped promote healthcare as a viable and interesting career choice. Similar content would benefit the social care sector in the same way. This content could be created by a new body of media representation for social care which includes diverse social care representatives and pitched to existing wider platforms.

⁶⁴ <https://www.springpod.com/>

⁶⁵ <https://www.speakersforschools.org/>

⁶⁶ <https://www.theguardian.com/media/2020/jan/25/law-and-disorder-how-shows-cloud-the-public-view-of-criminal-justice>

⁶⁷ <https://www.bbc.co.uk/programmes/b006m8wd>

⁶⁸ <https://www.channel4.com/programmes/999-whats-your-emergency>

⁶⁹ <https://www.channel4.com/programmes/24-hours-in-ae>



Recruitment

CURRENT SITUATION

This People Plan has split recruitment and retention and staff well-being in to two separate focuses. Whilst pay, benefits, working conditions would indeed benefit recruitment, this section of the people plan focuses instead on how to overcome organisational, educational, and the digital barriers to recruitment.

Though recruitment has been a challenge for a number of years in social care, current vacancies are rapidly increasing, and many providers are reporting they are finding recruitment such a challenge to the extent they are now concerned about business viability. Pre-vaccine policy mandate, there was an estimated 105,000 vacancies in the social care workforce.⁷⁰

Whilst there are no official statistics on the reduction of workforce post Brexit, anecdotal evidence suggests there has been a detrimental impact on the social care sector and concerns grow as the sector awaits official reports. This concern is heightened by the reports that an additional 490,000 more care professionals on top of the existing workforce are required to meet social care needs by 2035⁷¹

Additionally, the current vaccination mandate which applies to care homes, and as of April 2022 the wider social care sector, has further eroded the workforce and promoted the need for recruitment. By the end of September 2021, pre-vaccine mandate, only 86.7%⁷³ of staff in older adult care homes, 83.2%⁷⁴ of staff in younger adult care homes and 71.4%⁷⁵ of home care (domiciliary workers) had received a full course of a COVID-19 vaccination.

The logistics of the mandatory vaccines in isolation instead of in parallel with the NHS is yet another barrier to what is an already difficult recruitment situation. It also raises concerns about current social care business viabilities.

⁷⁰ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

⁷¹ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

⁷³ <https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-october-2021/adult-social-care-monthly-statistics-england-october-2021>

⁷⁴ <https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-october-2021/adult-social-care-monthly-statistics-england-october-2021>

⁷⁵ <https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-october-2021/adult-social-care-monthly-statistics-england-october-2021>



Recruitment

- A September 2021 survey conducted by ITV news and UKHCA found 30% of providers were having to 'hand back' some or all of their care packages whilst 95% said they were unable to take on new packages of care.⁷⁶
- An October 2021 survey⁷⁷ by the IHSCM found that 63% of respondents had concerns that their care or nursing home/s may end up having to close because of staff shortages.

The consultation that informed this People Plan has given insight into the current recruitment landscape and the challenges face by employers:

- *High turnover of staff*
- *Exact numbers unknown but critical period across the sector is leavers within 90 days of start date*
- *Difficult to recruit staff*
- *Mandatory vaccination has made it harder to recruit*
- *The sheer cost of recruitment itself is not something all providers can afford (both financially and in terms of time required), e.g., cost of printing posters/leaflets, investing in a career's website or ATS, posting jobs on digital job boards such as Indeed*

It is evident that whilst recruitment has been a challenge, the policy mandating the covid vaccination as a condition of deployment in social care homes, and soon to be (April 2022) the wider social care sector, has had a drastic impact on people willing to enter the sector, and in turn the ability to recruit.

There is also currently a feeling that national recruitment campaigns do not hit their potential due to a lack of strategy and coproduction with existing providers. Without combatting the negative image of social care, recruitment campaigns will struggle to be successful.

- *Ineffective national campaigns. Lack of strategy for recruiting young people of school leaving age, or older people wishing to retrain. Negative image not combatted strongly enough to improve recruitment. Recruitment agencies just not engaging with potential applicants*
- *More resource needs to be spent on retention but also career changers. Higher apprenticeship offers great opportunities to people who move from other sectors. Also, education in school so important*

Whilst some providers feel that Universal Credit and benefits are in part to blame:

- *People not turning up for interviews. Need to book interviews for the job seeker requirement*
- *Staff limiting themselves to only 16 hours to ensure that they do not lose their benefits....*

⁷⁶ <https://www.itv.com/news/2021-09-02/care-sector-facing-its-worst-ever-staffing-crisis-survey-for-itv-news-finds>

⁷⁷ <https://inews.co.uk/news/uk/care-home-managers-vaccine-deadline-1264543>



Others believe the issue in recruiting new workers into the sector is due to the negative portrayal of social care in the media:

- *"I have no problems. I am aware that lots of other settings do - this is likely because of pay/poor working conditions/the sector being portrayed in the media as being "in crisis"*

Further barriers to recruitment experienced include:

- *Difficult, challenging, frustrating time consuming, costly.*
- *Impossible*
- *Background checks including DBS are too long and by then people have other jobs*
- *Limited volume of applications, pool of candidates appears to be growing smaller. Often applicants may trail off after application or acceptance of job offer, meaning for wasted time. Exhausting.*



GOOD / OUTSTANDING PRACTICE

Leaders in our sector have created a number of innovative responses to tackle recruitment despite the regular recruitment issues they face. Some examples are listed below:

Employee referral app Care Friends

Care Friends is an app developed by Neil Eastwood, author of Saving Social Care, in coproduction with care professionals and providers and launched in partnership with Skills for Care that breaks down some of the barriers faced by providers. <https://carefriends.co.uk/>

Provider Example: Great use of social media to accurately reflect great care outcomes which show what a place is like to work for.

Provider Example: Increasing client fees and directly passing it onto staff to compete with other companies

Provider Opinion: Include relatives and ECGs further: I think shared care would be a good model of care where family carers are involved in their loved one's care. And care is shared between professionals and family carers

Provider Example: We have introduced a booking system for interested applicants to book their own interviews flexibly around office diaries, from the comfort of their own home. Giving ownership of this back to applicants helps to gauge their commitment. We have also included a Question of Care situational judgement tests within part of our application to use as a discussion piece at interview, again this helps gauge a level of commitment. These have less effect on boosting recruitment but more on reducing wasting time on those not interested; being able to spend more time on those invested in the job role.

Recruitomate – Provider Example

We were quite successful in our recruitment campaign this year using a company called 'Recruitomate' which focusses on the social media. <https://www.recruitomate.com/>

Provider Example: Good leadership. Valued and included team. Additional benefits. Not allowing your staff to be under too much pressure. Showcasing your companies values and team building exercises. Involving your staff in on decision making. Your current staff team can end up recruiting 50% of your future workforce for you simply by word of mouth as they are happy.

Some providers are utilising **Situational Judgement Test (SJT's)** and **Value based approaches** which seem to be benefitting their recruitment processes.

- *some providers (like ubu) operate a values-based recruitment process...that means anyone with compatible values can succeed.*



RECOMMENDATIONS

Recruitment in social care does not have one quick fix, neither can it be remedied by one single entity. Instead, it is going to require the coproduction and engagement of both central and local governments and care providers. Based on the current situation and examples of good practice, this People Plan makes the following recommendations.

Recommendation for central and local governments

Implementation Timeframe – Short

1. **Create more opportunities:** Opening up more opportunities within the structure of immigration by including anyone working in social care on the 'Shortage Occupation List'. As current estimates are that 490,000⁷⁹ more social care professionals will be required by 2035 and with circa 105,000⁸⁰ current social care vacancies (prior to the mandate of the COVID vaccine as a condition of deployment in social care) a significant increase to capacity of the immigration applications should be considered.
2. **Reduce turnaround of DBS application process:** During the height of the pandemic, it was possible for DBS' to be fast-tracked⁸² to accommodate urgent applications to work in social care. DBS' on average without the fast-track service can take between 2 weeks and 8 weeks to produce a result which is too long for an individual to wait to begin work due to their personal financial needs. This, in turn, is resulting in people applying for and working in other sectors as immediate starts are available. Reintroduce the fast-track DBS service for social care indefinitely to allow for faster applications.

Implementation Timeframe – Medium

3. **Leadership Support – How to interview, advertise, induct etc:** Most leaders and managers in care are there because their passion lies in care. Consider educating managers and leaders in interview techniques, writing effective job adverts, how to structure inductions, and how to market themselves. It's recommended that this training is free or able to be claimed for using the workforce development fund.
4. **Coproduced recruitment campaigns:** recruitment campaigns have been welcomed by the sector however there is a sense that they aren't effective or that more effort and

⁷⁹ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

⁸⁰ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

⁸¹ https://www.carehome.co.uk/news/article.cfm/id/1655447/care-homes-recruitment-crisis-record-level-vacancies?utm_medium=email&utm_campaign=CH%20Newsletter%20September%202021&utm_content=CH%20Newsletter%20September%202021+CID_8356855247d28834e01e88f1f69ffa88&utm_source=Email%20marketing%20software&utm_term=Leading%20care%20home%20jobs%20site%20warns%20of%20staffing%20crisis%20as%20it%20sees%20record%20levels%20of%20vacancies

⁸² <https://www.gov.uk/government/publications/covid-19-free-of-charge-dbs-applications-and-fast-track-barred-list-check-service>



commitment could be put into them. Increase the coproduction of these campaigns with care providers and care associations so that regional campaigns might develop. These recruitment campaigns should also involve high schools and colleges with targeted campaigns towards school and college leavers. Recruitment campaigns should be empowering people living with learning disabilities and other disabilities to work in the sector whilst supporting providers to make reasonable adjustments to their services by registering with Purple Tuesday as a disability organisation.⁸³

Implementation Timeframe – Long

5. **Open Day Job Trial:** Safety of those we support is paramount, but based on the information received through consultation, it's recommended that careful consideration be given to developing paid trial days⁸⁴⁸⁵ for working in social care through work with multiple stakeholders, sector representation, and people with lived experiences.

Recommendations for social care providers

Implementation Timeframe – Medium

1. **Coproduced recruitment campaigns:** recruitment campaigns have been welcomed by the sector however there is a sense that they aren't effective or that more effort and commitment could be put into them. Increase the coproduction of these campaigns with care providers and care associations so that regional campaigns might develop. These recruitment campaigns should also involve high schools and colleges with targeted campaigns towards school and college leavers. Recruitment campaigns should be empowering people living with learning disabilities and other disabilities to work in the sector whilst supporting providers to make reasonable adjustments to their services by registering with Purple Tuesday as a disability organisation.⁸⁶

Implementation Timeframe – Long

1. **Open Day Job Trial:** Safety of those we support is paramount, but based on the information received through consultation, it's recommended that careful consideration be given to developing paid trial days⁸⁷⁸⁸ for working in social care through work with multiple stakeholders, sector representation, and people with lived experiences.

⁸³ <https://new.purpletuesday.org.uk/get-involved/register?d=y>

⁸⁴ <https://hbr.org/2021/05/its-time-to-officially-end-unpaid-internships>

⁸⁵ <https://instituteforpr.org/unpaid-internships-and-inequality-in-public-relations/>

⁸⁶ <https://new.purpletuesday.org.uk/get-involved/register?d=y>

⁸⁷ <https://hbr.org/2021/05/its-time-to-officially-end-unpaid-internships>

⁸⁸ <https://instituteforpr.org/unpaid-internships-and-inequality-in-public-relations/>



Retention and Wellbeing

CURRENT SITUATION

If social care providers are successful in recruiting, this People Plan has shown that there are significant barriers in retaining staff and reducing turnover. Many of the barriers are similar to those faced when recruiting. The pandemic has highlighted just how hard our care professionals have worked, and the importance of ensuring that we care for those that support the individuals utilising social care services. The result of not giving the workforce the support they need is that we will burn out our already hardworking workforce. We are already seeing this with registered managers. A November survey conducted by the IHSCM⁸⁹ found that out of 327 managers only 1 (0.31%) said they feel great but 8% (27 respondents) said they felt OK. The majority of respondents (47%) said they were tired but coping. Alarming 40% (132) of respondents said they were close to burnout with 3% (9 respondents) saying they were already on sick leave due to exhaustion and burnout.

When it came to whether respondents had considered leaving their roles as a manager, over 2 thirds (71%) of respondents said that they had considered it with an additional 5% (15 respondents) saying they had already resigned. Less than a quarter of respondents said they hadn't considered leaving their roles.

Over the services of the 327 respondents, the survey found that there is a total of 2,260 vacancies in a caring capacity averaging at 7 vacancies per manager.

Without the correct support systems in place for the workforce, it will be difficult to further retain them. The key themes identified during the consultation to boost retention were identifying methods in which to prevent talent leaving the sector, improve positive perception, improve education and training, acknowledge and financially compensate for increasing responsibilities.

Of the themes identified, low pay and poor financial opportunities, especially when factoring in the skills and responsibilities of being a care professional, seemed to be one of the most common feedbacks from respondents of the consultation:

- *Low pay and complex working conditions, feeling undervalued.*
- *Pay is poor, terms and conditions are poor, little opportunity for progression and self-improvement.*
- *There are plenty of similar or better rates of pay in jobs that are either 9-5 or with much less responsibility*
- *Responsibility is disproportionately high in relation to wage and increases regularly without financial reward for additional workload.*

⁸⁹ <https://ihm.org.uk/2021/12/06/press-release-6-12-21-the-wellbeing-of-registered-care-managers/>



What is evident is that the concern surrounding pay is not one of just working for national living/minimum wage, it's also one of increased responsibilities and accountability that come with working in social care. The Unfair to Care⁹⁰ report published in July 2021 also noted as one of its key findings that other roles in other sectors (including the NHS) and other countries provide a higher level of pay for the equivalent level of responsibilities that an individual in social care has.

Competition with not just other providers, but with other sectors is a key concern when discussing pay as many commented,

- *“Staff leaving for other industries”,*
- *“When amazon pay £25ph why would you not go to that kind of money no stress picks your own hours”.*

Similarly, working conditions and lack of flexibility also seem to be key issues:

- *“Understaffed. Long unsociable hours. Breaks too short. Burnout. Poor pay. No career plans.”.*

This builds on research conducted by the Care Workers Charity in 2019⁹¹ who identified flexibility as a critical factor in retaining a sustainable workforce, especially as many in the social care workforce also need to provide unpaid care to loved ones.

Furthermore, mental health⁹², wellbeing, and the physical health of the workforce are critical factors to be considered. Physical injury / the physical aspect of caring roles is one of the common reasons why people leave the social care sector. These areas of focus have also historically been included in recommendations by the National Association of Care and Support Workers (NACAS)⁹³ and the Care Workers Charity⁹⁴ following research conducted in 2019.

Deloitte's Mental Health and Employer: Refreshing the case for investment⁹⁵ 2020 research highlights the importance of investing in employees' mental health. Their research which included providers from both public and private sectors identified that the Return on Investment (ROI) from investing in mental health is cumulative and, on average, results in £5 for every £1 invested, but can range all the way up to £11 for every £1 identified depending on the interventions used.

⁹⁰ <https://www.unfairtocare.co.uk/report/main/>

⁹¹ https://www.thecareworkerscharity.org.uk/wp-content/uploads/2019/12/CWC_Report_2019.pdf pg33

⁹² https://www.thecareworkerscharity.org.uk/wp-content/uploads/2019/12/CWC_Report_2019.pdf pg32

⁹³ The well-being of professional care workers research report 2019 by NACAS and Bellevie Care

⁹⁴ https://www.thecareworkerscharity.org.uk/wp-content/uploads/2019/12/CWC_Report_2019.pdf

⁹⁵ <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-and-employers.pdf>



Although there is a very high percentage of dedicated individuals in social care, there is also a sense of duty to cover available hours to ensure a safe delivery of services, which is leading to exhaustion and burnout of both individuals and teams. Some respondents said:

- *“Current staff dealing with fatigue and overwhelmed”*
- *“Good Managers feel they are unable to performance review detrimental staff members who negatively impact services or underperform due to the need for safe staffing levels:*
- *“Cannot even discipline average performing staff just because we need shifts covered. As long as they are not terrible or abusing anyone, we have to turn a blind eye to poor attendance, attitude or lack of training because we just cannot get more staff”*
- *Long-standing staff members promoting toxic cultures and putting off new recruits. They are not challenged due to the desperate need for carers”*

However, the current situation isn't all negative. Some providers have said that retention is relatively simple if the structure and culture is in place and embedded:

- *Historically (2021 excepted) our turnover has been low, We pay shift not call and promote care as a respectable career. Time for travel, not expecting the team to be in 3 places at once. Our rates of pay are respectable. We care for our staff...*
- *Retention is not difficult. Retention is only as difficult as you make it. You have to be monitoring your staff at all times. Finding out their frame of mind. Monitor their hours. Remind them you're thankful. They are working hard, and it's recognised. Give them a little incentive. Once your staff team are earning what they are happy with, and they fall in line with your vision and ethos, and you give them consistency and ensure they feel valued it will be rare they leave.*
- *If anyone wants to leave, let them leave because they're clearly not committed to your vision and values. If they're leaving for other, unavoidable reasons (childcare, further education, moving away), maintain a positive relationship and they might come back to you when their situation resolves.*

These comments highlight that with adequate leaders in place who understand the importance of thanks and gratitude and with the resources available to value and benefit team members, be it elevated pay or company benefits, retention of staff is not unachievable. That said, there is a clear deficit in the public perception and recognition of the care workforce. The recommendations made in this report address how this could be achievable for all social care settings.



GOOD / OUTSTANDING PRACTICE

Most feedback received as part of this People Plan was done anonymously. However, respondents were keen to share what they are currently doing to improve retention within their services. Collated below are some of the examples provided from the sector.

The Care Workers Charity - Mental Health & Well Being support: The Care Workers Charity provides, amongst other support, crisis grants and mental health support to care workers, <https://www.thecareworkerscharity.org.uk/mental-health-wellbeing/>

Guarantee birthdays off with paid leave

<https://www.linkedin.com/feed/update/urn:li:activity:6860952429035429888>

Well led and lead to succeed by Skills for Care

<https://www.skillsforcare.org.uk/Leadership-management/developing-leaders-and-managers/Lead-to-Succeed.aspx> gives a honest reflection of working in social care and its benefits as well as challenges.

Appoint a Mental Health First Aider:

We have a mental health first aider – they are currently doing a training course so they can train others to be mental health first aiders too. We will be asking people at all levels to volunteer to be a mental health first aider.

The IHSCM Workforce Wellbeing Guide:

[IHSCM-Workforce-Wellbeing-Guide-1.pdf \(ihm.org.uk\)](#)

Provider Example: Been present within the home, part of the team. Been open & transparent about my role created an understanding between us all. In supervisions spot the staff who wish to help and hold more responsibilities and support them to do that. Maintain team meetings, put a praise board in staff bedroom so staff can leave messages of support to one another.

Provider Example: 10 year and 15-year bonus of £500 and £750, regular pay increases, free hot meals and drinks, free parking, no uniforms, flexibility on fixed rotas.

Provider example: I encouraged a culture where staff ideas were incorporated into my business and staff took ownership of new initiatives, learned new skills, and had the chance to develop professionally and earn more money.

Provider Example: Created our own training to suit the needs about own business. Increased wages according to the geographical market value. Tailor staff rotas to their benefit to get the correct balance of work and home life. Offer contracted hours.



Retention and Wellbeing

Provider Example: I used to offer group supervision which helped sort out many issues and staff felt cared about

Provider example: Keeping staff informed with everything we are doing, by email. Thank you cards and increasing the feedback we give. Auditing hours worked - ensuring not burning them out. Meeting with MP - I invited 1 staff member to. Face to face support with QCF completion in their working hours. Employee of the quarter. Organised Xmas does - as a team outing is long overdue. If I think of anything else I will let you know. Hourly rate was increased a while ago to help with retention.

Provider example – Welfare Calls

Throughout the pandemic the HR team did welfare calls for anybody who was self-isolating at any point, checking in on their mental wellbeing as well as offering practical things such as shopping/meds.



RECOMMENDATIONS

Retention is a concern many of the people who responded to our consultation and provided feedback via other routes expressed. The data received further embeds the notion that retention may increase and improve through large sector wide changes though, admittedly as the sector is made up predominantly of individual providers and large organisations, there are significant barriers to overcome to achieve these outcomes. Recommendations from the People Plan:

Recommendation for central and local governments

Implementation Timeframe – Short

1. **Registered Manager Support:** Many registered care managers are working effectively to support their teams however this is taking a toll on their own wellbeing. We recommend that thought be given to creating a support system for registered managers which would include funded therapy and ability to be fast tracked if required. This could be through reintroducing the care app or replacing it with something that provides more focused support.
2. Encourage all social care provider organisations, local authority and private, to promote staff wellbeing through the **creation of staff wellbeing hubs**, resourced appropriately. Wellbeing hubs need to provide realistic support times with short waiting lists and more immediate responses, (See wellbeing training recommendation in training section). The Deloitte Mental Health and Employer: Refreshing the case for investment⁹⁶ 2020 research highlights the importance of investing in employees' mental health with employers able to achieve, on average, an ROI of £5 for every £1 invested. The ROI is cumulative and can increase as high as £11 for every £1 invested depending on the support structures put in place.

Implementation Timeframe – Medium

3. **Career Pathways.** Ensure publicity around the sector is good and positive, promoting career aspects and progression. Respondents suggest Career pathway, effective training, and transferable qualifications may help to reduce turnover and increase interest in the sector. (See training passport recommendation in training section)
4. **Professionalise Care:** Create and introduce a register of care professionals reminiscent of the NMC register that aims to recognise the skill required to work in care. This is also referenced in the July 2021 report 'Unfair to Care'.⁹⁷
5. **Working patterns/Flexible working:** Social care has always had a rigid approach to how it structures its working patterns. Provide support to ensure services understand the benefits of flexible working, and variable shift patterns. Develop training sessions and support guides created in coproduction with care providers.

⁹⁶ <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-and-employers.pdf>

⁹⁷ <https://www.unfairtocare.co.uk/report/main/>



6. **Regulate zero-hour contracts:** Provide a structure to remove sole reliance on zero hours contracts and prevent abuse of zero-hour contracts by providers. Whilst it's recognised that zero-hour contracts will still be required to support flexible working, there needs to be safeguards in place for both employees and employers.

Implementation Timeframe – Long

7. **Increase pay:** With the introduction of the social care levy and recruitment and retention fund, now is the time to address the pay structure of social care staff. The Unfair to Care report⁹⁸ published in July 2021 highlighted the fact that social care staff are paid (on average) £7500 less than their equivalents in health settings. Fee increases are required to enable a banding system in social care that mirrors the NHS and allows social professionals to be paid on par with their NHS counterparts. Care staff have seen their workloads increase to include more responsibilities, in part thanks to the pandemic, but also due to the evolving landscape of social care where the current and future demographics have more complex care needs.
8. **Increase Benefits:** This people plan makes recommendations that structures are put in place to ensure all social care staff are able to access adequate sick pay, above that of SSP, due to the physically, mentally, and emotionally demanding nature of the role. Also recommended is for consideration be given to; ensure all other forms of leave (bereavement etc) reflect that on offer with healthcare, free parking for social care staff, support for social care staff in relation to childcare and its costs.
9. **Change social care from being VAT exempt to being VAT zero-rated** – providers cannot charge VAT on the services they provide but, due to their exempt status, are unable to claim back VAT on any expenditures either. Changing their status from VAT exempt to zero-rated would give them additional resources to reinvest back in pay, physical/mental health support and other wellbeing initiatives

Recommendations for social care providers

Implementation Timeframe – Short

1. Encourage all social care provider organisations, local authority and private, to promote staff wellbeing through the **creation of staff wellbeing hubs**, resourced appropriately. Wellbeing hubs need to provide realistic support times with short waiting lists and more immediate responses, (See wellbeing training recommendation in training section). The Deloitte Mental Health and Employer: Refreshing the case for investment⁹⁹ 2020 research highlights the importance of investing in employees' mental health with employers able to achieve, on average, an ROI of £5 for every £1 invested. The ROI is cumulative and can increase as high as £11 for every £1 invested depending on the support structures put in place.

⁹⁸ <https://www.unfairtocare.co.uk/report/main/>

⁹⁹ <https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-and-employers.pdf>



2. **Improve Inductions:** Induction programmes in care settings need to be more supportive with stronger elements of guidance and regular supervisions that assess both performance of the employee and effectiveness of the induction. Online peer support groups and institutes for registered managers should be considered to exchange good and outstanding practice.
3. **Implement a Buddy/Mentor scheme:** The first 12 weeks of working in care, the common induction/probation period, can be daunting and lack of support or mentorship during this period can lead to people exiting employment and the sector. Training existing employees up to be “buddies” can increase the speed and efficacy at which a new employee adapts to the organisation and role.¹⁰¹
4. **Equality, Diversity and Inclusion (EDI):** Social Care providers need to ensure that EDI is promoted throughout their services, not just when recruiting. ACAS¹⁰² and other resources are available to help providers adapt. Consider working with local care associations or regional IHSCM hubs to create EDI forums to benefit and inform all providers who engage.

Implementation Timeframe – Medium

5. **Career Pathways.** Ensure publicity around the sector is good and positive, promoting career aspects and progression. Respondents suggest Career pathway, effective training, and transferable qualifications may help to reduce turnover and increase interest in the sector. (See training passport recommendation in training section). Care providers should make efforts on their website and social media platforms to showcase the variety of roles within their services and examples of opportunities for development.
6. **Working patterns/Flexible working:** Social care has always had a rigid approach to how it structures its working patterns. Provide support to ensure services understand the benefits of flexible working, and variable shift patterns. Develop training sessions and support guides created in coproduction with care providers.
7. **Regulate zero-hour contracts:** Provide a structure to remove sole reliance on zero hours contracts and prevent abuse of zero-hour contracts by providers. Whilst it’s recognised that zero-hour contracts will still be required to support flexible working, there needs to be safeguards in place for both employees and employers.

¹⁰¹ <https://tribalhabits.com/induction-buddy/>

¹⁰² <https://www.acas.org.uk/improving-equality-diversity-and-inclusion>



Training

CURRENT SITUATION

Feedback from care providers through the IHSCM consultation and feedback sessions have presented a varied view of the current training landscape in social care. Whilst it is widely accepted that social care staff must receive adequate training to ensure they can fulfil their roles in a safe and effective way, many have said that currently there is too much mandatory training which dominates the time managers and care professionals have due to annual refreshing of the training courses whilst also monopolising their funds:

- *Too much mandatory training. Teams get bored having to repeat the same training again and again (mandatory training)*
- *Mandatory & Statutory Training is eating up all the monies companies have.*
- *Competency needs to be acknowledged to stop people needing to do the same training year on year.*
- *Challenge in trying to find good training providers at a cost that reflects quality, but is affordable*
- *Skills for Care only fund limited training and far too much work to maintain records*
- *We repeat so much with continual learning whereas it would be good to concentrate on other areas. Access to funding is still too hard. Skills for care just isn't functioning*

The pandemic has posed further obstacles to providing qualitative training by forcing restrictions on face-to-face learning, with many providers having to adapt to online training. Whilst some admit that online training has made their approach to ensuring consistently informed staff are available and deployed easier,

- *“e-Learning can work well if the content and methods of learning are engaging enough”,*

many agree that sole focus on eLearning is becoming detrimental to the overall delivery of care and the acceptance of the sector being that of a professional one. Many providers recognised that a blended approach was more beneficial than only having eLearning.

- *Needs professionalism*
- *“[...] it's just a tick sheet exercise”*
- *Online training - does not embed learning.*
- *carer role seen as unskilled dead-end job.*



Training

The idea of legitimising the professional and skilled nature of social care is echoed throughout the feedback. However, awareness of current training opportunities may not be widely known or, if they are, may not be receiving the respect equivalent qualifications get.

- *People laugh at the suggestion of a diploma in health and social care*
- *There is a lot of training on offer within the sector. The extent of training isn't always understood by people who are thinking of joining the sector. Typically, training will extend from NVQ3 right through to level 7 and masters level training.*
- *Diffuse, no real connection with further education colleges*

Those providing feedback showed awareness of government schemes. However, they also recognised there are existing flaws in them which prevent them from being completely effective:

- *Kickstart requires too much training at sign up*
- *Apprenticeships are too complicated and off putting (e.g., off job training)*

Further analysis of the feedback shows that there is a call for standardised competencies in the training and education in social care as, currently, training as a whole is non-transferable between settings and competency thresholds vary:

- *Lack of consistent competencies, e.g., one provider may say competencies met but another one disagrees. Having prior experience of social care doesn't translate into having sufficient competencies*
- *Training, especially mandatory training, can't be transferred from provider to provider, e.g., Care Certificate has to be redone*
- *Competency frameworks lack tech integration and commissioning frameworks don't value or measure impact*

Whilst the Care Certificate, in essence, can be transferred, as it is just a certificate and not a recognised qualification, there is no consistent standard at which it is provided. Furthermore, individuals can currently print their own certificates off to show completion direct from the Skills for Care website¹⁰⁴ adding to the current concerns over transferring the certificate.

Finally, the feedback suggests that staffing and workforce levels are also causing barriers to good training with people entering the sector because they genuinely care, but are put off by the volume and frequency of the training required of them or that the training doesn't provide them with the actual skills they need:

- *There is loads of free training which is great but nobody to recruit to take up the training.*

¹⁰⁴ <https://www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/The-Care-Certificate-Template-PDF.pdf>



- *We are focusing too much on required training in so many areas rather than focusing on basics - how do you deliver good care; how do you record good care*
- *Not enough emphasis on real, applicable practical skills*
- *low impact from training interventions. Occupational standards don't work for fragmented services as they are so diverse. Competency frameworks lack tech integration and commissioning frameworks don't value or measure impact*

In summary, providers' current perceptions of training in social care are that it is of variable quality and efficacy that isn't widely standardised or recognised professionally. Many providers are operating at lower than recommended staffing levels and have also been severely impacted financially due to the ongoing pandemic. There is a passion from providers to ensure that their workforces are competent at supporting those in their services, but there is a feeling that the current framework is hindering this from being achievable across the sector.



GOOD / OUTSTANDING PRACTICE

Feedback from our consultation and engagement sessions have highlighted the already great work going on within the social care sector to meet the training needs of the work force. Some of the highlighted practices are established courses and training providers that have already proved beneficial, whilst other examples of good and outstanding practice showcase the initiative and adaptive nature of care providers and their in-house approaches to training and blended learning.

Dementia bus training

<https://www.training2care.co.uk/virtual-dementia-tour.htm>

The Kings Fund - Leading with Kindness and Compassion in Health and Social Care

<https://www.futurelearn.com/courses/an-introduction-to-leading-with-compassion-and-kindness-in-health-and-social-care>

Arden Universities Management and Leadership Apprenticeship

<https://web.arden.ac.uk/senior-leader-degree-apprenticeship>

LSCDG / Care Academy Harts / Scils Warwickshire

<https://academy.healthierfuture.org.uk/>

Manual Handling All Wales Passport

Manual Handling All Wales Passport sets out criteria that must be met in order to train manual handling in a particular way that is universally recognised by providers across Wales. This passport method of training is very helpful for providers in knowing what level of training an experienced care worker will have received. It should be considered that a similar method of standardising all mandatory training within the sector, would be highly beneficial to all providers. This would also prevent any duplicated training being assigned for staff moving within the sector and reduce costs as well as save time for all involved. -

http://www.wales.nhs.uk/documents/nhs_manual_handling_passpor.pdf

Inhouse initiatives/Blended Learning

- *Yes, my own companies Learning and Development, quality assured, blended to meet learning styles, strong bases of induction, through to probation, post probation career progression onto various apprenticeships and/or qualifications*
- *Local authority providing free training room instead of just the training*
- *"We don't let new team members count in our team numbers until they are ready. Whilst this sounds ridiculously easy, it ensures that they are ready to work and not feeling overwhelmed or pressured. I have created and implemented a Leadership and Culture training session personalised for our care setting, where I can help people learn to lead in our current culture and how to build/develop/improve the culture we have".*



- *Plethora of blended learning Provider led is best. Mixed experiential and peer support based. So much to say on this!*
- *Offering RQF (Regulated Qualifications Framework) qualifications has really helped enhance an appeal to the workforce. Offering more complex healthcare training so people can develop skills and be trained to provide care such as Gastro Peg, stoma care, diabetes (residential care home) this has appealed to those who see a career in their future as a nurse for instance.*
- *Flexible training times for night teams.*
- *We use in house trainers; staff enjoy the face-to-face training. Did have an allocated matron, NHS, to support our nurses Which was very positive also had specific ambulance crews to support the homes. Both initiatives were very helpful for the staff and residents, unfortunately both were discontinued*



RECOMMENDATIONS

Training is an integral part of working in social care. Therefore, it shouldn't be a barrier to good care. It should instead promote and enable good and outstanding care and not detrimentally impact the morale of the workforce or put services under further pressures. This people plan outlines a set of recommendations based on the feedback received from providers and managers.

Recommendation for central and local governments

Implementation Timeframe – Short

1. **Training passports:** Study of the Welsh training passport¹⁰⁵ be undertaken to develop a model that could be replicated across social care. Although the Welsh model currently only accommodates moving and handling training, the ability to transfer individual training of all types from one service to another will significantly reduce onboarding costs and time to enable new recruits to be fully functioning members of teams in a shorter period of time than is currently achievable.
2. **Mandate care certificate qualification:** Mandate the Care Certificate and restructure into an approved care professional qualification similar to the induction for health and social care framework in Wales¹⁰⁶. It's also recommended to make the care certificate in its qualification form available to people actively looking to join the social care sector. In recent years, the Department of Education updated the Early Years Framework to mandate an Early Years qualification for existing members and new entrants into the childcare sector¹⁰⁷. Similar could be implemented for adult social care. This would also provide care professionals with a sense of professional identity.
3. **Requirement of wellbeing training:** Include menopause training, domestic abuse training and mental health first aid in the mandatory training framework required of social care settings.
4. **Equality, Diversity, and Inclusion – Including accessible information standards:** Coproduce training made available through Care Certificate qualification (see previous recommendation) or through Skills for Care or accessible using the workforce development fund. Coproduce with people with lived experience to ensure that information is inclusive and respectful. Part of the training must be about implementing culture and making training relevant to each role within care. This applies to both clinical training and wellbeing training mentioned in the previous recommendation.
5. **Digital Health and Wellbeing –** There are many resources¹⁰⁸¹⁰⁹ available to enable and empower social care providers to adapt and improve their digital health and wellbeing.

¹⁰⁵ http://www.wales.nhs.uk/documents/nhs_manual_handling_passpor.pdf

¹⁰⁶ <https://socialcare.wales/learning-and-development/induction-for-health-and-social-care-awif>

¹⁰⁷ <https://www.gov.uk/guidance/early-years-qualifications-finder>

¹⁰⁸ <https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/digital-inclusion-in-health-and-social-care>

¹⁰⁹ <https://www.skillsforcare.org.uk/Documents/Topics/Digital-working/Core-digital-skills-in-social-care.pdf>



Providers need to commit to raising their digital awareness and compliance¹¹⁰ to improve engagement and support opportunities for their services to benefit their teams and those they support.

Implementation Timeframe – Medium

6. **Standardised Fully Funded Mandatory Training:** It is recognised that mandatory training is both extensive and time consuming. Skills for Care has a resource setting out the core and mandatory training required of social care providers¹¹¹ which should be endorsed by care regulators. There is currently an accessibility inequality of the workforce development fund¹¹² (WDF). The WDF needs to be equally accessible to all care providers with training costs being regulated from approved and regulated training providers.
7. **CPD Accredited training:** There needs to be an individual assessment of training needs and regulation of the training sector. There is a concern that the social care sector is not seen as the professional sector it is. This people plan recommends that moves be made to ensure all mandatory training be accredited to ensure a standardised quality. This will allow training passports to be welcomed by providers more proactively in the knowledge that the accredited training received should indicate a good quality of learning. In Wales the standardised induction is now linked directly to the overhauled health and social care qualification and is standardised across the country. Registration means that all workers must complete the qualification within an allotted time. Although general training aside from induction remains unregulated in terms of content. This people plan recommends this model could be replicated with the addition of regulated training that is CPD accredited.
8. **Fastrack Leadership Programme:** Create or endorse a social care equivalent to the Graduate Management Training Scheme¹¹³ (GMTS) and Teach First¹¹⁴ to allow for new talent to enter the sector after short intensive training and experience. A similar scheme to Teach First but for social care is already undergoing through a feasibility review¹¹⁵.

Implementation Timeframe – Long

1. **Greener Care:** The Academy of Fab Stuff¹¹⁶ and the IHSCM¹¹⁷ both have interests in providing environmentally sustainable care. Training must be developed for all levels of care delivery. Greener approaches to care must also be included in all Health and Social Care qualifications.

¹¹⁰ <https://www.dsptoolkit.nhs.uk/>

¹¹¹ <https://www.skillsforcare.org.uk/Documents/Learning-and-development/Ongoing-learning-and-development/Guide-to-developing-your-staff/Core-and-mandatory-training.pdf>

¹¹² <https://www.skillsforcare.org.uk/Learning-development/Funding/Workforce-Development-Fund/Workforce-Development-Fund.aspx>

¹¹³ <https://graduates.nhs.uk/scheme/>

¹¹⁴ <https://www.teachfirst.org.uk/>

¹¹⁵ <https://www.caretechfoundation.org.uk/now-care-feasibility-study/>

¹¹⁶ <https://fabnhsstuff.net/campaigns/a-greener-nhs-and-social-care>

¹¹⁷ <https://ihm.org.uk/special-interest-groups/greener-care/>



Recommendations for social care providers

Implementation Timeframe – Short

1. **Requirement of wellbeing training:** Include menopause training, domestic abuse training and mental health first aid in the mandatory training framework required of social care settings.
9. **Equality, Diversity, and Inclusion – Including accessible information standards:** Coproduce training made available through Care Certificate qualification (see previous recommendation) or through skills for care or accessible using the workforce development fund. Coproduce with people with lived experience to ensure that information is inclusive and respectful. Part of the training must be about implementing culture and making training relevant to each role within care. This applies to both clinical training and wellbeing training mentioned in the previous recommendation.
2. **Digital Health and Wellbeing –** There are many resources¹¹⁸¹¹⁹ available to enable and empower social care providers to adapt and improve their digital health and wellbeing. Providers need to commit to raising their digital awareness and compliance¹²⁰ to improve engagement and support opportunities for their services to benefit their teams and those they support.

Implementation Timeframe – Long

2. **Greener Care:** The Academy of Fab Stuff¹²¹ and the IHSCM¹²² both have interests in providing environmentally sustainable care. Training must be developed for all levels of care delivery. Greener approaches to care must also be included in all Health and Social Care qualifications.

¹¹⁸ <https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/digital-inclusion-in-health-and-social-care>

¹¹⁹ <https://www.skillsforcare.org.uk/Documents/Topics/Digital-working/Core-digital-skills-in-social-care.pdf>

¹²⁰ <https://www.dsptoolkit.nhs.uk/>

¹²¹ <https://fabnhsstuff.net/campaigns/a-greener-nhs-and-social-care>

¹²² <https://ihm.org.uk/special-interest-groups/greener-care/>



Pay and Conditions

CURRENT SITUATION

Pay and conditions in social care has regularly been cited as a major reason why the sector is unable to attract new talent. It is also with the low pay and lack of benefits that has created a false impression of a low skilled workforce which is clearly not the case. Unfair to Care's July 2021 report proved that care work is highly skilled work but states that many social care professionals would receive 39% higher pay if they were to be in roles with the same skillsets and levels of responsibility in publicly-funded roles¹²³.

The consultation for this People Plan found that pay scales and progression, public perception, funding and fee related issues employment benefits and conditions of work were the most common themes when discussing the current situation of pay within the social care sector.

Comments in the consultation findings show that owners and proprietor are keen to pay above the National living wage and provide benefits. However, there are many challenges, especially in a post COVID-19 landscape, preventing them from doing so.

- *Challenging as an owner.*
- *Providers are doing their best. Whilst lots of money has been provided it hasn't been enough to fund self-isolation and do everything else (create different visiting areas, staff all the extra admin, pay ridiculous agency fees etc) required of providers.*
- *If council budgets funded to a decent level, it would increase levels confidence for businesses. The current brokerage system puts packages or clients out to tender and they go to the provider with a vacancy who can do it the cheapest within the council's top price. In this environment how can you provide secure contracted hours at a decent rate? The council's fees haven't increased in five years despite minimum wages, tax and NI increases and council tax rises.*

It is also noted however that there is a perception that some providers are in the care sector as a profitable industry choice and limit the distribution of funds to their workforce.

- *Always seems that social care workers are being chiselled by employers e.g., not paying domiciliary carers travel time to get from A to B.*

¹²³ <https://www.unfairtocare.co.uk/report/main/> pg9



Pay and Conditions

- *Too many providers want to get rich quick or as rich as they can and are attracted to set up by this perception. Therefore, the sector is seen as simply about business. Until it is seen as a service it can't be rectified.*
- *Pay rates are linked to Local Authority contracts and terms. The majority of local authorities only pay the minimum wage for care staff.*

Part of this People Plan has found that the social care workforce is widely seen as unskilled, a misconception of the sector which seems to be amplified due to the basic pay largely on offer. A common view is that the workforce is generally upskilling and absorbing further responsibilities to their roles that far exceed other NLW paid jobs.

- *Social Care Professionals are seen as unskilled and are paid wages that reflect this*
- *Shocking. Care staff are skilled workers doing roles that a lot of "normal" people couldn't do.*
- *Nearly any other job with half the responsibility pays more*

In turn, this is preventing the attraction of new talent to the sector.

- *The pay is not sufficient to retain and attract workers to the sector.*

Without a multiangle approach at reforming the sector, increasing wages alone is not seen to be the answer.

- *Pay & conditions improvement can't be done in isolation; it must be linked with skills and experience and quality improvement / performance*

The current situation of pay and benefits for the social care workforce is complex and long engrained. Making one-off or single action improvements cannot possibly deliver the kind of improvement that everyone involved is keen to achieve.

Between 2019 and 2021, 63%¹²⁴ of care home placements and 70%¹²⁵ of home care hours purchased were funded for by the state. Whilst there is an acknowledgement that a large proportion of providers wish to increase their wages and provide adequate benefits to their workforce, with such high proportions of care being subsidised by the state at inadequate rates, they are financially limited by the fees they receive as a consequence of the strict statutory rules the annual budgets of local authorities are bound by.

Laing Bussion said in their 2020 care cost benchmarks toolkit *"residential care homes for older people in England currently need to charge fees of £696 to £849 per week to generate a sustainable return. Nursing care costs between £969 and £1,075 per week. In contrast, English*

¹²⁴

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheselffundingpopulationengland/2019to2020>

¹²⁵ [file:///C:/Users/44746/Downloads/The-Homecare-Deficit-2021%20\(1\).pdf](file:///C:/Users/44746/Downloads/The-Homecare-Deficit-2021%20(1).pdf) pg25



councils paid on average only £596 for residential care and £764 for nursing care, indicating a continued shortfall in care funding and that care homes remain dependent on premium fees from private payers to generate sustainable levels of income.”¹²⁸

This has driven down, in real terms, the money that local authority contracted providers can earn. They are obliged to squeeze all of their services to remain in business and continue providing care to the individuals they already support. The consequent squeeze in pay deters talented and committed workforce entrants and promotes further deskilling.

¹²⁸ <https://www.laingbuisson.com/shop/care-cost-benchmarks-11ed/>



GOOD / OUTSTANDING PRACTICE

Examples of good / outstanding practice in pay and conditions from local authority and private providers are in short supply in our consultation, though a number of ideas have been forwarded.

Rewarding skills development

One anonymous respondent gives incremental pay uplifts for those completing NVQs, medicines training and taking on 'champions' roles. They pay structured bonuses and provide lots of rewards for initiative inputs around service improvement.

In house educational programs

Another provider respondent has developed a suite of training and education programmes for staff, completion of which generates pay improvement.

Work at it!

Developing a long-term reputation for fair pay, thoughtful benefits such as car leasing, retail discounts, childcare and more clearly create a more loyal and retained workforce. This takes considerable commitment from employers over time. One employer reports being a National Living Wage employer, paying max mileage allowance, and regularly celebrating the work of the care team.

Whilst these examples of good practice are inspiring, not all, if many, social care providers are in a financially stable enough position to be able to offer these or similar incentives.



RECOMMENDATIONS

We have been provided with a number of financial and non-financial suggestions that should be considered:

Recommendation for central and local governments

Implementation Timeframe – Short

1. **Create a Social Care staff green heart discount card**, for use by social care staff seeking discounts for retail, insurance, financial, holiday and other services. Social care staff have been largely unsuccessful when trying to access and utilise the blue light card¹²⁹. Conversations should be had with the current providers to create an offshoot branch.

Implementation Timeframe – Medium

2. **Create a statutory review body to examine local authority funding and contractual costs for social care provision on an annual basis.** This needs to address the disparity of costs paid across local authorities. This should be undertaken by DHSC civil servants with input from bodies such as IHSCM and others. Annual recommendations to be submitted to government for adoption and ring-fenced funding to enable a banded care wage structure for social care and a centrally governed care pension scheme
3. As per the training section of this People Plan for Social Care, **promote the professionalisation of the sector by boosting training provision and training access** to upskill and improve the career appeal of the workforce.
4. **Workforce modelling exercise** to determine the funding increase from central government to local government to afford pay increase should be conducted. As per the CWC supporting care workers better report 2019¹³⁰, one of the four key pressures the social care workforce face is financial instability¹³¹ and, within that, an inability to build savings for their future¹³². Any workforce modelling conducted needs to incorporate within it wage increases which are sufficient enough that the workforce is able to build savings for the future (whether via pension contributions and/or disposable income). This could be done through an experienced individual such as Professor Alison Leary¹³³.
5. **End Time and Task care** – End time and task (minute by minute) care commissioning¹³⁴. Time and task care puts businesses, providers and care professionals under undue pressure which leads to poor recruitment and retention and difficulties meting the care

¹²⁹ <https://www.bluelightcard.co.uk/>

¹³⁰ https://www.thecareworkerscharity.org.uk/wp-content/uploads/2019/12/CWC_Report_2019.pdf

¹³¹ https://www.thecareworkerscharity.org.uk/wp-content/uploads/2019/12/CWC_Report_2019.pdf pg12

¹³² https://www.thecareworkerscharity.org.uk/wp-content/uploads/2019/12/CWC_Report_2019.pdf pg23

¹³³ <https://www.inhealthgroup.com/wp-content/uploads/2019/02/Alison-Leary-Workforce-Modelling.pdf>

¹³⁴ <https://www.homecareinsight.co.uk/care-bill-to-address-minute-by-minute-home-care-commissioning-minister-suggests/>



needs of individuals. Time and task care also increases reliance on zero-hour contracts making careers in the sector financially unreliable.

Implementation Timeframe – Long

6. **Explore the creation of a centrally governed social care pension scheme** with contributions from employers made possible by reviewing and increasing local authority funding and contractual costs on par with the NHS pension scheme¹³⁵.
7. **Introduce pay and conditions banding for social care staff that mirrors that of NHS staff** based on qualifications, skills and appraisal on a professional register as elaborated in the recommendations for retention.
8. **Create a professional register of qualified social care staff** that automatically generates training programmes for professional development and provides the opportunity for clear career progression.

¹³⁵ <https://www.nhsbsa.nhs.uk/sites/default/files/2021-07/NHS%20Pension%20Schemes-an%20overview-20210706-%28V6%29.pdf>



What Happens Next?

Now that this People Plan has been published, our Social Care Innovators People Plan sub-committee will continue to meet regularly to discuss future recommendations for revisions of this plan as well as identifying other areas of the workforce that require consideration and support.

An ongoing survey will be available to provide feedback about this report. Data from this survey will be used to inform future revisions of this plan. It is the aim of the sub-committee to publish an updated People Plan each year.

Link for Survey: <https://www.surveymonkey.co.uk/r/SP9ZXDK>

The People Plan sub-committee will also host round tables and other virtual and potentially in-person forums to invite wider discussion and input for future versions. Over the next twelve months, we are going to have a stronger focus in encouraging engagement from social care providers, primarily around good and outstanding practices.

Ideally, we would welcome communication from local and central government, namely the Secretary of State for Health and Social care, and the Minister of State for Care and Mental Health to discuss coproduction options moving forwards to help further unite and represent the social care sector.

Finally, we will be looking to work with other representatives of the social care sector, including providers and leaders, to begin actioning the recommendations within this People Plan.



The People Plan for Social Care would not have been possible without the dedication and hard work of the IHSCM Social Care Innovators People Plan Sub Committee with special thanks to:

Palvi Dodhia
Jasmeet Rai
Joan Bothma
Marlene Kelly
Jay Dodhia
Paul Blane
Dean Morgan
Trudie Fell
Mindy Sawhney
Olivea Allegrini-Jones
Jane Brightman

We acknowledge thanks to **Jon Wilks** CEO at the Institute for Health and Social Care Management for facilitating the consultation and Subcommittee meetings.

We also acknowledge thanks to **Adam Purnell**, Director of Social Care for the Institute of Health and Social Care management for writing the People Plan.

We would like to acknowledge thanks to all other contributors to the consultation for this People Plan, including members of the following Facebook peer support groups:

The Outstanding Managers Network¹³⁶
The Care Managers Inner Circle¹³⁷
The Caring View Support Network¹³⁸

And to **National Care Forum¹³⁹**, **NACAS¹⁴⁰**, **Championing Social Care¹⁴¹**, **The Health and Social Care Club¹⁴²**, **The Caring View¹⁴³** and **The Care Workers Charity¹⁴⁴** for sharing out our consultation to their networks.

¹³⁶ <https://www.facebook.com/groups/theoutstandingmanager>

¹³⁷ <https://www.facebook.com/groups/caremanagersinnercirclegroup>

¹³⁸ <https://www.facebook.com/groups/thecaringview>

¹³⁹ <https://www.nationalcareforum.org.uk/>

¹⁴⁰ <https://nacas.co.uk/>

¹⁴¹ <https://championingsocialcare.org.uk/>

¹⁴² <https://www.clubhouse.com/club/health-social-care-club>

¹⁴³ https://www.youtube.com/channel/UCff7qsVQ7x7HvDy_pD0oMLQ

¹⁴⁴ <https://www.thecareworkerscharity.org.uk/>



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