Building the future social care workforce: a scoping study into workforce readiness, recruitment and progression in the social care sector
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- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.
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We are particularly grateful for the support received from Kamal Motalib, JPMorgan Chase Foundation. The authors would also like to thank all those stakeholders and projects which participated in the research. However, the authors remain responsible for any errors or omissions.
Summary

This report presents the findings of a scoping study into workforce readiness, recruitment and progression in the social care sector, with a specific focus on East London. The research was carried out by SCIE, supported by the JPMorgan Chase Foundation.

The purpose of this scoping study was to research the latest data and evidence about the challenges in increasing workforce readiness in the recruitment of appropriately skilled staff and the development of high-quality career pathways in social care. The aim was to provide practical recommendations on how funders and employers can invest in a demand-led\(^1\) system in East London which promotes access to social care employment and good career progression.

The findings are based on:

- qualitative interviews with a sample of both national and local stakeholders, including care providers and education and training providers
- a review of existing research and data to build up a picture of what the available evidence already tells us about the state, size and structure of the social care workforce
- five case studies looking at a range of current initiatives that are attempting to address issues surrounding the readiness, recruitment, retention and progression of the social care workforce
- a futures workshop with stakeholders from across the social care sector.

Context

Current supply and demand of care workers

- The UK is experiencing unprecedented levels of demographic change. While the UK’s ageing population is commonly cited as the key driver for future demand of health and social care, more recent research suggests that it is not age but the prevalence of multi-morbidity which will have the greatest impact on care requirements.\(^2\)
- The social care sector is also growing. Looking at the East London region specifically, health and social work (not reported separately) is the largest sector in East London in terms of employee jobs.\(^3\).

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\(^1\) Caused or determined by demand from employers.


\(^3\) Joel Marsden and Haydn Hitchins, Trends in the demand for labour and skills in London and the East sub-region (London: Greater London Authority, 2016), 21.
The health and social care sector in East London is heavily reliant on female workers (80.9%). In addition, it also currently relies heavily on migrant workers, however annual net migration is expected to fall across the UK as a whole.

The result of the UK referendum on membership of the EU is expected to have significant implications for the sector.

The increasing complexity of care and support needs in the future is likely to require a more skilled workforce than those currently working in the sector.

The evidence base consistently suggests that the sector has difficulties in attracting individuals in the first place. Reasons for a lack of interest in working in the sector include: perceptions of care work, a lack of awareness of career pathways, low earning potential and the tendency for employers to ask for qualifications or prior experience.

The sector also has relatively high vacancy rates and there are high rates of turnover. The Kingsmill Review argues that limited opportunities for progression also contributes to a loss of workers from the sector.

Workforce readiness

- Poor literacy and numeracy skills were highlighted as an employer concern when recruiting new staff.
- The National Employer Skills Survey found that 19% of health and social care employers reported having skills gaps.
- Those interviewed as part of this research gave some insight into what they perceive as the main skills gaps that need to be tackled to ensure more people are equipped to work in social care, including core functional and transferable skills such as basic employability skills (e.g. team work), language skills, record-keeping ability and a focus on core values such as dignity, respect, learning and reflection, team work, and commitment to quality and person-centred support.

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4 Skills for Care, The state of the adult social care sector and workforce in England (Leeds: Skills for Care, 2015), 36.


• There are concerns that overall there is still a mismatch between employer requirements and the courses provided by education and training providers.

• The Care Certificate was noted as a positive development in ensuring basic caring skills by a number of interviewees. It represents the new minimum standards that should be covered as part of the induction training of new care workers.\(^{10}\)

• Local education and training providers need to do more to develop an adult learning approach to developing literacy, numeracy and employability skills for people who may have found it difficult to develop these and may now be finding it difficult to find or stay in work.

Good recruitment practice

• Qualitative feedback from employers indicates that attempting to recruit staff via job centres may be an inefficient use of resources. Recruitment agencies also tended to be seen as inefficient.\(^{11}\)

• Although qualifications in social care are now well established, the evidence base does not give a clear indication of the role that qualifications play in the recruitment process. However, the Cavendish Review reported that many providers and employers generally lack confidence in the qualifications system.\(^{12}\)

• There is evidence from a small number of papers to suggest that some employers have begun to recruit on the basis of the ‘right attitude’ rather than focusing on specific competencies, qualifications or skills.\(^{13}\)

• Apprenticeships were generally perceived as positive, although there is still a need for evaluation of the long-term success of this route.

• There is a need to raise the profile of social care and make it more attractive to encourage more people to work in the sector.

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\(^{11}\) Ekosgen, Why are some employers more successful than others in retaining their workforce? final report (Leeds: Skills for Care, 2013), 20.


Career pathways

- There is evidence to suggest that the social care sector is ‘bottlenecked’ due to the limited numbers of opportunities for progression that exist. The Kingsmill Review noted that ‘…opportunities for career progression remain very limited and it can be difficult for workers to understand how qualifications relate to job titles and pay rates’.14
- Although there appears to be consensus that there are limited opportunities for progression, there is some evidence to suggest that progression is also constrained by a general lack of awareness of opportunities for progression where they do exist.
- Some evidence suggests that the importance of qualifications has been overemphasised and the authors of ‘Raising the bar’ recommend that experienced and skilled workers who may not be qualified should not be prevented from developing their career, given the benefits that they can bring to the system.15
- Nonetheless, encouraging workers to progress to roles in which they will spend minimal time with people who use services is seen as counterproductive by some commentators, given that job satisfaction related to the caring role is often reported to be one of the key reasons why workers remain in the sector despite issues such as low pay or high levels of stress.16
- There is also evidence to suggest that some workers may view a role in the social care sector as a ‘stepping-stone’ to a permanent post in the health care sector.17

How is the sector responding?

The sector has for a long time recognised the challenges it faces in recruiting a high quality workforce, and has developed in parts of the country innovative practice to respond to these challenges. This research conducted five case studies to exemplify key aspects of good practice in improving workforce readiness, recruitment, retention and progression and which have the potential to be scaled up and strengthened. These include the following.

16 Jill Rubery et al., The recruitment and retention of a care workforce for older people (Manchester: University of Manchester, 2011), 342.
1. **I Care … Ambassadors (Skills for Care).** This initiative aims to recruit frontline care workers as ‘ambassadors’ and to support them to promote and publicise social care work as a viable employment option. Most importantly, ambassadors are asked to draw on their own experiences when carrying out ambassador-related activities. The expectation is that by painting a clearer picture of what a career in care might look like, potential new recruits have all the information they need to make a decision on whether this is the right choice for them. In turn, by ensuring that only those individuals with a genuine interest in a caring role and those with the ‘right’ values are recruited, the programme is expected to improve the quality of care.

2. **Getting Started Collaborative (ARC Northern Ireland).** In response to their members’ needs, ARC Northern Ireland (NI) developed an innovative project which offers opportunities for a more diverse workforce in the social care sector. The Getting Started Collaborative is a one-year pilot project giving unemployed individuals the opportunity to participate in value-based training, in order to become support workers for people with a learning disability. The Getting Started project was successful in developing and upskilling people furthest removed from employment and was reasonably successful in supporting the recruitment of new support workers.

3. **Brokering compatible flexibility (Timewise).** Compatible flexibility is about balancing a worker’s life requirements with how jobs are designed. It is about having open and honest conversations with workers and asking them to articulate their non-work commitments and responsibilities in order to negotiate and implement more flexible working patterns that meet the needs of both the employer and the employee. This model of working has the potential to have a positive impact on job satisfaction and therefore the recruitment and retention of skilled workers.

4. **SuperCarers.** An online ‘introductory’ platform to find and engage local carers and connect them with clients with care needs, from home cooking to personal care and specialist care. This model of working has the potential to have a positive impact on the recruitment and retention of skilled workers through greater flexibility, increased pay and improved job satisfaction, morale and confidence.

5. **Enhanced care worker (HC-One).** HC-One has created a new role called a nursing assistant that sits between a senior carer and a qualified nurse. The new staffing model is implemented through the Care Assistant Development Programme (CADP). The programme has had an immediate impact for nursing assistants. The general consensus was that since implementing the programme, staff morale and job satisfaction have increased as a consequence of feeling better recognised and rewarded and there being greater opportunities for promotion and progression.

**Discussion and recommendations**

Reflecting on the different strands of this research, a number of key themes emerge that can help inform how funders and employers can invest in a demand-led system in East London which promotes access into social care employment and supports good career progression.
Attracting people to the sector

Our research suggests there is a need to invest in initiatives and campaigns that seek to reposition the sector in the public imagination. For example, this could involve promoting the exciting future of social care in relation to technological innovations, or including people who use services in promoting the benefits of working in social care. This is partly about language, but also about showing people there is progression in social care as a career. I Care Ambassadors may be particularly useful in the East London context to assist in recruiting a diverse workforce to reflect the community it serves, and widening the talent pool. Nonetheless, funding and technical support for the programme is a key issue in terms of scaling-up. There is therefore an opportunity to expand the programme in East London via Skills for Care through investment in supporting infrastructure, such as employer partnerships, which have been shown to boost take-up and sustainability.

Better recruitment of young people

We would suggest that there is a case for further research and evaluation to explore the long-term success of social care apprenticeships (such as those run by Catch 22), and the impact of the new funding levy and other emerging initiatives in the sector aimed at young people (such as those run by the Bromley by Bow Centre) in order to help make business cases for extending and joining up those that work.

Preparing people to work in the sector

There is the potential for a similar approach to the Getting Started initiative (outlined in our case study) to be replicated in East London. Drawing on the learning from this pilot programme, this would require a collaboration between Jobcentre Plus and its partners to identify potential participants, a suitable provider to deliver the training, and social care employers willing to offer work experience placements and the possibility of real job vacancies. Recruitment to the programme would benefit from being values-based. The training programme should focus on content that has been designed in collaboration with local employers to ensure it meets their needs, but also include training in core employability skills and incorporate sufficient work-based, experiential learning or user-led training. It would also be beneficial if the training programme covered the content required by the Care Certificate and provided an opportunity to sit the exam.

Values-based recruitment

Our research suggests that there is a need to invest in supporting more social care employers to adopt and implement values-based recruitment practice to bolster retention of good staff. There is also merit in incorporating values-based recruitment into the selection process for pre-employment training courses or apprenticeships.

Skills for Care currently runs sessions for care providers which equip them with very practical and immediately useable interviewing skills and techniques to employ when recruiting staff, as well as an action plan for how to implement values-based recruitment into their organisation. There is scope, through partnerships with local authorities and providers, to roll this programme out in East London, although additional funding would be needed to pay for marketing and additional training courses.
Offering more flexibility to those who wish to work in the sector

Interest in the Buurtzorg model\textsuperscript{18} is gathering pace in the UK and this model, or features of it, are increasingly used in the UK to design innovative approaches to care. Care provider organisations are often under so much pressure, it is difficult to consider new ways of working without robust and reliable evidence of improved outcomes. There are currently a number of pilots underway across the country. We would suggest that there is a case for investing in further research and an evaluation of current pilots and approaches to small, localised, self-managing teams of carers, in order to understand what works and the potential for scaling-up.

Better progression routes

Providers implementing the enhanced care worker role tend to be large organisations with sufficient resources to do so. There is an opportunity to invest in a suitable training provider to develop, proactively market and run enhanced care worker training courses that are accessible and affordable to smaller, independent providers, to enable them to offer this career progression route to their staff.

Conclusion

The recruitment and retention of skilled care workers has never been more critical – given the pressure on the social care sector. There are real challenges to confront, including low pay, poor progression paths and difficulties recruiting enough skilled workers with the right values. Demand for social care also continues to rise steadily, which means that we need to find much more innovative ways to organise the workforce, utilising digital technology more effectively. To recruit the number of workers we need, we also need to find better ways to reach people who would previously not have been interested in working in the sector, such as young people and those looking to return into work.

There will not be a single, simple solution to these challenges. This report argues, therefore, that we need a co-ordinated, multi-pronged approach to tackling workforce shortages and improving progression paths with investments made to support a range of different initiatives.

\textsuperscript{18} The Buurtzorg model consists of localised, small, self-managing teams of nurses and carers (max.12) providing coordinated care for a specific catchment area (40 to 60 patients).
1. Introduction

This report presents the findings of a scoping study into workforce readiness, recruitment and progression in the social care sector, with a specific focus on East London. The research was carried out by SCIE supported by the JPMorgan Chase Foundation.

1.1 Research context

The social care workforce is predicted to grow enormously over the coming years: from 1.520 million today to 2.2 million in 2025.\(^{19}\) Demand for skilled care workers is likely to increase, and supply is unlikely to meet future demand.\(^{20}\) The sector faces challenges in recruiting, training and retaining care workers to support people with increasingly complex needs. Working in social care is not seen as an attractive career path. Salaries and perception of care work means that care providers struggle to compete with other sectors, such as retail. Turnover of care staff is reported at over 25%,\(^{21}\) with 11% unlawfully being paid less than the national minimum wage.\(^{22}\) In her independent review into working conditions in the care sector, ‘Taking care’, Baroness Kingsmill concluded: ‘opportunities for career progression remain very limited and it can be difficult for workers to understand how qualifications relate to job titles and pay rates’.\(^{23}\)

1.2 Research aims and objectives

The purpose of this scoping study is to:

- research the latest data and evidence about workforce readiness and supply and demand issues in the social care workforce
- research what works in increasing workforce readiness, recruitment of appropriately skilled staff and developing high quality career pathways in social care

\(^{19}\) Skills for Care, The state of the adult social care sector and workforce in England (Leeds: Skills for Care, 2015)


\(^{21}\) Skills for Care, The state of the adult social care sector and workforce in England (Leeds: Skills for Care, 2015)

\(^{22}\) National Audit Office, Ensuring employers comply with national minimum wage regulations (London: National Audit Office, May 2016).

• provide practical recommendations on how funders and employers can invest in a demand-led\textsuperscript{24} system in East London which promotes access into social care employment and good career progression.

This research is exploratory in nature and the analytical framework outlined below provides a more detailed overview of the questions we pursued through the research.

<table>
<thead>
<tr>
<th>Area of interest</th>
<th>Research questions</th>
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</table>
| Demand and supply of workers as it is now| • What is the current profile of the challenge(s) facing social care nationally and locally in employing sufficient numbers of skilled workers?  
  • How do sector needs map against the profile of skills and experience in the local workforce?  
  • What are the reasons for high turnover and poor progression in social care?  
  • How is the workforce expected to change over the next two to five years?  
  • What do these changes mean for the accessibility of the sector to workers and the prospects of good career progression? |
| Workforce readiness                      | • What specific skills demands does the sector have?  
  • What specific gaps does the sector have?  
  • What are the main skills deficits that need to be tackled to ensure more people are equipped to work in social care (e.g. values, attitudes, aptitude)?  
  • What specific activities are required in East London to ready the workforce?  
  • How do we ensure that local education and training providers are adequately providing the training that is needed to meet the demands of local social care employers? |
| Good recruitment practice               | • How effective are different methods for recruiting workers (e.g. marketing, community outreach, working with Jobcentre Plus)?  
  • What approaches are successful for different sizes and types of employer (e.g. large corporate, small- and medium-sized enterprises, home care, care home, Shared Lives etc.)? |

\textsuperscript{24} Caused or determined by demand from employers.
Building the future social care workforce

- How do we best work with schools to ensure that young people are appropriately prepared for work in social care?
- What role can apprenticeships play in increasing recruitment and retention?

Career pathways
- What are the factors which prevent or delay the successful progression of workers through career pathways?
- In which parts of the career pathways in social care are there the greatest barriers to progression?
- What training is needed to ensure that workers are equipped with the skills they need to progress?
- What changes to career structures are needed to ensure that talent is kept within social care organisations?

Options for investment
- What are the options for piloting a programme to test how good practice could be strengthened and scaled up in East London?

Research parameters
To manage an already ambitious scope, we agreed that the research be contained within the following parameters:

- Focus on England only, with a further focus on East London. For the purpose of reviewing statistical publications and data, East London may be understood to comprise the following local authorities: Barking and Dagenham, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.
- Include the following population groups: care workers, care assistants, senior care workers, support workers and personal assistants – adult settings.
- Exclude informal carers and children’s services.

1.3 Research design
The findings in this report are based on the following activities.

1. Establishing an advisory group to guide and advise the research team. Chaired by Lord Michael Bichard, chair of SCIE, the group informed the development of the analytical framework and the scope of the research. It participated in the futures workshop to help consider the actions required to support the recruitment, retention and progression of care workers in the future. A list of advisory group members can be found in Appendix 1.
2. Semi-structured, in-depth qualitative interviews with a sample of both national and local stakeholders, including care providers and education and training providers. The purpose of these interviews was to inform the focus of the review. They helped us gather opinions about the strengths, weaknesses and gaps in current workforce readiness, and about the recruitment of appropriately skilled staff. They also provided information on career pathways in social care as well as helping us to identify suitable case study sites. A list of those who participated in the interviews can be found in Appendix 2.

3. A review of existing research and data to build up a picture of what the available evidence already tells us about the state, size and structure of the social care workforce. The review also highlighted relevant issues about the strengths, weaknesses and gaps in current workforce readiness, recruitment and retention of appropriately skilled staff and career pathways in social care.

4. Five case studies looking at a range of current initiatives that are attempting to address issues surrounding the readiness, recruitment, retention and progression of the social care workforce. A long list of possible initiatives was identified via the advisory group, evidence review and stakeholder interviews, five of which were selected for further exploration in conjunction with the JPMorgan Chase Foundation. Using both desk research and qualitative interviews, the purpose of the case studies was to exemplify key aspects of good practice in workforce readiness, recruitment, retention and progression that have the potential to be scaled up and strengthened.

5. A futures workshop with stakeholders from across the social care sector. The extent of the challenge facing the social care sector in terms of recruiting, training and retaining more social care workers – and the effectiveness of our responses – will depend in part on political, economic, social and technological changes. This event looked at three hypothetical future scenarios, and how the sector might respond to the challenges and opportunities those scenarios offer. The purpose was to explore the common responses and actions that may help to attract more people to a career working in care. Some actions were suggested in relation to more than one and, in some cases, all three scenarios. These can be considered robust actions that, if taken forward, could prevail in all of the scenarios, and support recruitment and retention of future care workers. A list of workshop participants can be found in Appendix 3 and a report detailing specific findings from the event and the future scenarios presented can be found here: http://www.scie.org.uk/future-of-care/care-workers.
1.4 Reading this report

The next six sections of this report set out the findings from the research.

**Section 2:** Current supply and demand of care workers – explores the demand for social care services, the current profile of the sector and workforce, and the challenges facing social care in employing and retaining sufficient numbers of skilled workers.

**Section 3:** Workforce readiness – looks at the readiness of the workforce and any skills gaps, along with the role local education and training providers should play in ensuring the needs of local social care employers are met.

**Section 4:** Good recruitment practice – outlines the different recruitment methods being used by the sector.

**Section 5:** Career pathways – explores the opportunities for progression within the sector and the role of qualifications, training and development.

**Section 6:** How is the sector responding? – presents five case studies exploring a range of current initiatives that are attempting to address issues surrounding the readiness, recruitment, retention and progression of the social care workforce.

**Section 7:** Discussion and recommendations – reflects on the different strands of this research and proposes a number of key themes that have emerged and that can help inform how funders and employers can invest in a demand-led system in East London, which promotes access to social care employment and supports good career progression.
2. Current supply and demand of care workers

2.1 Demand for social care services

The UK is experiencing unprecedented levels of demographic change. Across the UK, the number of people aged 75 and over is projected to rise by 89.3%, to 9.9 million, by mid-2039. The number of people aged 85 and over is projected to more than double, to reach 3.6 million by mid-2039, and the number of centenarians is projected to rise nearly six fold, from 14,000 at mid-2014 to 83,000 at mid-2039. This increase in the numbers of older people means that by mid-2039 more than 1 in 12 of the population is projected to be aged 80 or over.25

Figure 1 provides an overview of the projected age profile of the population in East London in 2014 compared to 2039. Although not as pronounced as the projected changes across the UK, the older population is projected to increase.26

**Figure 1: Projected age profile of the population in East London in 2014 compared to 2039**

![Age Profile Chart]


While the UK’s ageing population is commonly cited as the key driver for future demand of health and social care, more recent research suggests that it is not age but the prevalence of multi-morbidity which will have the greatest impact on care requirements. The Department of Health predicts that there will be a large increase in the number of people with multiple long-term conditions (1.9 million in 2008 to 2.9 million by 2018). The implications of these changes for the social care sector are significant. Between 2013 and 2035, the total amount of hours of care required by the system is projected to increase by a median of 3.2 billion (36%) from 9 billion to 12.2 billion.

Projected demographic changes in London broadly reflect those seen at a national level. The 2015 London councils spending review submission estimated that, by 2020, London will see a disproportionately larger growth in the demographic cohorts that most drive demand for health and social care services. Growth in London’s population of people aged 18–64 with a learning disability accounts for 60.9% of national growth, while growth in London’s population of people with a physical disability or a mental health condition is expected to account for 32.9% and 61.1% of national growth respectively. In contrast, growth in London’s population of over 65s is only expected to account for 10.2% of national growth. Understanding changes at the East London level is more difficult and there do not appear to be any resources that outline expected changes in health and social care needs.

2.2 Profile of the social care sector

The social care sector is also growing. Skills for Care reported in 2015 that:

- there were 18,000 organisations involved in the provision of adult social care, representing a 4% increase from 2013 – 19% of these organisations (3,400) were based in London
- these organisations employed a total of 1,550,000 people across England and 211,000 (14%) in London.

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29 Centre for Workforce Intelligence, Horizon 2035: future demand for skills: initial results (London: Centre for Workforce Intelligence, 2015), 5.
32 Skills for Care, Adult social care sector and workforce in the London region (Leeds: Skills for Care, 2015), 9.
33 Ibid., 11.
Building the future social care workforce

The National Minimum Data Set records 503 providers in the East London area: 47.9% of these are private sector providers; 26.8% are categorised as voluntary/third sector; 23.5% are classified as local authority; 1.6% as ‘other’; and 0.2% as direct employers (as shown in Table 1).  

Table 1: Breakdown of number and percentage of providers by sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of providers</th>
<th>%</th>
<th>Number of providers</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total across sector</td>
<td>503</td>
<td></td>
<td>19,932</td>
<td></td>
</tr>
<tr>
<td>Private sector</td>
<td>241</td>
<td>47.9</td>
<td>11,406</td>
<td>57.2</td>
</tr>
<tr>
<td>Voluntary/third sector</td>
<td>135</td>
<td>26.8</td>
<td>3,933</td>
<td>19.7</td>
</tr>
<tr>
<td>Local authority</td>
<td>118</td>
<td>23.5</td>
<td>3,812</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>1.6</td>
<td>462</td>
<td>2.3</td>
</tr>
<tr>
<td>Direct employer</td>
<td>1</td>
<td>0.2</td>
<td>319</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Broadly speaking, the composition of the workforce is similar at the national level and across the London region as a whole:

- managerial roles accounted for 7% of jobs in England and 8% in London
- direct care roles accounted for 76% of jobs in England and 79% in London
- ‘other’ roles (no further details provided) accounted for 11% of jobs in England and 9% of jobs in London.  

Within East London:

- 89% of the workforce are categorised as part of the direct care workforce
- 10.4% were classed as managerial or supervisory roles
- 0.7% were categorised as ‘other’ (as shown in Figure 2).  

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34 National Minimum Data Set for Social Care (Leeds: Skills for Care, 2016).
35 Skills for Care, Adult social care sector and workforce in the London region (Leeds: Skills for Care, 2015), 11.
36 National Minimum Data Set for Social Care (Leeds: Skills for Care, 2016)
The majority (90.5%) of those categorised as providing direct care were care workers (84%) and senior care workers (6.5%). This reflects the national picture, which shows that care workers and senior care workers make up a total of 92.6% of the direct care workforce.37

Around 52% of adult social care establishments (not organisations)38 in England were categorised by Skills for Care as providers of residential care services. The remaining 48% were categorised as providers of non-residential services. In London, the split between residential and non-residential was 40% and 60% respectively.39

Data for 2013/14 showed that the majority of the workforce in England were employed in either residential (49%) or domiciliary services (38%); 7% were employed in community care; 3% in day care; and 2% in ‘other’ services.40

At the London level, domiciliary services employed more of the workforce (47%) than residential services (38%). The proportion of staff employed in community care services was also slightly higher at 11% and the proportions of those employed in day care and ‘other’ services were 5% and 2% respectively.41

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37 Ibid.
38 One organisation may own several establishments.
40 Ibid., 14
41 Ibid., 15.
Since the introduction of direct payments in 1997, the number of users receiving such payments has increased relatively quickly. In 2013/14 there were about 234,000 people who received direct payments. Skills for Care estimate that between 25–33% of these people (60,000 and 80,000) employed their own staff (the range of the estimate reflects the fact that this information is not collected by all local authorities), although it is suggested that the numbers of users who do so is now decreasing.\(^42\) Data on the employment of personal assistants is not available at the London/East London level.

Similarly, there is no data available on workers employed by self-funders.

Looking at the East London region specifically, a 2016 report published by the Greater London Authority reported that health and social work (not reported separately) was the largest sector in East London in terms of employee jobs.\(^43\) Health and social work, along with retail and accommodation and food services, also had the highest level of growth in terms of employee jobs between 2009 and 2014.\(^44\)

2.3 Profile of the social care workforce

Females make up over 80% of the workforce, and the direct care workforce in the East London area is also heavily reliant on female workers (80.9%).\(^45\)

While the average age of workers in the sector is 42 years,\(^46\) a report published by Research in Practice for Adults argues that narratives around an ageing workforce are not supported by the data, which shows that the mean age has remained around 41 years since 2006. However, the report goes on to note that only 1 in 10 of the workforce is under 25 and that a quarter of managers and professionals are over the age of 55.\(^47\)

In East London, while over half of the social care workforce is aged between 35 and 54 years, and around a quarter are aged 34 years or less, a significant proportion (18.6%) are aged 55 years or more. When examining the age profile of the direct care workforce specifically, the data show that 17.2% of care workers and 16.8% of senior care workers are over the age of 55.\(^48\)

As shown in Table 2, the working patterns of the direct care workforce in East London differ slightly from those seen at a national level. While 43.7% of care workers across England work full-time, only 33.2% of care workers in East London do so. Levels of part-time working among this group also differ, with 43.6% of care workers in England

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\(^{43}\) Joel Marsden and Haydn Hitchins, Trends in the demand for labour and skills in London and the East sub-region (London: Greater London Authority, 2016), 21.

\(^{44}\) Ibid., 8.

\(^{45}\) Skills for Care, The state of the adult social care sector and workforce in England (Leeds: Skills for Care, 2015), 36.

\(^{46}\) Ibid., 36.

\(^{47}\) David Walden (ed.), Reimagining adult social care: evidence review (Dartington: Research in Practice for Adults), 75.

\(^{48}\) National Minimum Data Set for Social Care (Leeds: Skills for Care, 2016).
and 48.2\% of those in East London working on a part-time basis. The proportion of care workers classified as working neither full- nor part-time is 12.7\% for England and 18.7\% for East London.\(^49\) This may suggest a higher prevalence of zero-hour contracts in East London.

**Table 2: Breakdown of direct care job roles by working hours**

<table>
<thead>
<tr>
<th></th>
<th>East London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care worker</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10,482</td>
<td>393,152</td>
</tr>
<tr>
<td>Full-time</td>
<td>3,475</td>
<td>171,886</td>
</tr>
<tr>
<td>Part-time</td>
<td>5,050</td>
<td>171,289</td>
</tr>
<tr>
<td>Neither</td>
<td>1,957</td>
<td>49,977</td>
</tr>
<tr>
<td><strong>Senior care worker</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>747</td>
<td>39,813</td>
</tr>
<tr>
<td>Full-time</td>
<td>421</td>
<td>27,404</td>
</tr>
<tr>
<td>Part-time</td>
<td>215</td>
<td>10,405</td>
</tr>
<tr>
<td>Neither</td>
<td>111</td>
<td>2,004</td>
</tr>
</tbody>
</table>

In addition, the health and social care sector in East London currently relies heavily on migrant workers. However, annual net migration is expected to fall across the UK as a whole from 202,000 per annum between 2003 and 2013 to 168,000 between 2014 and 2025.\(^50\) Currently, less than half (44.2\%) of the social care workforce in East London is British. Individuals from European Economic Area (EEA) countries make up 6.3\% of the workforce, while those from non-European Economic Area countries make up 22.8\% of the workforce (as shown in Figure 3).\(^51\)

The England-wide data shows less reliance on migrant workers overall when compared to East London. As shown in Figure 4, just over two-thirds (67.3\%) of the workforce is British, and only 7.2\% is from non-European Economic Area countries (compared to 22.8\%) and those from European Economic Area countries make up 4.7\% of the population (compared to 6.3\%).

\(^{49}\) Ibid.


\(^{51}\) National Minimum Data Set for Social Care (Leeds: Skills for Care, 2016).
In April 2016, a new income threshold of £35,000 for applications for permanent residence for non-EU migrants (after six years) was brought in and is expected to have a significant impact on both health and social care. The result of the UK referendum on membership of the EU is also expected to have significant implications for the sector.\textsuperscript{52}

\textsuperscript{52} Independent Age, Moved to care: the impact of migration on the adult social care workforce (London: Independent Age, 2015), 21–23.
2.4 Supply and demand

Demand for care so far appears to have been matched by supply. The number of adult social care jobs in England increased by around 3% (40,000 jobs) between 2013 and 2014, from 1.51 million to 1.55 million, and by 17% between 2009 and 2014. However, many of the papers included in the evidence review suggest that increasing levels of demand are unlikely to be matched by supply in the future, given the current profile of the sector.

The UK Commission for Employment and Skills estimated in 2015 that between 2012 and 2022, 2.1 million workers will need to be trained and recruited into the health and social care sector (not reported separately), representing a flow of new workers equivalent to over half of the existing workforce. The largest requirement for new staff (in absolute terms) is in the care worker/home carer role, with over half a million new workers needed by 2022.

Despite there being consensus that future supply is unlikely to meet future demand, the evidence base does not provide a clear indication of what the supply and demand gap is likely to look like (e.g. the type and quantity of care required), and it should be noted that there is very little good-quality empirical and robust research that maps out supply and demand issues in detail.

2.5 Challenges facing social care in employing sufficient numbers of skilled workers

The UK Commission for Employment and Skills reports that those who participated in its research were concerned that the skills of care assistants were not keeping pace with the increasingly acute needs of users. This was seen to be especially important in home care services where reduced funding from local authorities has led to narrower eligibility criteria, meaning that ‘… the acuity of need of the average user of home care services in some areas is likely to have increased’. The report does not indicate how user needs have become more acute, although it is likely that the concerns of the interviewees mirror those which are often cited, such as increased numbers of people with dementia or co-morbidities.

Requirements in relation to recording, legislation and regulation are also reported to have had an impact. Other papers refer to increases in the prevalence of conditions such as dementia, or greater emphasis on personalised care, as key issues which the future social care workforce must be skilled enough to deal with.

While much of the literature suggests that the increasing complexity of care and support needs in the future is likely to require a workforce that is more skilled than those currently working in the sector, it is interesting to note that the Centre for Workforce

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55 Ibid., 44.
Intelligence predicts that ‘... growth in demand for lower “levels” of skill – such as those associated with unpaid care, support carers and NHS bands 1–4 – are projected to substantially outstrip growth in demand for higher skill levels associated with medical and dental professionals’.\(^{56}\)

### 2.5 Challenges facing social care in recruiting the right people

The evidence base consistently suggests that the sector has difficulties in attracting individuals in the first place, and a survey\(^ {57}\) of population samples outside the sector reported that reasons for a lack of interest in working in the sector included a lack of awareness of career pathways, low earning potential and the tendency for employers to ask for qualifications or prior experience.

The UK Commission for Employment and Skills reports that employers believe that the enduring public perception of the social care workforce as ‘home helps’, as well as recent scandals in the sector, contribute to difficulties in attracting applicants, especially those of a high calibre.\(^ {58}\) Much of the evidence describing the reasons why individuals seek employment in the care sector is anecdotal, but commonly cited reasons include a desire to find a meaningful role, because of a career change, or to find a more flexible working arrangement.

A report by researchers based at the Warwick Institute of Employment found that in comparison to the retail sector there were lower numbers of young people applying for jobs in the social care sector, perhaps because these were seen as less attractive and ‘glamorous’.\(^ {59}\) Employers may also be wary of employing young people, and there were sometimes perceptions that those applying via Jobcentre Plus did not have a genuine interest in the posts.

Other issues raised as a barrier to the employment of young people included the likelihood that they were unable to own a car, as well as a perception that elderly service users were unlikely to have confidence in the abilities of a young person and that more mature staff were preferable: ‘Because of service user requirements, in that we deal with a client base which has mental health issues, having employees who are more mature is of greater benefit to us’ (social care employer).\(^ {60}\)

The sector also has relatively high vacancy rates, however there was only one reference that included data relating to this issue (reported on a UK-wide basis). In 2013, around 7% of employers in the UK health and social care sector reported one or

\(^{56}\) Centre for Workforce Intelligence, Horizon 2035: future demand for skills: initial results (London: Centre for Workforce Intelligence, 2015), 1.


\(^{58}\) Ibid., 24.


\(^{60}\) Ibid., 55.
more ‘hard to fill’ vacancies (in comparison to 5% for the economy as a whole).\textsuperscript{61} The latest data available on hard to fill vacancies showed that the proportion of health and social care employers reporting these types of vacancy increased between 2011 and 2013, and this increase was at a faster rate than for the economy as a whole.\textsuperscript{62} Analysis of the National Minimum Data Set showed that vacancy rates for direct care roles were higher in East London than across England. The vacancy rate for care workers was 14.4% in East London and 6.9% across England. For senior care workers, the vacancy rates were 7.6% and 3.7% respectively (as shown in Figure 5).\textsuperscript{63}

**Figure 5: Vacancy rate by job role in East London and across England**

With regard to ‘skills shortage’\textsuperscript{64} vacancies, the report found that around 5% of employers in the health and social care sector reported a skills shortage vacancy in the UK in 2013. However, statistical analysis (controlling for the size of each occupational

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\textsuperscript{62} Ibid., 16.

\textsuperscript{63} National Minimum Data Set for Social Care (Leeds: Skills for Care, 2016).

\textsuperscript{64} A skills shortage vacancy is a vacancy that is difficult to fill due to the establishment not being able to find applicants with the appropriate skills, qualifications or experience.
group) showed that the density of ‘skill shortage vacancies’ in the health and social care sector was highest among the ‘professional’ group.\textsuperscript{65}

2.6 Retaining people

There are high rates of turnover in the social care sector (the most common comparison is the retail sector). In 2013/14 Skills for Care estimated that the turnover rate was 25.4\% in the sector. Adult domiciliary services had the highest turnover rate at 30.6\%, in comparison to day services (14.2\%) and community care (14.6\%).\textsuperscript{66} The Cavendish Review provides a useful comparison with the health care sector, reporting that turnover rates for health care assistants were 14\% and were 19.8\% for ‘support workers’.\textsuperscript{67} This is supported by data from the National Minimum Data Set showing that the job role in East London with the highest turnover rate is that of care worker (27.4\%, as shown in Figure 6).\textsuperscript{68}

Figure 6: Turnover rate by job role in East London

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure6.png}
\end{figure}


\textsuperscript{66} Skills for Care, The state of the adult social care sector and workforce in England (Leeds: Skills for Care, 2015), 52.


\textsuperscript{68} National Minimum Data Set for Social Care (Leeds: Skills for Care, 2016).
There is evidence to suggest that provider type may have an impact on turnover rates, however this evidence is sometimes conflicting. A 2015 study by Hussein et al. reporting on data collected between 2008 and 2010 found that turnover rates were higher in the private sector, noting that wages in this sector were generally lower than those in the public and voluntary or not for profit sectors. These differences are similarly apparent at the East London level where turnover was also highest in the private sector (27.9%). This was followed by direct employers (25%), the voluntary/third sector (18.2%), ‘other’ (17.6%) and local authorities (11.3%, as shown in Table 3).

Hussein et al. also found that larger organisations were reported to have lower turnover rates; however, micro-organisations (employing fewer than 10 employees) experienced the largest decline in mean vacancy rates. Vacancy rates also varied according to care setting, with the lowest rates being observed in day care settings and the highest rates being observed in home care services. After examining the changes in vacancy rates, the researchers found that London providers were significantly under-represented in the group showing improved turnover rates and significantly over-represented in the group that showed an increase in vacancy rates.

Table 3: Turnover rates by sector in East London and across England

<table>
<thead>
<tr>
<th>Sector</th>
<th>East London</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of staff</td>
<td>No. of</td>
</tr>
<tr>
<td>Total</td>
<td>7,912</td>
<td>1,813</td>
</tr>
<tr>
<td>Private sector</td>
<td>4,786</td>
<td>1,334</td>
</tr>
<tr>
<td>Direct employer</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Voluntary/third sector</td>
<td>1,648</td>
<td>300</td>
</tr>
<tr>
<td>Other</td>
<td>170</td>
<td>30</td>
</tr>
<tr>
<td>Local authority</td>
<td>1,300</td>
<td>147</td>
</tr>
</tbody>
</table>

The evidence base does not provide a clear understanding of the reasons why those working in the sector choose to leave. A 2011 report by Rubery et al. suggested that certain aspects of the role that workers reported as difficult could be used as proxy

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69 Shereen Hussein, Mohamed Ismail and Jill Manthorpe, Changes in turnover and vacancy rates of care workers in England from 2008 to 2010: panel analysis of national workforce data Health and social care in the community (Health and Social Care in the Community, March 2015), 5.

70 National Minimum Data Set for Social Care (Leeds: Skills for Care, 2016).

71 Shereen Hussein, Mohamed Ismail and Jill Manthorpe, Changes in turnover and vacancy rates of care workers in England from 2008 to 2010: panel analysis of national workforce data (Health and Social Care in the Community, March 2015), 5.

72 Ibid., 5.

73 Ibid., 7–8.
explanations for the decision to leave the sector. Commonly cited reasons in this study included low pay and lack of travel pay, difficult clients, the deterioration in health or death of a service user, having to provide cover for other staff, stress/chaos/exhaustion, lack of autonomy, no opportunities for promotion, increased paperwork, expectations for heavy work (male carers), increased responsibility and the threat of litigation.74 The Kingsmill Review argues that limited opportunities for progression also contribute to a loss of workers from the sector.

Low pay and working conditions (e.g. payment for travel time, zero hour contracts) are consistently highlighted in the literature as a major barrier to the retention of staff and it is not uncommon for those studies included in the review to make the link between these issues and high levels of turnover. When viewed in conjunction with data reported by Skills for Care, this appears to be a reasonable hypothesis (e.g. care workers in domiciliary care earn less on average than those in day services and community care – £7.36 vs. £8.39 vs. £9.18).75 Similarly, analysis of the National Minimum Data Set shows that average annual salaries in the East London area were lowest in the private sector (£16,093.43) and highest in local authority adult services (£26,202.92, as shown in Table 4).76 However, analysis also showed that the average hourly rate of pay for care workers and senior care workers in East London was higher than the average hourly rate across England (£7.83 and £8.17 vs. £7.38 and £8.14, as shown in Table 5).77

Despite relatively low wages, Skills for Care report that in 2015 only 3% of workers in the sector left because of low pay – 18% left due to personal reasons, 15% transferred to another employer and 10% left for career development. This is a regularly quoted finding among the literature, however Skills for Care note that ‘… this is the employer’s view of the reason a worker left their role’.78 In addition, this data is not disaggregated by job role and therefore cannot be said to provide a clear indication of why direct care workers leave their role and/or the sector.

Although the desire to care and job satisfaction are perceived to be key factors in the recruitment and retention of high-quality staff, the UK Commission for Employment and Skills suggests that cost and time pressures have eroded the insulating effect of these.79

74 J. Rubery et al. 2011 The recruitment and retention of a care workforce for older people (Manchester: Manchester Business School), 318.

75 Skills for Care, The state of the adult social care sector and workforce in England (Leeds: Skills for Care, 2015), 64.

76 National Minimum Data Set for Social Care (Leeds: Skills for Care, 2016).

77 Ibid.

78 Skills for Care, The state of the adult social care sector and workforce in England (Leeds: Skills for Care, 2015), 52.

Table 4: Sector average pay in East London and across England

<table>
<thead>
<tr>
<th>Sector</th>
<th>Sector average pay East London</th>
<th>Sector average pay England</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local authority: adult services</td>
<td>£26,202.92</td>
<td>£18,406.74</td>
<td>£7,796.18</td>
</tr>
<tr>
<td>Local authority owned</td>
<td>£18,610.46</td>
<td>£16,845.84</td>
<td>£1,764.62</td>
</tr>
<tr>
<td>Voluntary/third sector</td>
<td>£17,796.13</td>
<td>£16,063.57</td>
<td>£1,732.56</td>
</tr>
<tr>
<td>Other</td>
<td>£17,315.68</td>
<td>£15,159.38</td>
<td>£2,156.30</td>
</tr>
<tr>
<td>Private sector</td>
<td>£16,093.43</td>
<td>£16,956.08</td>
<td>-£862.65</td>
</tr>
<tr>
<td>Direct employer</td>
<td>£16,195.00</td>
<td>n/a</td>
<td></td>
</tr>
</tbody>
</table>

Table 5: Average hourly pay by job role in East London and across England

<table>
<thead>
<tr>
<th>Job Role</th>
<th>Average hourly pay: East London</th>
<th>Average hourly pay: England</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager/supervisor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle management</td>
<td>£21.33</td>
<td>£10.99</td>
<td>£10.34</td>
</tr>
<tr>
<td>First line manager</td>
<td>£19.69</td>
<td>£11.07</td>
<td>£8.62</td>
</tr>
<tr>
<td>Senior management</td>
<td>£13.71</td>
<td>£11.80</td>
<td>£1.91</td>
</tr>
<tr>
<td>Registered manager</td>
<td>£10.77</td>
<td>£12.59</td>
<td>-£1.82</td>
</tr>
<tr>
<td>Supervisor</td>
<td>£8.90</td>
<td>£9.37</td>
<td>-£0.47</td>
</tr>
<tr>
<td>Direct care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment support</td>
<td>£10.38</td>
<td>£8.74</td>
<td>£1.64</td>
</tr>
<tr>
<td>Other direct care roles</td>
<td>£9.89</td>
<td>£7.77</td>
<td>£2.12</td>
</tr>
<tr>
<td>Technician</td>
<td>£9.79</td>
<td>£8.57</td>
<td>£1.22</td>
</tr>
<tr>
<td>Community, support and outreach work</td>
<td>£8.83</td>
<td>£7.99</td>
<td>£0.84</td>
</tr>
<tr>
<td>Advice, guidance and advocacy</td>
<td>£8.52</td>
<td>£9.94</td>
<td>-£1.42</td>
</tr>
<tr>
<td>Senior care worker</td>
<td>£8.17</td>
<td>£8.14</td>
<td>£0.03</td>
</tr>
<tr>
<td>Care worker</td>
<td>£7.83</td>
<td>£7.38</td>
<td>£0.45</td>
</tr>
<tr>
<td>Personal assistant</td>
<td>£8.57</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Counsellor</td>
<td>£11.38</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities worker or coordinator</td>
<td>£9.18</td>
<td>£7.49</td>
<td>£1.69</td>
</tr>
<tr>
<td>Occupational therapist assistant</td>
<td>£18.00</td>
<td>£11.47</td>
<td>£6.53</td>
</tr>
</tbody>
</table>
3. Workforce readiness

For the purposes of this review, the term ‘workforce readiness’ was generally understood to relate to the extent to which a given population has the knowledge, skills and expertise to work in the social care sector.

3.1 Readiness of the potential workforce

Broadly speaking, educational levels in London have improved in recent years, reflecting improvements at a national level. However, analysis at local authority level shows that ‘East London’ is still marked by relatively low levels of education. The percentage of pupils achieving five or more passes at grades A* to C (including English and mathematics) in GCSEs (or equivalent) ranges from 54% in Barking and Dagenham to 64.6% in Tower Hamlets. Although this suggests that new recruits to the social care workforce from the local area are likely to have relatively low levels of education, this was not an issue explored by any of the papers identified as part of the evidence review. Similarly, understanding the educational abilities of new recruits to the social care sector at the national level is also challenging as this does not appear to be recorded in an existing data source.

Although there are no data from which to draw conclusions regarding the educational abilities of new recruits to the social care sector, the evidence review identified a number of studies that highlighted poor literacy skills as an employer concern when recruiting new staff. While poor literacy was most commonly discussed in relation to the recruitment of migrant workers, there is a small amount of evidence to suggest that this may also be a challenge when recruiting native English speakers. Managers tended to emphasise that an ability to read and write is essential when carrying out work that often involves record-keeping, particularly given the greater focus that assessments and care planning have received at a policy level in recent years. Poor numeracy skills are also identified as an issue in a number of studies, and the Cavendish Review reported that such skills were not always tested at the recruitment stage. Poor literacy and numeracy skills are also perceived as a barrier to the effective design and delivery of staff training.

Focusing on the social care-specific qualifications of new recruits also proved challenging, because this information similarly appears to be unavailable. While there is no mandatory requirement that workers in the sector should hold any formal qualifications, regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states that ‘… sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed …’ and there is

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81 Barking and Dagenham (54%), Hackney (60.4%), Havering (57.7%), Newham (59.4%), Redbridge (63.4%), Tower Hamlets (64.6%) and Waltham Forest (57.4%) – reported in Department for Education, SFR01/2016: GCSE and equivalent results in England 2014/15 (revised) (London: Department for Education, 2016), Table LA2.
82 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, s2, 12 (c).
evidence to suggest that employers do have certain expectations with regards to the workforce readiness of new recruits.

There is evidence from a small number of papers that some employers find that many applicants are unaware of what a job in social care will involve. This is seen as especially likely in periods of economic downturn, when high volumes of speculative applications are made. The public perception of care work as an ‘easy’ and flexible job is also felt to encourage applications from those with no meaningful interest in a caring role: ‘But then you have others who apply for the job not for the right reasons [but] because they think they can do this job without qualifications … it’s not people who actually want to be carers, its [sic] just a job’ (private sector manager).83

3.2 Readiness of the existing workforce

The term ‘workforce readiness’ is more commonly used in relation to the skills and abilities of the existing workforce. As with new recruits, understanding the educational ability of the existing workforce is challenging, and the review did not identify any sources that record the general qualifications of this group (e.g. GCSEs or A levels). In contrast, examining the social care-specific qualifications of this group is more straightforward as this data is collected as part of the National Minimum Data Set for Social Care (NMDS-SC). A report by Skills for Care found that in 2013/14 across England:

- 45% of the direct care workforce did not hold any qualifications relevant to social care
- 30% held a level 2 qualification
- 15% held a level 3 qualification
- 4% were qualified to level 4 or above.

Analysis of the National Minimum Data Set85 shows that in East London specifically (and as shown in Figure 7):

- 45.8% of care workers hold no relevant qualifications
- 2.4% only have entry-level qualifications
- 25.8% are qualified to level 2
- more than 15% are qualified to level 3 or above
- only 2.4% of care workers are qualified to level 4 or above.

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84 Skills for Care, The state of the adult social care sector and workforce in England (Leeds: Skills for Care, 2015), 72.

Senior care workers in East London generally have a higher level of qualification (as shown in Figure 7):

- 11.7% hold no relevant qualifications
- 2% hold entry-level qualifications
- 21.1% are qualified to level 2
- over 40% are qualified to level 3
- 10.6% are qualified to level 4 or above.

**Figure 7: Breakdown of direct care job roles by qualification level in East London**

![Bar chart showing the breakdown of direct care job roles by qualification level in East London.](image)

The Cavendish Review provides some context to this data, suggesting that many employers have ‘lost faith’ in a qualification system that has been shaped by ‘changing government fashions’. This has led to ‘… costly duplication, as employers develop their own in-house courses, and retrain new staff irrespective of what training they have had elsewhere’.  

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3.3 Skills gap

The National Employer Skills Survey explains that a skills gap exists when ‘… the employer indicates that staff at the establishment are not fully proficient at their jobs’. The most recent report published by the survey (in 2013) found that 19% of health and social care employers reported having skills gaps. While the report does not offer insights into what these might be, or the reasons for these gaps, the UK Commission for Employment and Skills reports that they may arise as a result of new working practices and the restructuring of services, both of which are reported to be a ‘… more common cause of skills gaps in health and social care than elsewhere …’. The Commission also notes that these deficits are slightly concentrated in the areas of planning and organisation, and team working, and argues that this ‘… may reflect an increased focus among employers on these areas, which arguably underpin many of the reforms within the sector’.

On the whole, the evidence relating to workforce readiness of either new recruits or the established workforce was inconsistent, and gaining a clear understanding of the skills deficits that exist in the sector (either at a national level or at the East London level) proved challenging. There were no references that included evidence regarding deficits in values or attitudes. It is surprising that these were not explored in any of the papers identified by the review, given the recent emphasis on integration of health and social care at a strategic level and the value of IT and assistive technology in supporting the sustainability of care systems.

Those interviewed as part of this research gave some insight into what they perceive as the main skills gaps that need to be tackled to ensure more people are equipped to work in social care. Values were seen as important – one interviewee suggested that these could be instilled through broader education around the principles of a good society and quality social care. It was suggested that this should include elements relating to personalisation and personalised service, and direct services. Another suggested that NVQs that encouraged people to think about the theory behind the practice were also positive.

Some participants argued that there needed to be a focus on core functional and transferable skills such as basic employability skills (e.g. team work), language skills and record-keeping ability, as there are requirements that people entering the sector should have these ‘core’ abilities. Similarly, it was suggested that there should be a focus on core values such as dignity, respect, learning and reflection, team work, and commitment to quality and person-centred support.

One interviewee reported that their clients felt that younger workers did not understand the concept of vulnerability (as they had probably never been seriously ill) and they had

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89 Ibid., 20.
as a result adapted training to give all workers (but particularly younger workers) a sense of what this is like (e.g. being lifted in and out of a wheelchair). Some interviewees felt that workers should be supported to undertake specialist training to meet the needs of users such as those with dementia or a long-term condition.

The Care Certificate was noted as a positive development in ensuring basic caring skills by a number of interviewees. The Certificate is a set of standards that social care and health workers should abide by in their daily working life. It is the new minimum standard that should be covered as part of the induction training of new care workers. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health.90

3.4 The role local education and training providers

Interviewees were asked to reflect on the role of local education and training providers in ensuring the needs of local social care employers are met. One participant was clear that such providers needed to do more to develop an adult learning approach to developing literacy, numeracy and employability skills for people who may have found it difficult to develop these and may now be finding it difficult to find or stay in work.

It was suggested that partnerships between colleges and care providers were on the increase and that these were often taking a more creative approach (e.g. by arranging for students on non-health and social care courses to come and visit services). The aim is to try and increase the ‘breadth of connections to services’.

It was argued that local education providers need to better understand that health and social care is a growing part of the labour market, and should focus on how they can make the most of that growth. It was noted that this is a sector that doesn’t require technical expertise to enter, which means that local education and training providers should be able to get good penetration into the market by providing the right environment and support for people to develop the required skills, approach and attitudes.

Stakeholders from an education provider based in East London reported that their curricula and courses had been informed by labour market issues. Labour market intelligence work was also reported to have led to the development of new courses (‘Health and Human Sciences’ and ‘Access to Nursing’). However, they were concerned that overall there was still a mismatch between employer requirements and the courses provided. They reported that employers wanted more courses in mandatory topics such as first aid and food hygiene, and that government funding did not cover the courses that employers required. They also suggested that programmes that included pre-employment training in key areas such as dementia and mental health were the most successful.

Other concerns from this group included ensuring that training for social care was seen as a ‘legitimate’ academic, professional or vocational course, including English and maths and supporting students with learning difficulties, those with children or those who speak English as a foreign language.

4. Good recruitment practice

Given increasing demands for care, predicted changes to the workforce and clear challenges in recruiting and retaining staff, it is vital that recruitment processes are made more effective. Although a number of studies included information relating to recruitment practices, these often focused on the impact on quality of care rather than on workforce sustainability issues.

4.1 Recruitment methods

The evidence base indicates that a variety of methods are used by employers to recruit new members of staff. Word of mouth and locally placed adverts remain popular, but use of the local press appears to have declined as online recruitment has become more common.91 While there were no studies that attempted to examine the effectiveness of specific recruitment methods, qualitative feedback from employers quoted in a number of studies indicates that attempting to recruit staff via job centres may be an inefficient use of resources:

They don’t turn up, they have no intention of getting a job. It’s just a process thing – they have to say they fill in a form and don’t get it [i.e. the job].

(Social care employer)92

The Jobcentre Plus [JCP] [route] isn’t brilliant. The problem is that everyone applies ... I was inundated with CVs. Also, when we asked for qualifications there was a lot of confusion. JCP are putting people on ‘preparing for social care’, a BTEC qualification. This isn’t equivalent to an NVQ and unfortunately people have been misled because they think by doing the course they are qualified to work in care. We say to them they need to do extra units to get the NVQ and they get really angry about it.

(Residential care provider – private sector)93

Recruitment agencies also tended to be seen as inefficient and, due to high costs, were usually only used in emergencies. The UK Commission for Employment and Skills also reports that employers believe that recruitment agencies sometimes ‘coach’ applicants who lack the appropriate skills and attitudes,94 representing a further barrier to efficient recruitment practice as well as a potential risk to care quality and the reputation of the business in question.

92 Ibid., 59.
93 Ekosgen, Why are some employers more successful than others in retaining their workforce? Final report (Leeds: Skills for Care, 2013), 20.
Very few references included information relating to school outreach as a recruitment method. However, a 2014 survey reported that health and social care employers more frequently cited difficulties engaging with schools than with other sectors.\(^{95}\)

Although qualifications in social care are now well established, the evidence base does not give a clear indication of the role that qualifications play in the recruitment process. However, the Cavendish Review reported that many providers and employers generally lack confidence in the qualifications system: ‘We had staff coming with NVQ3s and they hadn’t a bloody clue’ (Domiciliary care agency);\(^{96}\) ‘As a sector, we want to see a qualification which actually means something. A person can have an NVQ3 and know nothing about care’ (Care home owner).\(^{97}\)

### 4.2 Values-based recruitment

There is evidence from a small number of papers to suggest that some employers have begun to recruit on the basis of the ‘right attitude’ rather than focusing on specific competencies, qualifications or skills: ‘Knowledge comes after personality’ (Social care employer).\(^{98}\)

This shift appears to be driven by a recognition that being ‘qualified’ may not be a good indicator of the ability to care, and that an overemphasis on qualifications unnecessarily confines the recruitment pool to those who are more ‘academically gifted’. There increasingly appears to be consensus that care workers need to have a set of core characteristics that make them suited to care, and that some of the specific skills required can be taught so long as these core characteristics are in place.

This shift towards ‘values-based recruitment’ has been mirrored at the strategic level, with Skills for Care championing the approach within the social care sector and Health Education England (focusing on the NHS) listing it as a key objective in 2013. An evaluation of a values-based recruitment toolkit reported that employers had been able to select more suitable candidates. This was reported to have led to efficiencies in the recruitment process: ‘Agency costs were in the region of £8,000 per week to backfill vacancies that were consistently held. Using the VBRT [values-based recruitment toolkit] has enabled managers to be more pro-active in their recruitment activity, staffing is now at full capacity consequently reducing cost’.\(^{99}\)

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\(^{97}\) Ibid., 40.


Similarly, a longer-term evaluation of values-based recruitment reported a positive impact, concluding that turnover rates among employers using this technique were 5.6% lower than those using ‘traditional’ methods. Similarly, a number of values-based recruitment initiatives reported in a North East Dementia Alliance publication are believed to have had a positive impact on turnover.  

4.3 Apprenticeships

There were a very small number of references in the literature relating to apprenticeships. These mainly provide descriptive accounts of how and why certain schemes were established, or provide a national overview on the number and quality of schemes across a wide range of sectors. There were no references identified that included any data or findings that illustrate how effective social care apprenticeships are in improving recruitment and retention.

Nonetheless, those interviewed as part of this research generally perceived apprenticeships as positive, although not all interviewees had direct experience of them. However, as reflected in the literature, participants felt it important to note that apprenticeships were still at the early stage of implementation and that it was not clear how successful they had been. Anecdotal reflections on the benefits of apprenticeships included:

- high rates of take-up
- direct experience of work in the sector
- increased opportunities for face-to-face learning and supervision which leads to experienced and confident staff
- sense of achievement for people who may have thought they would never be able to undertake a qualification.

Reported barriers or issues related to apprenticeships included:

- bureaucracy and complicated funding systems for modules of education and training
- apprentices are usually not paid the London living wage
- requirements for maths and English at grade C GCSE – some people may not be able to meet these.

One participant spoke in depth about apprenticeships she had helped to develop. She reported that in devising a joint health and social care apprenticeship she had faced challenges in terms of governance issues and supervision. There had also been challenges in relation to 16–17-year-olds, starting an apprenticeship due to child safeguarding issues.

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100 See for example, York Teaching Hospital NHS Trust, Values-based recruitment of healthcare assistants in North East Dementia Alliance’s working with people with dementia and their carers: values-based recruitment. A toolkit. (Newcastle: North East Dementia Alliance, 2013), 35.
A local education provider reported that apprenticeships could have a positive impact on recruitment and retention and suggested that schemes in the housing sector were a successful model due to their ability to recruit former users of services to the schemes. However, they expressed concerns that apprentices were usually not paid the London living wage. Participants were also concerned about the impact of the apprenticeship levy and suggested that the majority of money would go towards funding adult training.

4.4 Using incentives and benefits

The use of incentives and benefits (e.g. ‘refer a friend’) appears to be a relatively well established recruitment practice within social care. However, there were no references identified as part of the evidence review that examined the impact of these on recruitment and retention rates. A 2016 report by the Department for Business, Innovation and Skills found that of those employers in the ‘human health and social care’ sector who offered basic skills training, 30% stated that this was an attempt to try and attract new workers.101

When those interviewed as part of this research were asked how social care could be made more attractive to encourage more people to work in the sector, a number of participants raised public perceptions of the care sector as an issue. They suggested that poor pay and conditions and recent scandals were felt to have an impact, as did perceptions of the ‘dead end’, low paid and low skilled nature of the work. They were clear that people were generally unaware that social care could lead to a career (sometimes to a profession in health care) and a small number of participants suggested that a move towards professional registration (as was being explored in other parts of the UK) could have a positive impact.

One participant suggested that the sector especially needed to raise its profile among young people and demonstrate the variety of jobs that were available, while also being honest about some of the challenges of working in the sector.

Variety and opportunities for development were also raised as issues by some interviewees. This was suggested as a means of making the work more engaging which was in turn felt to improve retention, especially for personal assistants. Other suggestions included job swaps or giving people the chance to take on extra responsibilities and become a ‘champion’ for a particular condition, such as dementia.

Some participants spoke about the need to improve pay and conditions, although it was often noted that this was difficult to do given current budgetary restraints on social care funding.

One participant spoke about whistle-blowing and suggested that people were put off by the thought of having to do this and the impact it might have on their job. They suggested that the sector as a whole needed to make employees feel ‘safe’ in these circumstances.

4.5 Recruiting a diverse workforce

Although many references allude to a number of demographic imbalances in the social care workforce in relation to age, gender, ethnicity and ability, none of the included papers focused specifically on issues of recruitment in relation to this. The review did not identify evidence to indicate that employers or providers target specific groups as part of their recruitment strategies.

There is evidence to suggest that men may often be unaware of social care as an employment option and that, given the gender imbalance in the workforce, employers should seek ways to increase the number of male workers. A report by Skills for Care suggests that there exists a ‘rejecter’ group of males who are personally opposed to working in the sector due to perceptions of caring as low-skilled, low-paid and ‘female’. However, the report goes on to suggest that there ‘... is quite a distinct life-stage trend in relation to male attitudes to employment in care work’. Although young men between the ages of 16 and 18 rarely consider the social care sector, there is greater interest from men who are in their twenties or older. Skills for Care suggest that older men (50 years or older) ‘... often have had much more exposure to “care”, whether with elderly parents, experiences of child care or wider experiences including contacts with care workers’.

Despite acknowledgement in some studies that the sector needs to recruit higher numbers of younger people and to create a workforce that is as diverse as those it serves (particularly given the drive towards personalised care), there were no references that included details on this in relation to recruitment practice. Data analysis showed that the ethnicity profile of the direct care workforce in East London is relatively well balanced (as shown in Figure 8):

- 22% of the workforce is white
- 36.2% are black/African/Caribbean/black British
- 17% are Asian/Asian British
- the remainder are categorised as mixed/multiple ethnic group or ‘other’.

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102 Skills for Care, Men into care – a research-based contribution to a recruitment and retention issue (Leeds: Skills for Care, 2010), 1.
103 Ibid., 1.
104 Ibid., 1.
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Figure 8: Comparative breakdown of job roles by ethnicity in East London

Manager/supervisor

- White: 42%
- Black/African/Caribbean/Black British: 31%
- Asian/Asian British: 15%
- Not known: 8%

Direct care

- White: 22%
- Black/African/Caribbean/Black British: 36%
- Asian/Asian British: 17%
- Not known: 21%

Other ethnic group: 0%

Percentage
5. Career pathways

5.1 Limited opportunities for progression

There is evidence to suggest that the social care sector is ‘bottlenecked’ due to the limited numbers of opportunities for progression. This is borne out by data collected by Skills for Care which shows that, in 2014, 76% of roles in the sector were classified as ‘direct care’ and that for every one managerial or support role there were ‘4.1’ direct care roles. This represents a shift since 2011, when there were ‘3.6’ direct care roles for every managerial or support role.\(^{106}\) At the London level, direct care roles also accounted for 76% of jobs in the sector in 2014 (March)\(^ {107}\) in comparison to managerial roles (which accounted for 8% of all posts in 2014).\(^ {108}\)

The size of an organisation is also reported by some papers to have an impact. Larger organisations are perceived to offer a better chance for progression with clearer career pathways and a greater ability to motivate and support people in obtaining qualifications. This is seen to be particularly problematic in a sector in which the vast majority of organisations are small- and medium-sized enterprises\(^ {109}\) and there is also evidence to suggest that it may have a direct impact on the ability to obtain qualifications:

‘We can’t go any higher – for progression we’d have to go out of the organisation. This can act as a barrier to doing the level 3 QCF qualification, which requires supervisory responsibility’ (Home support worker).\(^ {110}\)

The Cavendish Review reports an employee who stated that workers ‘… get fed up that there is nowhere to progress. We know our job inside out, so some get apathetic’.\(^ {111}\)

In addition to limited opportunities for progression between direct care work and managerial roles, there is also evidence to suggest a dearth of less ‘traditional’ progression routes within the sector. One interviewee cited by the UK Commission for Employment and Skills stated: ‘We struggle with offering a clear pathway for people who don’t want to be a registered manager.’\(^ {112}\)

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\(^ {107}\) Skills for Care, The adult social care sector and workforce in the London region (Leeds: Skills for Care, 2015), 5.

\(^ {108}\) Skills for Care, The size and structure of the adult social care sector and workforce in London (Leeds: Skills for Care, 2015), 11.


\(^ {110}\) Inter-logics, The impact of qualifications in the adult social care workforce. Overarching learning from case studies (Leeds: Skills for Care, 2012), 42.


Although there appears to be consensus that there are limited opportunities for progression, there were no references that specifically examined the rates at which progression and movement between roles occurs (e.g. between a direct care role and a management role). However, Skills for Care reports that managers and supervisors tend to have been in their roles for longer, with 26% having been in post for less than three years, 29% for three to seven years and 46% for more than seven years. In comparison, half of those working in direct care roles have been in their role for three years or less.

The report also shows that managers and supervisors have been working in the sector itself for longer than those in direct care roles. However, there is no information on how this relates to length of time in current role, nor regarding the point at which these practitioners had moved from a direct care role to a managerial or supervisory role (or if this is a ‘typical’ career path).

There is some evidence to suggest that progression is also constrained by a general lack of awareness of opportunities where they do exist. The Cavendish Review argues that many workers are simply unaware of how they could progress and the author of the Kingsmill Review drew similar conclusions in 2014, noting that ‘… the qualifications landscape is fragmented, and it can be difficult for workers to understand how qualifications relate to job titles and pay rates …’.

5.2 The role of qualifications

There were a small number of references that included information relating to the role of qualifications in developing career pathways, but they provide little understanding of whether the qualifications framework facilitates or hinders progression. Some evidence suggests that the importance of qualifications has been overemphasised and the authors of ‘Raising the bar’ recommend that experienced and skilled workers who may not be qualified should not be prevented from developing their career, given the benefits they can bring to the system:

For those experienced care assistants who wish to enter nursing, the system needs to recognise the benefits they can bring to the nursing profession. This is not to undermine the quality or the academic achievement of the graduate nurses, but to say that as long as care assistants meet the standards of entry and follow a clear education and career pathway, there are ways to develop a local ‘home grown’ workforce.

Researchers at the Warwick Institute for Employment Research also argue that this overemphasis on nationally recognised training and qualifications, in combination with

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‘flat’ organisational employment structures, generates high levels of ‘churn’ in the sector. They note that this is more common in care than in other industries such as retail.\(^{115}\) Despite concerns that an overemphasis on qualifications can unnecessarily impede the progression of skilled workers, Skills for Care data from 2013/14 shows that 18% of those in a managerial or supervisory role did not hold any relevant qualifications.\(^{116}\) This suggests that requirements in relation to qualifications may not automatically prevent progression.

5.3 Encouraging progression

A small number of papers indicated that some employees do not want to progress, particularly if it is not meaningful, requires extra work for little extra pay, or necessitates less flexible working:

> I suppose I could be a supervisor, but there’s not that much, I could go to supervisor and I think that would be it. Yes, and no, the amount of workload and responsibility they have on them is a lot. I can see that because that’s what my mum does. For a minute amount of money for the amount of responsibility, it’s just not worth it.

(Care worker)\(^ {117}\)

Some workers were also reported to be resistant to progression if it meant less time in the caring role: ‘I suppose if we went to … be senior carer or whatever, that entails an NVQ3, I don’t wanna be in an office. I just don’t. I don’t, I wanna be on the floor’ (Care worker).\(^ {118}\)

Encouraging workers to progress to roles in which they will spend minimal time with service users is seen as counterproductive by some commentators, given that job satisfaction related to the caring role is often reported to be one of the key reasons why workers remain in the sector, despite low pay or high levels of stress. In addition, evidence showing that some workers already in the sector have poor literacy and numeracy skills suggests that it may be even more difficult for them to undertake other qualifications or to develop their career in a sector in which these skills are seen as increasingly important.

5.4 The role of training and development

Training and development opportunities are seen by many as a key means of improving recruitment and retention (in addition to being a way of improving the quality of care). However, the evidence in relation to this is conflicting. Skills for Care identifies training as a key means of retaining staff and argues that ‘... workers who receive structured


\(^{116}\) Skills for Care, The state of the adult social care sector and workforce in England (Leeds: Skills for Care, 2015), 72.

\(^{117}\) Jill Rubery et al., The recruitment and retention of a care workforce for older people (Manchester: University of Manchester, 2011), 342.

\(^{118}\) Ibid., 343.
learning and development feel valued and supported and are more likely to remain in their post. This can reduce staff turnover meaning less spend on recruiting new staff.\textsuperscript{119}

The evidence suggests that there may be a mismatch between manager and staff views on attainment of qualifications and its impact. Although managers tend to perceive attainment of qualifications as a means of improving the reputation of the company and retaining staff, staff themselves sometimes to view it as a means of moving on from a company. There is also evidence that some workers may view a role in the social care sector as a ‘stepping-stone’ to a permanent post in the health care sector. A study by Independent Age reported that young people who ‘... start working in the sector often do not see it as a long-term career, and instead use it as a springboard to pursue work elsewhere in the better paid and more career-oriented health sector’.\textsuperscript{120}

Similarly, a report published by Skills for Care cites one home care worker who felt that a qualification was useful because it ‘... enables you to do other jobs in the same field – towards becoming a manager – or to get jobs in other fields, such as a career in mental health. I now want to do level 3. This will give me more knowledge, a bit more money, and will also look good on my CV’ (Home support worker).\textsuperscript{121}

Although there were no studies that explicitly focused on the potential impact of professionalisation, regulation or specialisation on progression in social care, the Kingsmill Review recommends that the care worker role should be professionalised through the introduction of a licence to practise and registration with the Health and Care Professions Council.\textsuperscript{122}

Other issues that may be of relevance but were not discussed in the literature in relation to progression include the impact that part-time or full-time work can have, the delineation of pay bands and job roles, and the impact of funding streams for the training and qualification of entry-level workers.

\textsuperscript{119} Skills for Care, The state of the adult social care sector and workforce in England (Leeds: Skills for Care, 2015), 70.

\textsuperscript{120} Independent Age, Moved to care: the impact of migration on the adult social care workforce (London: Independent Age, 2015), 37.

\textsuperscript{121} Inter-logics, The impact of qualifications in the adult social care workforce. Overarching learning from case studies (Leeds: Skills for Care, 2012), 20.

6. How is the sector responding?

As you would expect, the sector has for a long time recognised the challenges it faces in recruiting a high-quality workforce, and in parts of the country has developed innovative practice to respond to these challenges. This section presents five case studies exploring a range of current initiatives that are attempting to address issues surrounding the readiness, recruitment, retention and progression of the social care workforce. The purpose of the case studies is to show key aspects of good practice that have the potential to be scaled up and strengthened, and the challenges encountered.

6.1 Case study: I Care … Ambassadors

Introduction

Skills for Care is a charity that works to ‘… create a better-led, skilled and valued adult social care workforce’.123

In 2014 Skills for Care, in partnership with employers across England, launched the I Care … Ambassador programme to respond to some of the key challenges currently facing the social care sector, in particular the need to improve perceptions of careers in social care and attract recruits with the right skills and values into the sector. The initiative’s significance was emphasised by its inclusion in the Department of Health sponsored Adult Social Care Workforce Recruitment and Retention Strategy 2014–17 which identified the programme as a key contribution towards achieving the strategy’s first priority of raising ‘… the profile of adult social care and the career opportunities it offers to help attract more people with the right values and skills to work in the sector’.124

How it works

The main goal of the programme is to recruit staff working in social care roles as sector ‘ambassadors’ and to support them to promote and publicise social care work as a viable employment option. Most importantly, ambassadors are asked to draw on their own experiences when carrying out ambassador-related activities. The expectation is that by painting a clearer picture of what a career in care might look like, potential new recruits have all the information they need to make a decision on whether that is the right choice for them. In turn, by ensuring that only those individuals with a genuine interest in a caring role and those with the ‘right’ values are recruited, the programme is expected to improve the quality of care.

This is particularly pertinent today, when employers are recognising that they need to widen their talent pool and with the increased emphasis on value-based recruitment.

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123 http://www.skillsforcare.org.uk/About/About-us.aspx.

124 Prepared by Skills for Care on behalf of the Department of Health’s recruitment and retention group; Adult Social Care Workforce Recruitment and Retention Strategy. 2014–17 (Leeds: Skills for Care, 2014), 22.
The duties associated with the ambassador role are flexible, but most commonly involve promotional activities and attendance at job fairs, along with visits to colleges, job centres or schools. Although Skills for Care supports the programme at the strategic level, each I Care Ambassador service is supported by a coordinator who arranges ambassador activities in response to requests from external organisations.

The initiative also relies on the contributions made by the employers who run I Care Ambassador services (either by themselves or in partnership with other employers).

Skills for Care provides support via the I Care Ambassadors Hub which serves as a marketing and administration tool. The hub also hosts a range of development materials including the training modules which ambassadors can complete to support them to prepare for their role. Marketing for the initiative has been targeted towards careers advisors in schools and colleges and the programme has been promoted at a range of skills-based events both regionally and nationally. Skills for Care also worked in collaboration with Jobcentre Plus to market the programme at a national level.

Ambassadors are usually nominated by their employer and while they are usually an employee of a registered service or organisation, the programme is also open to the personal assistants of individual employers.

By December 2016, the initiative had recruited nearly 900 social care staff and 350 employers (exceeding original targets). Despite this success, coverage across England is not uniform. It is greatest in the North West and South West parts of the country (which have the highest numbers of registered ambassadors). Conversely, stakeholder interviews suggest that the numbers of ambassadors in London may be relatively low. There could be an opportunity to expand the programme in London through investment in supporting infrastructure such as employer partnerships, which have been shown to boost take-up and sustainability.

Skills for Care also reports that the majority of ambassadors are female and are on average older than most people working in social care. Also that one-third works in a management or supervisory role (this included senior care workers).

Although the costs associated with involvement are relatively low, employers and employer networks do not typically receive direct financial support for their involvement. The evaluation also asked employers whether they believed their ambassador service to be sustainable. Many of those who felt able to comment on this issue reported that the benefits associated with the programme outweighed its costs, and the evaluators found that positive views on sustainability were more likely to be associated with involvement in an employer partnership service. Employers who viewed their service as sustainable commented on issues such as apparently minimal costs and the importance of the programme for the future sustainability of the social care sector more generally:

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125 Skills for Care, data provided January 2017.

126 Ekosgen, Product, process and outcome evaluation of I Care … Ambassadors phase 2: interim process and outcome evaluation (Leeds: Skills for Care, 2016), 5.
‘You can't put a price on helping the sector survive’; ‘It’s a very minimal financial contribution’. Only a small number of employers felt that their service was not sustainable, with concerns about costs and benefits.

The evaluation found that organisers of events ambassadors had attended were also positive about the scheme. Monitoring information collected through the Impact Tool and covering 65 recent ambassador events shows that 91% of the 742 audience members who responded rated the events as ‘good’ or ‘very good’.

Motivations

An evaluation of the programme reported that ambassadors wanted to take on their role for a variety of reasons. These included raising awareness of the social care sector as a source of employment and publicising the quality of care on offer to those with support needs. Many ambassadors also viewed the role as a development opportunity which would allow them to increase their confidence.

Employers also felt that the programme was a good way of encouraging people to consider work in the sector and of promoting the work that was already being done. In turn, many employers also saw their involvement as a means to publicise their businesses and services to potential recruits.

In order to prepare for their new role, ambassadors are asked to complete a number of ‘welcome’ modules that are intended to ‘… equip them with the knowledge they need to be a successful Ambassador for the sector …’. Following a review, the modules have recently been redeveloped in consultation with ambassadors, and relaunched.

While the initiative has generally led to positive feedback, there are some concerns in relation to ebbs and flows in activity levels. The programme evaluation found that around half of the ambassadors they spoke to had not taken part in any ambassador-related activities during the last year. This is reported to be in part due to low demand but also due to time constraints within services. This is reflected in findings from a stakeholder interview in which relative levels of inactivity among ambassadors registered with one local I Care programme were attributed to the difficulties employers faced in releasing staff from their daily duties and finding cover.

Impact of I Care … Ambassadors on the workforce

The programme evaluation found that both ambassadors and employers were in agreement that the initiative can achieve the relatively ambitious goals relating to changing the public’s perception of the sector and promoting careers within it. This was reflected by interviews with stakeholders and in management information generated by the Impact Tool. The figures are based on 531 responses to event surveys over the last two years and suggest that for every 10 people attending an ambassador event, between 6 and 7 will already be interested in a career in social care before the event, rising to 9 out of 10 after the event – an increase of around one-third. Annual audience

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127 Ibid., 35.
128 Ibid., 5.
Employers report that activities related to the programme have had a noticeable impact on the quantity and standard of job applications and that these are more likely to come from suitable candidates. Half of the active employers who took part in the evaluation work also reported that there had been an increase in applications from many of the groups targeted by the programme (such as younger people and school-leavers), as well as adults who were changing careers or those who were in training or unemployed.\textsuperscript{129}

Similarly, stakeholder interviews suggested that while the impact of ambassador-related activities can take time to become clear, there has been a definite impact on recruitment levels and quality of applications in the long run.

The involvement of ambassadors in school- and college-based careers-related activities is seen as key. One interviewee noted that it is a question of quality rather than quantity, and suggested that it was difficult for ambassadors to promote caring roles at large-scale careers events where other more immediately ‘exciting’ employers such as the Army or RAF were in attendance.

Nonetheless, the evaluation found that qualitative feedback about the sessions and activities that have been run by I Care … Ambassadors from event organisers was positive. Their success in engaging people was commented on by a number of event organisers: ‘The session was very successful – they were very good at getting the pupils involved in tasks and activities, not just talking at them. It really got the students thinking about what it would be like to work with vulnerable people.’

The evaluation also concluded that the programme could have a positive impact on retention levels in the sector, with nearly half of the employers who were involved in the research reporting that attrition levels among staff involved with the programme had declined. A number of these employers also said that retention rates had improved across the workforce as a whole as a result of programme-related activities. Similarly, a number of ambassadors fed back that their involvement had made them more likely to stay with their current employer.\textsuperscript{130}

Employers consulted as part of the evaluation reported that the initiative had helped them to develop their networks and promote their services.\textsuperscript{131} This was also a positive impact cited in an interview with an employer and an evaluation found that many of the employers involved in the research were willing to recommend it to other employers.

The initiative is reported to be a positive one for ambassadors, with all of those who took part in the evaluation being able to give at least one example of a way in which they had been affected positively, and these comments often included reference to improved levels of confidence and better career prospects. Interviews suggest that ambassadors feel empowered as a result of their involvement and the recognition that they are not ‘just a care worker’. Another interviewee felt that the programme had definitely had an

\textsuperscript{129} Ibid., 33.
\textsuperscript{130} Ibid., 22.
\textsuperscript{131} Ibid., 23.
Impact on retention within their organisation because it made ambassadors feel more valued and enabled them to do something other than front-line care work.

**Impact of I Care … Ambassadors on service user outcomes/quality of care**

While it can be difficult to demonstrate the impact of a workforce initiative on service user outcomes or quality of care, a number of employers report that the programme of work has had a positive impact on the Care Quality Commission (CQC) rating of the service or organisation for which they were responsible.

**Barriers**

- Time and resource constraints can make it difficult to release care workers from their duties to undertake ambassador-related activities.
- Take-up from local authority employers is relatively low and this limits the impact of the programme.

**Facilitators**

- Having a coordinator can streamline processes, improve consistency and facilitate greater engagement of both employers and ambassadors.
- Stakeholder interviews suggest that the support of coordinators is key for ambassadors to ensure that they are comfortable in their role, particularly for those who may lack confidence.
- Targeting activities towards areas where recruitment difficulties are most pronounced can lead to greater impact.
- Joining up I Care … Ambassadors with other initiatives and approaches such as values-based recruitment and programmes aimed at targeting and attracting under-represented groups.
- Continued resourcing is seen by stakeholders as central to their future engagement and the success of the programme.

**Looking to the future**

Although in East London at present the initiative is relatively small scale, evaluation concluded that the benefits associated with the model can be delivered at relatively low cost and that there is potential to scale-up activities. I Care … Ambassadors may be particularly useful in the East London context to assist in recruiting a diverse workforce to reflect the community it serves, and widening the talent pool.

Funding and financial support for the programme is a key issue. It was noted that in a period of austerity in which workloads are rapidly increasing, playing an active part in I Care … Ambassadors is difficult. However, the programme appears to be sustainable in the long term, as it is growing, has weathered 14 years of rapid change in the social care sector and receives dedicated funding from the Department of Health.
6.2 Case study: The Getting Started Collaborative

Introduction
The Association for Real Change, Northern Ireland (ARC (NI)) is an umbrella organisation which supports the learning disability sector to improve the quality of life for people who have a learning disability. It does this by supporting anyone who is involved in the planning or delivery of support and services.

Like the rest of the adult social care sector, the learning disability sector faces significant challenges in recruiting, training and retaining care workers. At the same time, there are approximately 44,330 unemployment claimants in Northern Ireland.

In response to their members needs ARC (NI) developed an innovative project which offers opportunities for a more diverse workforce in the social care sector. The Getting Started Collaborative is a one-year pilot project giving unemployed individuals the opportunity to participate in values-based training to become support workers for people with a learning disability. A sector which offers flexible working conditions, including 16-hour contracts may better suit someone who has been unemployed for a long period, and evening/weekend shifts which may suit people with other responsibilities.

How it works
Seventy-five unemployed or economically inactive people in Northern Ireland had the opportunity to take part in the Getting Started initiative. The Getting Started project is jointly funded by Ulster Garden Villages Ltd, Bombardier and ARC (NI).

Participants who took part in the initiative were recruited via Ingeus, which delivers the Department for Communities’ employment programme, Steps 2 Success, across Greater Belfast, North Down and Newtownards in Northern Ireland. Steps 2 Success is an opportunity for jobseekers in Northern Ireland to build skills and experience that will help them progress into work. People have to take part in Steps 2 Success if they are unemployed and on Jobseekers’ Allowance for nine months if aged 18 to 24 or 12 months if aged 25 or over.

Working in partnership with the Northern Ireland Social Care Council (NISCC) and some of its member organisations, including Positive Futures, Praxis Care and The Croft Community, ARC (NI) delivered a series of eight-week training programmes to attract new care workers to the sector and support those furthest removed from employment.

The course included 12 sessions during which individuals trained in a comprehensive range of topics required to become a support worker for people with a learning disability. These included challenging behaviour, safe moving and handling, safeguarding, human rights, person-centred practice and NISCC Standards of Conduct and Practice for Social Care Workers. There were also observational visits to providers of learning disability services and visits from guest speakers, including people with a learning disability and NISCC ambassadors from the social care sector.
The training programme took a classroom-based approach, with homework. Each cohort consisted of 15 people, and for the first five weeks they attended one day a week and for the last three weeks for two days a week.

The course content covered more than the basic standard required by the NISCC, and at the end of the course participants were given the opportunity to sit the European Care Certificate exam.

Following completion of the training programme, participants were guaranteed an interview with participating organisations who have real job vacancies (Positive Futures, Praxis Care and The Croft Community).

**Impact on the workforce**

The Getting Started project was successful in developing and upskilling those who participated and was reasonably successful in supporting the recruitment of new support workers.

- Sixty-three participants joined the programme, although some did drop out before completion.
- Forty-three passed the European Care Certificate exam.
- Forty attended interview.
- Seventeen were offered a position following interview (although not all took it up).

My experience of the Getting Started Programme was [as] a most excellent approach to a route into support work. After interview I was offered a full time 39-hour post with Positive Futures and have to say I really fitted in and felt proud to be part of such a forward-thinking organisation. The leadership shown [by ARC (NI)] was strong when needed and also allowed a diverse group to develop. A real all-round success in my opinion.

The Getting Started Programme enabled me to realise that I had the values and qualities to be a support worker and I am really pleased I passed the course and secured a job. It was a brilliant project that many unemployed people could benefit from.

- Four took on volunteer roles to get more experience to help secure a job in the future.
- Ten others secured alternative roles in the care sector, mainly residential care homes for the elderly, as opposed to the learning disability sector.

I enjoyed the course and really want to be a support worker. My nerves beat me in the interview and I did not secure a job which was a disappointment but I kept on trying and I am thankful to ARC for the training which was excellent and allowed me to gain more confidence in my abilities. I have recently secured a job in an old people’s home which I would not have achieved if I had not gained the qualifications and references from the Getting Started course.
The Getting Started course was excellent … I successfully completed the course although I did not get a job with the three organisations. I successfully secured myself a job in the care sector looking after people with learning disabilities and mental health. I am really enjoying the job and without the Getting Started course I would not be where I am now I am really enjoying the job.

Nonetheless, the programme did encounter some challenges which have provided valuable learning for the future.

- ARC (NI) was relying on Ingeus to provide candidates for the training programme as part of the Step 2 Success initiative. At the outset, large pools of suitable candidates were being referred to the Getting Started Collaborative. Candidates were enthusiastic and committed. As the programme progressed, Ingeus experienced significant internal challenges resulting in changes to key personnel. The knock-on effect of this was a noticeable reduction in the quality of candidates being referred to the Getting Started Collaborative. People who were not currently ready for work were being referred (e.g. those with multiple and complex needs). These candidates were participating because they were required to in order to maintain their benefit payments, rather than having the capacity for, or interest in, securing employment. This required additional layers of support to be put in place by ARC (NI) to empower and enable participants to take a step closer to employment. However the purpose of the project was to introduce new people to the social care sector and a consequence of the above was that for some individuals, their personal circumstances were not pertinent to employment within a caring/support role.

- Candidates who successfully completed the training course were guaranteed an interview with the partner organisations who had real job vacancies. Although a number were successful in securing a position, it was reflected and agreed by the Collaborative partners that demonstrable experience, regardless of whether in a paid capacity, would have been desirable. The learning disability sector takes great pride in offering high-quality provision to the people it supports, and invests hugely in its workforce to ensure up-to-date models of best practice. With contracts requiring more for less money, there is a risk of employing staff who have no experience, without sufficient management support. The Collaborative partners concluded that work placements as an integral part of the programme would have been beneficial.

Looking to the future

All of the organisations involved in the Getting Started Collaborative are keen to run the programme again and ARC (NI) is in the process of exploring funding options. If the programme were to run again, ARC (NI) would look for ways to secure a wider candidate pool by reconsidering the criteria originally applied. In addition, ARC (NI) has advocated the need for apprenticeships in social care to become a priority area, particularly for levels 2 and 3. ARC (NI) believes this would enable people to gain relevant work experience and increase candidates’ chances of success.
6.3 Case study: Timewise – brokering compatible flexibility

**Introduction**

Of the 527,000¹³² people working in the domiciliary care sector in England, most are women, and most are low paid. Although the scope for improving pay is limited, there is potential to improve job quality by designing jobs that are compatible with the personal care responsibilities of professional carers.

In a sector where 80% of employees are female, most professional carers have their own caring responsibilities for children or other family members who are elderly or have disabilities. Many carers want to work part-time. The issue of ‘compatible flexibility’ is therefore particularly acute, and may hold the key to improving the attraction and retention of staff.¹³³

In a sector where there isn’t a spare penny of funding, and local authority budgets continue to be squeezed, this has to be achieved within existing or reducing budgets. As the sector deals with vulnerable adults, this also has to be achieved without any diminution of care quality standards.

Timewise, which helps businesses attract and develop the best talent through flexible working, has been supported by the JPMorgan Chase Foundation to help care providers design working practices which improve job quality and, specifically, compatible flexibility.

Timewise is working with the Rathbone Society, which supports people with learning disabilities, to pilot a compatible flexibility approach. Rathbone’s Outreach Service assists around 80 people, with a team of support workers providing support tailored to each person’s individual needs.

**How it works**

Compatible flexibility is about balancing a worker’s life requirements with job design. It is about having open and honest conversations with workers and asking them to articulate their non-work commitments and responsibilities, in order to negotiate and implement more flexible working patterns that meet the needs of both the employer and the employee.

Timewise undertook a ‘discovery phase’ to better understand the issues and changes needed, and what type of approach to compatible flexibility might work for the Rathbone team. This included discussion groups with managers and front-line staff; looking at absence rates, turnover and recruitment techniques; and detailed analysis of rotas.

Similar to other domiciliary care providers, Rathbone’s Outreach Service has to manage a range of challenges such as delivering the service across a large geographical patch, meeting a range of different user needs and managing the unpredictability of demand.

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while trying to ensure continuity of care. Balancing these challenges with the needs of the workforce makes the task of rostering hugely complex.

Understanding the challenges involved led Timewise to hypothesise that a team-based approach to rostering rather than centralised management of the roster could help deliver compatible flexibility. Drawing on the Dutch Buurtzorg\(^{134}\) model of home care, with its self-managing teams of nurses (rather than carers), the approach being piloted with Rathbone’s Outreach Team involves creating a small team of care workers who cover a defined geographical area, and then work together to autonomously organise working arrangements to be flexible to their needs.

A small group of users have been selected based on a certain geographical area. A team of approximately 10 care workers have volunteered to pilot the approach, working with the selected group of users.

The team of care workers works closely together to build relationships, share information and really understand their colleagues’ commitments and responsibilities outside of work. The team are then responsible for negotiating and agreeing their rota and organising care for a cohort of people, ensuring the skills of workers match the needs of users. It is ‘Partly about engagement and taking responsibility for care delivered. For many workers their experience is a very top-down process and very limited discussion – this gives them more power over when and where they work’ (Chief executive, Rathbone Society).

**Impact of compatible flexibility on the workforce**

The piloting of this approach is still in the early stages, so the full impact on the workforce is yet to be realised and there will be an evaluation of the outcomes achieved.

Nonetheless, this model of working has the potential to have a positive impact on job satisfaction and therefore the recruitment and retention of skilled workers by:

- offering a working pattern that meets the needs of both the carer and the user
- reducing travel time, thus creating space in the rota to have a team meeting, which is key to the increased engagement of the team
- facilitating greater support between colleagues and therefore reducing feelings of isolation among care workers
- decentralising power and giving care workers a greater sense of control and responsibility.

It is also hoped that this additional responsibility will improve workers’ skills and confidence, and offer greater opportunities for progression.

Looking to the future

This approach is very much about organisational development, and Timewise has found it challenging to find organisations that are willing to test out a new approach: ‘People just don’t have head space to think about a new way of working!’ (Director, Timewise).

At the end of the pilot, in April 2017, Timewise hopes to share the learning across the sector and, where relevant, with other sectors facing similar challenges. Once there is learning to share, and evidence of the impact, Timewise hopes that more organisations will be willing to test out this more flexible approach.

The Rathbone Society believes this way of working is replicable, and hopes to roll it out further across the organisation, with three or four teams in the borough working in this collaborative way: ‘It could completely restructure the way we deliver care. The learning will cause us to implement change’ (Chief executive, Rathbone Society).
6.4 Case study: SuperCarers

Introduction
When brothers Adam and Daniel Pike watched their mother struggle to care for their grandmother Pam, they wanted to do something to help. They saw the care that Pam received was expensive, inconsistent and poor quality. Yet they believed that care could be personal, compassionate, dependable and thoughtful, if only carers were respected for their work, paid a fair wage and families were able to choose who cared for their loved one. Several years later, the brothers started SuperCarers, an online ‘introductory’ platform to find and engage local carers and connect them with clients with care needs, from home cooking to personal care and specialist care.

The aim of SuperCarers is to empower families and give them choice and control over who comes into their home, along with continuity of care. ‘You choose your carer, the best match for your family and build a schedule around you … Our aim is to create a better care ecosystem connecting carers directly with people who need care, delivering a more personalised service and consistent care; improving the health and wellbeing of people receiving care, their families and the carers themselves’ (Chief operating officer).

How it works
The potential client describes their needs, skill requirements and preferred schedule for care in a profile completed online at SuperCarers.com. The SuperCarers care advisory team then matches the potential client with a choice of carers who have the skills and availability to support them.

Before the family agree to proceeding, they can view their carers’ ‘profiles’, which contains details about a carer’s experience, values, personality and so on. The family can choose who they think is the best fit and arrange to meet the carer in person to get to know them better. If the family are happy with the carer, they arrange visits directly. Each hour of care costs from £16.00, with longer visits having a reduced price of £14. SuperCarers takes a 20% share, so the carer takes home between £11.20 and £12.80 per hour. Other charges are £115–£145 per night for night care or from £750 per week for live-in care. A proportionate fee is taken by SuperCarers for making the match/introduction.

One hour is the minimum length of time for a carer visit; the agency does not allow 15- or 30-minute visits. ‘We don’t believe quality care can be rushed … and it can be exploitative for the carer.’ There is telephone support which is open seven days a week between 9.00 a.m. and 6.30 p.m., which clients can call if they have questions. Opening at weekends is a new approach by SuperCarers as it was identified that most agencies do not operate at the weekend – yet for people who work this is the most convenient time to investigate care options for loved ones.

SuperCarers was established in October 2014 and started operation in December 2015. At present, there are about 400 carers on the books. Each month about 120 carers work with 80 clients. The majority of carers are women: ‘We do have gentlemen carers but it is harder to find them work’ (Chief operating officer).
At present, SuperCarers operates across London and Greater London and provides live-in care throughout the UK. Business is growing at 15%+ per month.

About 70% of the clients are self-funders. Some are on direct payments while others ‘top up’ in order to cover the £16.00 hourly rate. A few clients are continuing health care-funded and some are paid for via insurance. The SuperCarers website explains how to pay for care and how to get a care assessment from the local authority. SuperCarers’ care advisory line provides general advice and support to those requiring information.

The SuperCarers board is made up of care experts who have held senior roles at the Care Quality Commission, the Department of Health and in adult social services. The £500,000+ funding to set up the website and pay for marketing and promotion came from backers Sir Tom Hughes-Hallett, former chief executive of Marie Curie, Stephen Critchlow, an investor interested in businesses that make a positive social impact, and JamJar investments (the venture capital fund of the Innocent Smoothie founders).

**Recruitment**

Carers generally hear about SuperCarers through advertising and/or word of mouth. Carers are interviewed in person by a member of the SuperCarers staff who performs an enhanced DBS search, a right-to-work check, and visual and computerised identity checks, and follows up references. There is a values-based interview for competency, attitudes to care and empathy. The carer then sets up a ‘profile’ on the SuperCarers platform with a photo and a biography about their experiences and interests so they can be matched to a client.

‘Those with dementia might have short-term memory issues, but they still have vivid long-term memories, things that they love to read and to talk about and they can connect with carers with shared interests, passions or just the time and empathy to listen and so create a better care environment’ (Chief operating officer).

**Training and development**

SuperCarers is now working on training and development and considering developing a ‘SuperCarer standard’. About 70% of SuperCarer carers have NVQ level 2 or 3. SuperCarers does not pay for training and development. The costs have to be met by the carer as part of their own professional development. Nonetheless, the company is trying to find the best training providers to discuss options and will possibly model the offer on the Buurtzorg\(^\text{135}\) model of home care with its self-managing teams of nurses (rather than carers): ‘I see professional development and training could be similar to this model. We want to transform the sector – carers are skilled people and work independently and [professional] development is part of that role’ (Chief operating officer).

Impact of SuperCarers on the workforce

The company has been operating for only a short time, hence the service has not yet been formally evaluated.

Nonetheless, it is evident that among those carers we spoke to, this model of working has the potential to have a positive impact on the recruitment and retention of skilled workers through greater flexibility, increased pay and improved job satisfaction, morale and confidence. Carers report feeling appreciated for their skills while having the opportunity to develop their learning via the increased responsibility they take on.

One carer explained that her role involved living in with a family and supporting clients with their personal care and medication, as well as liaising with doctors, social workers, district nurses and an occupational therapist. She regards herself as ‘part of the family’ but also knows when to remain professional. At present she is supporting a husband and wife for three weeks every month and then takes a week’s break. ‘One thing I realised if you are in a placement, they gain confidence in you that enables you to work better.’

The flexibility and increased pay offered by this model are definite attractions for carers. They can set their fees if they have more experience or want to perform particular types of care (e.g. reablement or night work). Carers can choose to work part-time and negotiate their hours with clients: ‘We approach, talk [to] and treat [carers] like customers, with respect and dignity … the pay is transformative as carers get from £12.80 per hour’ (Chief operating officer); ‘I feel pleased to work with SuperCarers, the pay is much better than other agencies, and if pay is better, of course you feel better and get a good salary’ (Care worker); ‘I am happy to stay with SuperCarers, they have nice clients and flexible hours and the work is local to where I live’ (Care worker).

Carers like the fact they can call the SuperCarers office if they are unsure about something and want to discuss it: ‘They are there if you need support’ (Care worker). Carers said that they have a good relationship with the head office and that the motivation for working with SuperCarers is that the organisation has a ‘human side’: ‘I’ve never seen this in any other agency, usually it’s all about the money’ (Care worker).

Another carer talked about how SuperCarers had helped the family arrange a carer to cover for her absence and then the office had called the client to see ‘how things had gone. I found that helpful … that they cared.’ Carers discussed the mutual benefits of the one-page profile so that potential clients can learn about them as a carer before meeting them. A carer pointed out that ‘… with SuperCarers, you get to talk to the client and their family. This helps to get a better understanding of the nature of the work, their expectation and an opportunity to tell them what you can and cannot do and also, for example, that I’m allergic to pets.’ Clients definitely value being able to choose which carer they want. The transparency of information on the client also allows the carers to learn about the client’s needs and determine if a job is right for them: ‘It is so much better because you know everything before.’

SuperCarers does recognise that ‘carers work independently and need to consider the risks of working alone. You need to have experience to deal with issues such as safeguarding. SuperCarers do give support with that, for example, our Adult
Safeguarding Board provides a mechanism to support carers and to facilitate a referral to [the] Adult Safeguarding Board if necessary.’

One carer said she did have initial reservations about working independently but now enjoys it and feels that every day she learns something different. Another said most carers are used to working on their own, so it was not a concern for her, especially knowing that ‘there was support if there was an emergency’.

**Looking to the future**

As discussed, the service is in its infancy and there are still some challenges to overcome. For example, engaging with the public sector: ‘I get calls from social workers and they’ll say, yes brilliant, we can use your service but then they find out that we’re not CQC registered, they say they can't use us.’ However, SuperCarers believes that under the Care Act choice and control means that contracting should be an option. SuperCarers is trying to address these challenges, given the strength of its advisory board and the drive towards adoption of personal health budgets and direct payments.

SuperCarers is acutely aware of the challenges associated with recruiting sufficient care workers: ‘We need to find the best ways to support members of our community to upskill and develop as care workers; that is [society’s] challenge … we need to bring new people into care and build community capacity’. Such an approach would mean that those who need, for example, home help services can receive them from a trusted person and thus a slide into dependency could be prevented. SuperCarers hopes that its model might offer a way of attracting more people into care – people with a range of skills to meet the range of needs, from companionship to advanced personal care.

As for sustainability, the plan is to extend the service nationwide. With an ageing population and predicted rise in the number of people needing care, SuperCarers is confident that its model is sustainable and can deliver quality care. However, ‘Because safety and quality is the key and the service is so sensitive, we have to be meticulous in our approach and not just voraciously expand.’
6.5 Case study: HC-One – enhanced care workers

Introduction

HC-One, like other large independent care providers,\textsuperscript{136} is attempting to respond to the national shortage of nurses across the health and social care sector, and the dramatic rise in the use of agency staff to fill these vacancy gaps. While addressing the challenges to the nursing workforce, the sector also needs to respond to the changing care needs of its clients. Health Education England’s (HEE) Shape of Caring Review\textsuperscript{137} – which sets out the strategic vision for nurse and care assistant education and training – recommends that the future workforce adapt to deliver more holistic and compassionate care. This will require greater coordination of care across agency boundaries, delivered with greater flexibility within and across roles, and most importantly address the current unsustainable workforce model.

HC-One has created a new role called a nursing assistant that sits between a senior carer and a qualified nurse, and which was initiated in June 2015. The new staffing model is implemented through the Care Assistant Development Programme (CADP). The overall objective of the CADP is to improve the quality of care received by residents by reducing the use of agency nurses within HC-One homes, while up-skilling the existing workforce and providing a progression route for care staff.

How it works

HC-One has implemented the CADP across 107 homes in England and Scotland. Currently, there are 250 fully qualified nursing assistants and 53 in training, with 72 developing towards the role – i.e. they have completed prerequisite training and been successfully interviewed and assessed, but they have to complete modules through e-learning before nursing assistant training. In East London, HC-One has two care homes, both rated ‘good’ by the Care Quality Commission. Both homes have successfully implemented the CADP, with between four and five nursing assistants in each home.

HC-One is passionate about developing its staff and retaining them through training and development: ‘We fully believe that by showing people there is a career path … it will help with retention’ (Stakeholder, HC-One).

The latest statistics demonstrate the retention rate of nursing assistants, currently at 94% in the newly established role at HC-One. A large majority of HC-One’s senior carers were recruited internally, recognised by their home management team for their skills, expertise and eagerness to progress. The CADP has attracted approximately 100 external care staff to train in the programme to become nursing assistants, which has boosted recruitment.

\textsuperscript{136} Notably, Four Seasons and Barchester.

\textsuperscript{137} Health Education England (2015) Shape of caring review. London
The CADP is open to senior carers and carers who meet the following criteria:

- have achieved S/NVQ level 3 or working towards level 3 in Health & Social Care
- have been assessed as fully competent in safe medicines administration, following training in HC-One’s Royal Pharmaceutical Society accredited medicines Programme
- have successfully passed a competency-based interview and written assessment.

Stakeholders, HC-One home managers and potential nursing assistant candidates regarded the recruitment process to be robust, supportive and comprehensive. Home managers and deputy home managers felt well placed to identify internal candidates with the potential to fulfil the role. The recruitment process could enlighten management in terms of the skills across their team, highlighting gaps and areas for further learning and development. Some candidates who did not pass the assessment were offered support to move them towards a point when they might apply again in the future.

**Training and development**

Recently, HC-One became a Skills for Care endorsed provider, and a Skills for Care Centre of Excellence – one of only five in the UK. This is highly significant because HC-One is driven by attaining a high quality standard and aligning with the social care sector. As a result of becoming an Institute of Leadership and Management Centre, HC-One is able to design and deliver bespoke leadership programmes in-house. The CADP is just one of many programmes that sit within the Academy. The Academy began last year, led by the learning and development manager and team: ‘This is our way of differentiating ourselves [HC-One] through the Academy and the stepping-up programme where we can say, we will keep you and look after you and nurture and support you, if you stay at HC-One, your career can flourish’ (Stakeholder, HC-One).

To become a nursing assistant, a comprehensive learning and development programme has been designed by HC-One and subsequently accredited by the Royal College of Nursing (RCN) to prepare senior carers for the nursing assistant role. The CADP has been funded through the learning and development team, as part of the annual budget. Each nursing assistant costs £367 to train because HC-One can use economies of scale when booking face-to-face sessions, have other colleagues attend the workshop and run sessions for large groups, which enables cost-effectiveness. The programme is delivered through a blend of online and face-to-face training. A qualified nurse who oversees nursing assistants undertaking agreed clinical interventions mentors each through the programme. The equivalent qualification level would be an A/AS level A–C.

Generally, nursing assistants reported feeling well supported throughout their training and development, both by management and the nurses: ‘We get support from management and from the staff, especially the nurses. We have to work with the nurse and one senior carer, and we can ask for help’ (Nursing assistant).

Nursing assistants described the training programme as interesting, and a good refresher in clinical practice. The most challenging aspect of completing the training was fitting in the learning around their day-to-day work, in some instances coming in to complete training (which is paid) on their day off.
Each nursing assistant is supported by a nurse mentor, allocated on an individual basis by home management. Analysis from the various case study sites suggests that each home has its own approach to support – for example, one mentor for all nursing assistants, or an individual mentor for each nursing assistant. Most mentors – who are particularly enthusiastic about the programme – are generally more engaged, providing in some instances 24-hour support. Mentors have recognised the challenges in coordinating time to support their mentees alongside their day-to-day role.

**Impact on the workforce**

The programme has had an immediate impact for the nursing assistants in-role. The general consensus is that since implementing the programme, staff morale and job satisfaction have increased. Team working is considered to have improved, subsequently bridging the gap between care staff and nursing, and additionally creating closer working relationships with both internal and external professionals. HC-One has created a career pathway through the promotion and progression of senior carers to nursing assistants, and vacancies have been filled by carers wishing to ‘step up’. Across homes, nursing assistants have reported feeling more satisfied in their role as a consequence of being better recognised and rewarded, enjoying the content of their new work and having opportunities to progress. It was noted in the interviews that all nursing assistants and nursing assistants in training see their future with HC-One: ‘I am happy starting the course, it helps me be more confident with the role … as well as have more knowledge and experience, and be confident to be a nurse in this country’ (Nursing assistant).

**Career progression**

The nursing assistants’ motivations for progressing from carer/senior carer into a new role provides an insight into the impact and outcomes the role is having on the newly qualified workforce. As demonstrated below, the majority of nursing assistants wanted to develop their skill set.
Similar motivating factors were expressed by the nursing assistants interviewed. In addition to the points above, they reflected on their longer-term goals for career progression, often explaining that prior to the nursing assistant role their opportunities had felt limited. Some had previously been nurses in their country of origin, and the nursing assistant role had increased their confidence and skills to explore nursing in the UK. All stated that if they did accredit their nurse qualification, they would work at HC-One as a qualified nurse. The nursing assistant role enabled them to practise some of the clinical and leadership skills of a nurse while retaining their current employment.

The nursing assistant role appealed because it provided an alternative progression route to nursing, and potentially to home management and leadership. HC-One is currently training nursing assistants to become home managers through an in-house leadership qualification, with one successfully in post: ‘We recently had someone go from nursing assistant to home manager and she is a home manager in a nursing home but is not a nurse. We have got a few more of those that are really good nursing assistants that don’t need to become a nurse and can continue their career path at HC-One and go into management’ (Stakeholder, HC-One).

Through the role, some interviewees hoped to gain insight into the overarching workings of the home and develop their understanding of how care is planned and delivered across all staff.

**Looking to the future**

HC-One is keen to grow and contribute to the knowledge of the social care sector, in particular how the nursing assistant role can become embedded, be expanded and be sustainable. A stakeholder from HC-One reiterated that there will be a limit to how far the
role can go (clinically), and HC-One is mindful about never creating a model that will replace nurses. What is working particularly well, and is documented, is that the nursing assistant role is enabling nurses to concentrate on complex medical needs rather than dispensing medication.

Currently, HC-One is eager to maintain ‘business as usual’ with all phases of implementation successfully completed across England and Scotland. HC-One has just received approval to introduce the role into Wales, so the focus is on creating consistency across the UK.

Our research suggests that the majority of nursing assistants surveyed and interviewed are happy in their new role and plan to stay with HC-One for the foreseeable future. Nevertheless, retaining nursing assistants is a high priority for home managers, who recognise that nursing assistants’ set of skills is desirable in a competitive health and care market. In order to retain them, managers at HC-One are exploring ways to enhance the clinical skills of nursing assistants through discussions with external regulators about potential training and development opportunities. Further to this, HC-One is paying close attention to market rates and benefits offered for similar roles with other providers to ensure that nursing assistants are receiving a competitive package. In particular, the NHS is in consultation about a ‘nursing associate’ post that will be similar to the nursing assistant and could potentially contribute to additional learning.
7. Discussion and recommendations

Reflecting on the different strands of this research, a number of key themes emerge that can help inform how funders and employers can invest in a demand-led system in East London, which promotes opportunities to enter into social care employment and supports good career progression.

7.1 Attracting people to the sector

There was a common view among stakeholders who participated in this research that the sector has a long way to go before it has an attractive brand. While recognising the many challenges in attracting people to the sector, we also need to consider how we can improve the language we use when discussing roles in social care. Perhaps we need to search for ideas beyond the boundaries of social care. For example, during the London Olympics, by calling volunteers ‘game makers’ rather than volunteers, helped to make the role more attractive to a wider group of people.

In parts of social care, people are increasingly referred to in positive language such as ‘ambassadors’, ‘leaders’ or ‘care coordinators’. Terms like this need to be used more commonly to describe what can be a hugely rewarding profession. As outlined in one of the case studies above, Skills for Care, the skills and workforce body for social care, is recruiting I Care Ambassadors to promote the attractiveness of social care for new recruits. Roles such as this, which actively promote the desirability of social care as a place to work, will become more important in the future. Nonetheless, there are a limited number of ambassadors operating in East London.

Recommendation

Our research suggests there is a need to invest in initiatives and campaigns that seek to reposition the sector in the public imagination. For example, this could involve promoting the exciting future of social care in relation to technological innovations, or including people who use services in promoting the benefits of working in social care. This is partly about language, but also about showing people there is progression in social care as a career. I Care Ambassadors may be particularly useful in the East London context to assist in recruiting a diverse workforce to reflect the community it serves, and widening the talent pool. Nonetheless, funding and technical support for the programme is a key issue in terms of scaling-up. There is therefore an opportunity to expand the programme in East London via Skills for Care through investment in supporting infrastructure, such as employer partnerships, which have been shown to boost take-up and sustainability.

7.2 Better recruitment of young people

As the workforce ages, the potential of young people to enter the profession cannot be ignored. The research we looked at for this study suggested that, increasingly, young people want a more flexible approach to work and desire to undertake a job that is worthwhile – something they do not feel currently they will get from a career in social care. In comparison to the retail sector, there are lower numbers of young people applying for jobs in the social care sector, perhaps because these are seen as less attractive and ‘glamorous’.
However, we also heard that initiatives that sought to demystify social care and give applicants first-hand experience of caregiving could often shift young people’s attitudes. One person we interviewed as part of this research told us: ‘When we ask young people about a career in social work, it’s not that they are terribly negative, it’s just that they don’t seem to think it’s the right place for them. But when you ask further, they struggle to describe what they don’t like about it.’

Further to this, apprenticeships for young people were generally seen as a positive thing, offering the experience of work in the sector before direct employment, and increased opportunities for face-to-face learning and supervision, which leads to the development of more experienced and confident staff. Nonetheless, evidence related to the long-term success of apprenticeships and other such initiatives in terms of retaining young people within the social care sector is limited. It also remains to be seen what impact the new apprenticeship funding levy will have, going forward.

**Recommendation**

We would suggest that there is a case for further research and evaluation to explore the long-term success of social care apprenticeships (such as those run by Catch 22). Research could also explore the impact of the new finding levy and other emerging initiatives in the sector aimed at young people (such as those run by the Bromley by Bow Centre), in order to help make business cases for extending and joining up those that work.

### 7.3 Preparing people to work in the sector

There are different cohorts within East London that could potentially benefit from effective pre-employment training to prepare them to work in the social care sector and promote economic inclusion. For example, the long-term unemployed, those looking to return to work after raising a family and those for whom English is a second language.

Our research found that potential employers often complained about the quality of candidates being referred from job centres. It was also noted that new recruits who ‘dropped out’ tended to do so in the probationary period because their training often does not prepare them for the true nature of the work – particularly if the training was delivered online or in an e-learning environment. It was suggested that training needs to be made more realistic and that experiential learning or service user-led training were important.

The Care Certificate was widely seen as a positive improvement. However, stakeholders from an education provider based in East London were concerned that overall there was still a mismatch between employer requirements and the courses provided. They reported that employers wanted more courses in mandatory topics such as first aid and food hygiene, and that government funding did not cover the courses that employers required. They also suggested that programmes that included pre-employment training in key areas such as dementia and mental health were the most successful.

Further to this, it was argued that in order to prepare potential recruits there also needed to be a focus on core employability skills, such as team work, time-keeping, language skills, record-keeping etc.
Recommendation

There is the potential for a similar approach to the Getting Started initiative (outlined in our case study above) to be replicated in East London. Drawing on the learning from this pilot programme would require:

- a collaboration between Jobcentre Plus and its partners to identify potential participants
- a suitable provider to deliver the training
- social care employers willing to offer work experience placements and the possibility of real job vacancies.

Recruitment to the programme would benefit from being values-based. The programme should focus on content that has been designed in collaboration with local employers to ensure it meets their needs, but should also include training in core employability skills and sufficient work-based, experiential learning or user-led training. It would also be beneficial if the training programme covered the content required by the Care Certificate and provided an opportunity to sit the exam.

7.4 Values-based recruitment

Our research found that the values and aptitudes of potential recruits can in some ways be more important than specific qualifications or skills. Compassion, empathy, having a caring attitude, respect, recognition of the importance of dignity and being person-centred were listed as key values that care workers should have. It was suggested that people can be trained in skills but it is the core values that make them a good carer – this work may not suit everyone.

More needs to be done to prevent social care organisations from wasting time, resources and talent recruiting the wrong kind of people. Part of the solution was felt to be a values-based approach to recruitment which involves employers exploring the values, behaviours and attitudes of candidates to establish whether they are a good fit for the organisation.

We would argue that using values-based recruitment when selecting candidates to participate in pre-employment training courses or apprenticeships could also support the outcomes achieved and the long-term success of such initiatives.

Finally, several of the people we interviewed as part of this research, and attendees at the futures workshop, felt that we need to increase the level of user involvement in the recruitment and retention of care workers. Having users involved directly in recruitment, it is argued, will help to dispel myths about care work and ensure that only those with the right values are recruited to the profession.

Recommendation

Our research suggests that there is a need to invest in supporting more social care employers to adopt and implement values-based recruitment practice to bolster retention of good staff. There is also merit in incorporating values-based recruitment into the selection process for pre-employment training courses or apprenticeships.
Skills for Care currently runs sessions for care providers which equip them with very practical and immediately useable interviewing skills and techniques to use when recruiting staff. It also has an action plan for how to implement values-based recruitment into an organisation. There is scope, through partnerships with local authorities and providers, to roll this programme out in East London, although additional funding would be needed to pay for marketing and new training courses.

### 7.5 Offering more flexibility to those who wish to work in the sector

The domiciliary care sector faces some particular challenges in recruiting and retaining workers. Most are women, and most are low paid. Although the scope for improving pay is limited, there is potential to improve job quality by designing jobs which are compatible with the personal care responsibilities of professional carers.

It is also recognised that people increasingly have ‘portfolio careers’ and want to work flexibly on different paid opportunities. We need to create marketing and career opportunities that enable people to pick up social care work opportunities that reflect their lifestyles and age (e.g. those who are seeking work after bringing up families), but this requires greater flexibility to be built into the available options.

The Buurtzorg model consists of localised, small, self-managing teams of nurses and carers (maximum 12) providing coordinated care for a specific catchment area (40 to 60 users). This model, or features of it, is increasingly used in the UK to design innovative approaches to care. Good examples are the Timewise initiative and SuperCarers, outlined in the case studies, which have huge potential in terms of fostering an entrepreneurial culture among care professionals, possibly leading to lower staff turnover rates.

While recognising that such approaches may not be for everyone, new and innovative ways of working (like those based on Buurtzorg) could have a positive impact on job satisfaction and therefore the recruitment and retention of skilled workers. Such approaches may offer:

- a working pattern that meets the needs of both the carer and the service user
- reduced travel times
- greater support between colleagues, reducing feelings of isolation
- a de-centralisation of power, giving care workers a greater sense of control and responsibility.

**Recommendation**

Interest in the Buurtzorg model is gathering pace in the UK and as discussed this model or features of it are increasingly used to design innovative approaches to care. Care provider organisations are often under so much pressure it is difficult to consider new ways of working without robust and reliable evidence of improved outcomes. There are currently a number of pilots underway across the country. We would suggest that there is a case for investing in further research and evaluation of current pilots and
approaches to small, localised, self-managing teams of carers to understand what works and the potential for scaling-up.

7.6 Better progression routes

Our research indicates that there is a definite need for better career pathways in social care, which can sometimes be lacking due to the fragmented and dispersed nature of the workforce. Much could be learned from the NHS and other sectors in terms of developing a clear pathway and enabling staff to ‘passport’ between organisations within the same local system.

Examples of this whole systems approach to career development are emerging across health and care. Health Education England, working across North Central and East London (NCEL), for example, is developing a single health and care improvement academy, The Public Health Academy, to develop integrated human resource policies, services and strategy across the health and social care sectors. This will include centralised recruitment, specialist recruitment centres and a pooling of assessment centres. As part of this, an NCEL career passport will be developed with lifelong career pathways and individualised plans, which include movement around NCEL organisations on a single NCEL contract.

As the HC-One case study demonstrated, individual organisations can also redesign their workforce to ensure that there are clearer and more rewarding career pathways.

**Recommendation**

Providers implementing the enhanced care worker role tend to be large organisations with sufficient resources to do so. There is an opportunity to invest in a suitable training provider to develop, proactively market and run enhanced care worker training courses that are accessible and affordable to smaller, independent providers, to enable them to offer this career progression route to their staff.

**Conclusion**

The recruitment and retention of skilled care workers has never been more critical – given the pressure on the social care sector. There are real challenges to confront, including low pay, poor progression paths and difficulties recruiting enough skilled workers with the right values. Demand for social care also continues to rise steadily, which means that we need to find much more innovative ways to organise the workforce, utilising digital technology more effectively. To recruit the number of workers we need, we also need to find better ways to reach people who would previously not have been interested in working in the sector, such as young people and those looking to return into work.

There will not be a single, simple solution to these challenges. This report argues, therefore, that we need a co-ordinated, multi-pronged approach to tackling workforce shortages and improving progression paths with investments made to support a range of different initiatives.
Appendix 1: Advisory group members

- Anna Patterson, Carewatch Lewisham
- Asi Panditharatna, director of apprenticeships and employability, Catch22
- Carys Roberts, senior research fellow – social policy, Institute for Public Policy Research (IPPR)
- Chris Wray, national recruitment manager, Anchor (residential care)
- Jill Manthorpe, professor of social work, director of the Social Care Workforce Research Unit and NIHR senior investigator emeritus, King’s College London
- Julie J. Charles, chief executive, Equalities National Council
- Maria Lagos, director, Skills for Care
- Lord Michael Bichard, chair, Social Care Institute for Excellence
- Ossie Stuart, SCIE board member and head of Camden Disability
- Sally Warren, Care Quality Commission
- Simon Thompson, deputy director, Workforce Capacity & Information, Department of Health
Appendix 2: Stakeholder interviews

- Annette Baines, programme head for recruitment and retention, Skills for Care
- Ann-Marie Liddiard, chief operating officer, View Training
- Caroline Murphy, Managing Director, DH Associates
- Claire Bendall, head of provision and independence, London Borough of Waltham Forest
- Fiona Williams, director of operations, Bluebird Care Group
- Genefer Chitolie, director of employment & skills, Bromley by Bow Centre
- Gulshen Raif, head of department, Health and Social Care and Early Years, Hackney Community College
- Ian Turner, chair, Registered Nursing Homes Association
- Jacqui Adams, managing director, aVida Care
- Jill Manthorpe, professor of social work, director of the Social Care Workforce Research Unit, NIHR senior investigator emeritus, King’s College London
- Laura Newton, training manager, Bluebird Care Group
- Ossie Stuart, service user and board member, SCIE
- Sally Warren, deputy chief inspector for adult social care, CQC
- Stuart Smith, business development consultant, View Training
- Sue Giles, HR manager, Buckinghamshire Care
- Sylvan Dewing, assistant principal, Hackney Community College
Appendix 3: Workshop participants

- Anna Patterson, Carewatch Lewisham and Southwark
- Caroline Waterfield, assistant director, Employment Services, NHS Employers
- Chai Patel, chief executive, HC One
- Charlotte Gascoigne, director of research and consultancy, Timewise Foundation
- Chris Wray, national recruitment manager, Anchor Trust
- Colin Angel, policy and campaigns director, United Kingdom Homecare Association
- Daniel Pike, founder, SuperCarers
- Emily Carter, assistant head of planning delivery, NHS England
- Ewan King, director of business development and delivery, Social Care Institute for Excellence
- Ian Turner, chairman, Registered Nursing Home Association
- Jasmine Morris, corporate partnerships manager, Bromley by Bow Centre
- Jill Manthorpe, co-director, King's College London
- Kamal Motalib, global philanthropy, EMEA, JPMorgan Chase Foundation
- Leigh Johnston, senior research analyst, Social Care Institute for Excellence
- Maria Lagos, director of sector development innovation, Skills for Care
- Michael Bichard, chair, Social Care Institute for Excellence
- Ossie Stuart, equalities consultant, independent
- Pamela Holmes, practice development manager, Social Care Institute for Excellence
- Pete Fleischmann, head of co-production, Social Care Institute for Excellence
- Rob Francis, social policy researcher, Office for Public Management
- Sally Warren, deputy chief inspector, Care Quality Commission
- Samantha Francis, Equalities National Council
- Sian Lockwood, chief executive, Community Catalysts
- Steve Bridge, social care workforce strategy manager, Department of Health
- Taiwo Olusanjo, Bromley by Bow Centre
- Trish Morris-Thompson, director of quality and clinical governance, Barchester Healthcare Ltd
- Vic Rayner, CEO, National Care Forum (NCF)
Building the future social care workforce: a scoping study into workforce readiness, recruitment and progression in the social care sector

This report presents the findings of a scoping study into workforce readiness, recruitment and progression in the social care sector, with a specific focus on East London. The research was carried out by SCIE, supported by the JPMorgan Chase Foundation.