Care workers: building the future social care workforce

Introduction
More care workers are needed to meet the care and support needs of the future. The adult care sector therefore needs to recruit, train and retain more social care workers. The extent of the challenge – and the effectiveness of our responses – will depend in part on political, economic, social and technological changes.

This paper looks at three hypothetical future scenarios, and how the sector might respond to the challenges and opportunities those scenarios offer. It highlights the common responses and actions that may help to attract more people to a career working in care.

It is based on an event with stakeholders across the social care sector, hosted by the Social Care Institute for Excellence in July 2016. The event was part of a wider research study commissioned by JP Morgan Chase Foundation.

The final research will be published later.

Definitions
The following definitions are used in this report:

Care worker: Staff who are paid to deliver direct personal care or support. They may or may not require formal qualifications to fulfil their role. It excludes social workers.

Carer: A family member or friend who supports someone with care needs. They are unpaid and provide support independently of any organisation.

Volunteer: Someone who provides support through a volunteers’ scheme. They are not paid, but may receive expenses.

Key messages
1. Change the brand and language of social care and support. Terms like ‘social care worker’ may no longer best describe the complexity of the role and may not be attractive enough to new recruits.
2. Develop and promote portfolio careers. People increasingly have portfolio careers and want to work flexibly. We need to create career opportunities that reflect people’s lifestyles and age (e.g. make working in care an attractive option for those seeking work after bringing up families).
3. Attract care workers from outside the UK. Overseas recruitment, similar to the NHS recruitment of nurses, was seen as necessary to counteract any fall in EU workers should Brexit lead to this. The newly formed Cavendish Coalition which will promote social care and health concerns within discussions about Britain leaving the EU was welcomed.
4. Co-ordinate local recruitment across health and care. Joint local recruitment campaigns for health and care staff were seen as a way to maintain economies of scale and attract people into the sector. Local areas could establish co-ordinated recruitment and retention programmes across health, social care and housing within specific places – such as Sustainability and Transformation Plan footprints.
5. Introduce user-led training for care workers. More and better training was seen as important in all scenarios, especially values-based training. There was a call for people who use services to have a stronger influence over training. A new nationally sponsored, but locally managed training programme, led and delivered by people who use services, could train potential and new recruits about the values of good, person-centred care.
Foreword

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 here.

Working in social care sector is not considered an attractive career option for a start. Indeed it ranks very low in any league table. Not all staff feel valued and not all staff receive the kind of development support they need to succeed in their work. Progression paths are limited so that good people often move away to find promotion or new opportunities. In addition, the kind of people with the right values and attitudes for social care work are not easy to find.

Unless these issues can be effectively addressed, the quality of services is not going to improve so we need some practical strategies which would make a difference.

The Social Care Institute for Excellence (SCIE) brought together a group of key stakeholders to consider how we might respond to the challenges we face in recruiting care workers.

In particular we looked at:
How can we better attract the right people from local communities?
How can we develop care workers’ skills without creating a profession which builds barriers to access?
Should we target specific groups of potential recruits (e.g. mothers returning to work)?
How can we improve the social care ‘brand’ so that people are better disposed to working in care as a career option?
How can we draw on the good practice which does exist around the country?

We are indebted to the JP Morgan Chase Foundation for providing us with the resources to enable us to ask the questions and consider possible solutions.

Lord Michael Bichard
Chair, Social Care Institute for Excellence

Working in care: projections

- Demand for skilled care workers is likely to increase, and supply is unlikely to meet future demand.
- 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.
- The number of people over 85 in the UK is predicted to more than double in the next 23 years to over 3.4 million\(^1\).
- **18%** increase (up to 1.83 million) in adult social care jobs by 2025\(^2\).
- **60%** of care workers in London were born outside the UK\(^3\).
- **80%** of new entrants into the social care workforce came from the European Economic Area (EEA)\(^4\).
- **11%** of care workers unlawfully paid less than the National Minimum Wage\(^5\).
- **£4.3 billion** funding gap in adult social care by 2020\(^6\).
The future of social care

When asked to think about the kind of social care service I would want to use in the future, the first thought that came to mind is the past. My first experience of social care was in a care home for young disabled people that was extremely unpleasant and humiliating, and one I doubt anyone would condone today.

Why is this relevant to the question I have been asked? Well, I could talk about the lack of real choice and control that people who use services and carers have; or the lack of trust that administrators have when it comes to money held by users; or the chronic lack of funding for social care in general. But this, in my opinion, would not really address a deeper question about the kind of social care service and workforce we want in the future.

When using social care, it is hard to feel like I am an equal citizen, a full participant in our society. Rather, as just 'service users', it seems as if I should not enjoy full rights to decent services and a right of redress when things go wrong. Or, as significantly, the right to well-run services that are designed around me and the requirements I have identified. Instead, I seem always to have to be satisfied with much less and, worse, to be grateful for it.

No, this is not good enough. To make services work for people and their families who need them requires a sea change in how we think about ‘value’.

Social care has to recognise the value in the lives of the people that they are supporting, and listen and react to their wishes. It requires a workforce that values the people they are working with. It is not just a job, it is a relationship, and an equal one. It is no coincidence that in the 30 plus years I have employed personal assistants to work with me I have rarely, if ever, employed someone who has had previous care worker experience.

A future social care service needs to embed value in everything it does. This is not a word, it is a behaviour and it will not be easy. It requires a shift in power away from the administrators and towards the people who use social care.

It requires a new well-trained workforce, which is valued in itself in terms of the pay and the support it receives so that, in turn, care workers can value the people they should answer to – the people who use services and their families.

Finally, social care needs to be reimagined as a service that people will want to use when they have to and feel safe and empowered when doing so.

Yes, these are big challenges, but, in my opinion, this is what is at stake.

Dr Ossie Stuart
SCIE Trustee

"Social care... requires a workforce that values the people they are working with. It is not just a job, it is a relationship, and an equal one."
### Summary of Hypothetical Future Scenarios

The following table summarises: the key elements of each scenario; the challenges and opportunities these offer; and the actions that could be taken in order to maximise the opportunities.

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Challenges</th>
<th>Opportunities</th>
<th>Actions</th>
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<tbody>
<tr>
<td><strong>1. A sunny outlook – but is social care in the shade?</strong></td>
<td>UK remains in European Economic Area (EEA), but restrictions are made on unqualified EEA migrants. NHS receives more funding to retain clinicians. Cross-sector investment makes care homes more sustainable and generates more attractive salaries and careers.</td>
<td>Gap between demand and supply of care workers increases. Informal carers take on more responsibilities. Risk of greater split between NHS and social care.</td>
<td>Technology supports remote care. New roles (e.g. care co-ordinators) attract and retain care workers. New recruits do not share the values required for care work. Expansion of community-based smaller providers and personal assistants. NHS brand could be used to attract care workers. NHS to lead in training and recruitment including apprenticeships.</td>
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<tr>
<td><strong>2. Weathering the storm</strong></td>
<td>UK leaves EEA. Failing economy narrows employment choices. Migration falls, reducing supply of labour. Pace of health and care integration is variable. Apprenticeships and workplace qualifications are extended.</td>
<td>Gap between demand and supply of care workers increases. New recruits do not share the values required for care work. Expansion of community-based smaller providers and personal assistants. NHS brand could be used to attract care workers. NHS to lead in training and recruitment including apprenticeships.</td>
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<td><strong>4. A sunny outlook – but is social care in the shade?</strong></td>
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Under each scenario, the table highlights the key elements, challenges, and opportunities that arise, along with potential actions to address these issues and maximise opportunities.
Care workers – future scenarios
Full scenarios are available at www.scie.org.uk/future-of-care/care-workers

Scenario 1: A sunny outlook... but is social care in the shade?

‘Soft Brexit’ means the UK remains within European Economic Area. The economy performs strongly and retail and service sector jobs are in good supply. Restrictions are made on the number of unqualified EEA migrants.

The NHS is set to receive more funding in order to reduce the number of UK and EU clinicians moving to jobs overseas.

Progress on integrated health and care remains patchy, however, cross-sector investment is helping to make care homes more sustainable, leading to specialist staff being recruited into care homes. It is also starting to generate more attractive salaries and careers (e.g. care coordinators).

Opportunities
This scenario presents opportunities to develop more attractive careers. The care co-ordinator role could retain staff by enabling them to grow their skills and become ambassadors in the sector.

People could move into care roles later. A ‘Care Next’ scheme could fast-track older workers looking for a career change. There is a risk that the level of pay offered would not compete with other sectors.

This scenario could expand the number of community based smaller ‘micro-providers’, led and managed by local carers and their peers.

Challenges
The gap between demand for and the supply of carer workers would increase. The care sector would continue to compete with other sectors, such as retail, whilst immigration restrictions would reduce the supply of new employees.

Informal carers (i.e. family and friends) would have to take on additional caring responsibilities. Stronger peer networks may be created to support this, but it would still increase the pressure on carers.

The plan to increase NHS funding risks opening up a greater split with social care, but a co-ordinated approach to recruitment for the whole system could have the potential to build a more flexible workforce, such as care co-ordinators.

The increase in self-funders would lead to a growth in personal assistants and self-employed carers which could bring new people into the sector.

Preparation
Incentivise and reward the care ‘workforce’ – including volunteers and unpaid carers. This could include: tax relief, child care vouchers and pension allowances for unpaid carers, along with discounts on travel, retail and leisure activities. It could also include supporting communities to augment the pool of capacity to support local people.

Develop and market a wider range of care roles that can fit around the lives of people who want a ‘portfolio career’, where they do several different paid roles, including part-time care work. ‘On demand’ roles could also be developed such as rapid response support when someone has a fall, providing work opportunities for people with other work and family commitments. The barriers created by inflexible employment patterns could be reduced, for example, by supporting carers with limited literacy skills to use supportive technology.

Change organisational cultures in order to attract and retain staff. Job descriptions could give a more realistic sense of day-to-day activities; group interviews could test personal interaction skills; and it may be appropriate to move away from written applications.
Scenario 2: Weathering the storm

The UK fails to remain in the EEA. There has been prolonged economic uncertainty and big employers such as major foreign-owned industries are scaling down their UK operations.

Whilst successful care models are emerging where there is a history of integration work, most areas are too focused on managing day-to-day pressures to follow their example.

There remains a commitment to invest in skills in order to plug the skills gaps likely to be left by a clamp-down on immigration; with big expansion of apprenticeships and workplace qualifications.

A failing economy has narrowed the employment choices for low-skilled workers, stemming the flow out of care into other sectors like retail. However, falling migration has reduced the supply of staff to the care sector.

Opportunities
This scenario is likely to see an increase in the number of personal assistants, attracting different types of people into the profession.

The NHS would be more involved in providing social care, and its strong brand could be used to attract new workers.

The closure of care homes in this scenario could lead to different kinds of community-based provision emerging, such as more supported living and homeshare schemes, helping to retain existing, and attract new, staff.

In this scenario, more would need to be done to promote the user voice and to ensure co-production of services takes place.

Challenges
This scenario could lead to more people who would otherwise choose to work in sectors such as retail, joining the care workforce. While this may be positive, there is a risk that they will not hold the values and skills required to succeed in the care sector.

Furthermore, there would be a significant reduction in migrant labour, which will particularly impact on London and the south East which is very reliant on this source of labour.

Preparation
Ensure there is a strong focus on values in training and recruitment, with commissioners and employers supported to be more flexible in their thinking about the shape of the workforce, and focusing on practical outcomes for service users.

A national user-led training programme could be set up led by service users to support values and outcomes-focused recruitment and training.

As part of this, apprenticeships need to focus more on developing people’s ‘softer’ skills and accentuate the wellbeing-focused aspects of providing care, in addition to the formal skills, to attract a new wave of younger people to the profession.

Grow skills development programmes and attract care workers from overseas (as the NHS does with nursing) to counteract any fall in the available EU workforce, should the Brexit deal lead to this. This could involve, for instance, having joint NHS and social care recruitment programmes to find workers outside the EU.
Scenario 3: A change in the weather

Public opinion turned against the government and Brexit as economic uncertainty tipped the UK into recession in 2018. A referendum on the deal in 2019 saw it rejected, and the UK remains in the EU after all – retaining all the associated rights and responsibilities.

Increased public spending is being funded by borrowing and increased taxes, enabling the Government to slightly increase the local government grant.

The government’s Care Task Force is investing in education and training to create a clearer, more compelling career pathway for carer workers who want to improve their skills and enter more specialist care roles.

New employment rights raise the minimum wage and in effect outlaw zero-hours contracts.

A poor economy at home in the last five years – in contrast to a more stable EU economy – has contributed to a steady fall in migration from mainland Europe. Reductions in benefits for wealthier older people and an Estates Tax on the top ten per cent of estates are helping to fund the state’s burden around social care.

Challenges
Prospects for investment in education and training would increase, but it may lead to the creation of more qualifications, not necessarily an increase quality.

The increase in social care funding to support integrated care is likely to be welcomed, but it could lead people to believe the issue is resolved – whilst entrenched challenges remain.

Concerns remain about the nature of an integrated workforce and how staff could navigate this in their careers. This would be exacerbated if integration was dominated by a health service perspective.

With the emphasis in this scenario likely to be on formal skills and professional standards, there may be little room for personalisation and choice.

Opportunities
Technology could create opportunities to deliver more care remotely, with staff that are not formally qualified (or even unpaid volunteers / family members) deployed in those roles which do not require more qualified workers.

Preparation
Develop person-centred education and training. Build on the success of the Care Certificate and introduce more training that is values-based and person-centred. Learning providers need to co-ordinated their efforts locally, perhaps through structured cross-sector forums.

Improve the image of the sector by promoting the exciting future of social care in relation to technology. Involve service users in promoting the benefits of working in social care and how vital and life-changing this work is.

Evaluate existing workforce development models and pilots. It is important to evaluate the success of apprenticeships and other emerging recruitment, retention and training initiatives in order to make business cases for extending and joining-up those that work. This should involve partners across the system including training and learning providers and other organisations that represent and support the recruitment and retention of workers into social care and support.
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For more information, including related blogs and full scenarios visit www.scie.org.uk/future-of-care/care-workers

Future of care

The SCIE Future of care series aims to stimulate discussion amongst policy-makers and planners about the future of care and support, based on analysis of developing evidence and projections for the future.

SCIE would like to thank JP Morgan Chase Foundation for supporting the event and the wider research which informed this paper, and Rob Francis from OPM for his work on this project.

The views expressed in this paper are based on discussions with a wide group of stakeholders.

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