

**Facing the Facts, Shaping the Future – Adult Social Care Workforce Consultation**  
**Association of Directors of Adult Social Services response**  
**April 9<sup>th</sup> 2018**

**1. About the Association of Directors of Adult Social Services**

- 1.1. The Association of Directors of Adults Social Services (ADASS) is a registered charity which aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy.
- 1.2. The membership is drawn from serving directors of adult social care employed by local authorities in England. Associate members are past directors and our wider membership includes deputy and assistant directors.
- 1.3. We are the recognised voice of leaders in social care. Our objectives include:
- furthering comprehensive, equitable, social policies and plans which reflect and shape the economic and social environment of the time;
  - furthering the interests of those who need social care services regardless of their background and status;
  - promoting high standards of social care services.
- 1.4. We would be happy to provide further information on the comments provided in this consultation response.

**2. Overview**

- 2.1. Social care touches the lives of millions of people – almost one fifth of the adult population of England has experience of social care - as part of the paid workforce (which is bigger than that of the NHS), as unpaid informal carers or as a recipient of services. Most of us at some point in our lives will need some kind of care and support. Social care is everyone's concern.
- 2.2. A lot of recent focus in adult social care has been on its financial pressures. Whilst strongly related, however, without a stable, supported, and skilled workforce, sufficient care of sufficient quality giving choice to individuals, the aspirations of the Care Act cannot be realised. Our experiences tell us that a well-led, well-trained workforce provides effective, high quality, person-centred care and support. ADASS' key statement about the future of adult social care and social work, *Distinctive, Valued, Personal: Why social care matters even more in 2017 and into the long term future*, (as well as the NHS Five Year Forward View) emphasises the need to develop a workforce with the right skills, values and behaviours to work across new models of care that span traditional professional boundaries, to better empower people needing care and support and their communities and to shift resources and provision to more preventative approaches.<sup>1</sup>

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<sup>1</sup> ADASS, *Distinctive, Valued, Personal*, March 2017

2.3. This means that people accessing care and support can be independent and lead fulfilling and healthy lives, minimising demand on the NHS. Winning the hearts and minds of the workforce is key to achieving integrated social care and health services working together to meet the individual needs of people in our communities.

2.4 In 2015, Bournemouth University carried out research<sup>2</sup> looking at perceptions of employment in the social care sector. The issues raised in that report as to why adult social care struggles to recruit and retain staff are still inherent today. Each of the following still need to be addressed if we are to see improvement:

- Financial remuneration;
- Increasing demands on workers due to the increasing complexity of support needs of individuals and the increased regulation;
- Long delays between recruitment and start dates due to Disclosure and Barring Service (DBS) checks and training requirements;
- Lack of flexibility in contracts;
- Negative media representations;
- Workforce ill-informed about progression.

### 3. Consultation section 1 - ATTRACTING AND RECRUITING

**Question: Which of the following actions which the Department of Health and Social Care can influence would have most impact on increasing recruitment in the adult social care workforce?**

|   |   |
|---|---|
| New routes to entry   |   |
| Specific return to practice schemes                           |   |
| Career development and pathways                               |   |
| Exploring the creation of new roles                           |   |
| Looking at ways to raise the profile and esteem of the sector | X |

3.1 Attracting and recruiting the numbers of people needed into the adult social care workforce is only part of the issue. People in receipt of adult social care support require a workforce which is skilled, caring and responsive to individual needs. The challenge is actually therefore about attracting and recruiting the right staff with the value base to provide good quality and compassionate care, to ensure that our population's care needs are adequately met. The roles can be tremendously rewarding but also extremely challenging and this needs to be recognised and appreciated by all involved.

<sup>2</sup> [Bournemouth University, Pathways to recruitment: perceptions of employment in the health and social care sector, May 2015](#)

- 3.2 The adult social care sector continues to suffer from high vacancy (6.6%) and turnover rates (25%) with the need for care rising at a higher rate than job growth. 33% of those leaving within the year go on to leave the sector all together.<sup>3</sup> These are well-rehearsed issues and they continue to create significant and ongoing challenges.
- 3.3 The ability of the sector to promote itself as a career of choice to both the current and future labour market is also limited. The research by Bournemouth University found that that young people are reluctant to consider careers in the care sector. They are unconvinced about the viability of a career in care with the report also suggesting that teachers are also unfamiliar with care roles and therefore cannot provide advice or guidance. This is a particular concern given that the sector currently has an ageing workforce and will need to rely upon younger people entering the profession.
- 3.4 Problems in recruitment are not helped by negative media representation of the sector which repeatedly portrays an inaccurate image of substandard care for individuals and poor working conditions and prospects for staff. This largely ignores the excellent care and support which is consistently delivered to people and their families. Positive messages from Government and the media which focus on the value of social care, social work and the social model would help to address some of the negative perceptions of the public. During the Winter of 2018 the adult social care workforce were largely unheralded for the support they provided despite the extremely testing weather conditions they were working in. This is in stark contrast to the positive coverage and messages which are consistently heard from Government about the NHS workforce.
- 3.5 ADASS supports the ongoing work of Skills for Care, backing the national recruitment and retention campaign which was consulted upon in early 2018. Unless the potential national recruitment campaign is adequately funded, however, it will not have the reach or impact, which is needed to promote the sector. A poorly-funded campaign which fails to engage the public and employers will again portray the sector as second best, subsequently doing more harm than good.
- 3.6 Skills for Care is also engaged in several programmes to recruit under-represented groups and staff with the right values into the sector. We need to see these programmes resourced to a level where ADASS regions and individual local authorities have a greater opportunity to implement these at scale. Regions such as

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<https://www.hee.nhs.uk/sites/default/files/documents/Facing%20the%20Facts%2C%20Shaping%20the%20Future%20%E2%80%93%20a%20draft%20health%20and%20care%20workforce%20strategy%20for%20England%20to%202027.pdf>

the South West<sup>4</sup> (Proud to Care) and North East<sup>5</sup> (Put Your Heart into Social Work) have also invested successfully in their own regional campaigns to raise awareness of adult social care employment opportunities. Ideally, all regions should have the resources to introduce campaigns of this kind to raise public awareness of adult social care employment and to encourage people to think about it as a future career. This could potentially form a part of the regional delivery of the national Skills for Care recruitment campaign.

3.7 As well as having a poor public image the sector also suffers from low prestige when compared to similar roles within the NHS. This can be seen in caring roles, as well as nursing, where providers are struggling to recruit and retain. Whilst receiving lower salaries for comparable work, adult social care staff will also often experience worse terms and conditions of employment compared to NHS equivalent roles. Whilst ADASS believes that staff working within the health and social care sector deserve to be paid fairly for the work they do, the recent announcement regarding pay increases across the NHS workforce, with no mention of social care only serves to emphasise the disparity between NHS and adult social care staff. This is a real pressure point for adult social care and ADASS would be supportive of any work to redress this balance in the future.

3.8 At a time when much focus is being placed upon creating sustainable health and social care systems, adult social care and its workforce needs to be recognised as an equal partner with a value in its own right, not just as ancillary to health care. This message is key and needs to be delivered in a consistent manner both nationally and locally, starting with Government.

#### 4. Consultation section 2 - RETENTION

**Which of the following areas, which the Department of Health and Social Care can influence, would have most impact on increasing retention amongst the adult social care workforce?**

|  |   |
|--|---|
| Career development and pathways          | x |
| Continuous professional development      |   |
| Creation of new roles                    |   |
| Raising profile and esteem of the sector |   |

4.1 We know from research carried out by Skills for Care that we have better retention in the adult social care sector when adult social care roles are valued and when individuals are better supported in terms of supervision, career pathways, autonomy

<sup>4</sup> <https://www.proudtocaresw.org.uk/>

<sup>5</sup> <https://www.northeastjobs.org.uk/Default.aspx?page=campaign&module=campaign-view&id=239&mode=8>

and offering person-centred care. The majority of care and support staff are employed by private or voluntary organisations who set their own pay and terms and conditions which can lead to great variation for staff.

4.2 Recruitment, retention, pay, continuity of care, quality and safety cannot be viewed in separation from one another. They all have an impact on both the ability to meet individuals' needs and on the quality of care. High turnover rates and increased use of agency staff often lead not just to higher costs, but also to a lack of continuity of care. This can mean that important relationships between carers and the people they support are harder to develop. It provides uncertainty for too many older people and people whose circumstances make them vulnerable. In the worst of cases we hear of individuals seeing 10 – 20 different carers providing intimate personal care in a week. This raises the question of how well staff can meet an individual's needs if they do not know them. It also lessens one of the key rewards for care staff which is the relationship they have with the people they provide care and support for and the knowledge they have done a good job. The current system does not facilitate consistency and this in turn impacts upon retention.

4.3 In the context of increasing levels of need and restricted budgets, the critical challenge for commissioners is to attempt to get the best balance of providing sufficient numbers of people with sufficient levels of care to meet needs at a price that is affordable and enables providers to be sustainable and deliver the quality that we want.

4.4 We know from Skills for Care research that if providers do invest in training and professional development for their staff then retention rates can and do improve.<sup>6</sup> However, in the current financial climate it is questionable whether providers have the resources available to develop comprehensive professional development opportunities, particularly when turnover is so high and staff can be lost to competitors. The incentive to train staff beyond the minimum level needs to be greater than the risk of losing staff once training has been resourced.

4.5 The average wage of a care worker is £15,007 and the mean hourly rate for care workers in the independent sector in 2016 was £7.72, just £0.52 above the national living wage at the time. The National Living Wage is extremely welcome, but it also applies to far less challenging jobs. There needs to be an acknowledgment of the often demanding nature of adult social care roles. The care sector is often competing with less skilled and less demanding jobs in the retail sector for similar remuneration which puts further pressures on recruitment.

4.7 The National Living Wage is also insufficiently funded: the ADASS Budget survey in

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<sup>6</sup> <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Research-evidence/Our-research-reports/Our-research-reports.aspx>

2016 and 2017 demonstrated that the social care precept raised less than two thirds of the cost of the National Living Wage increases. Today, the LGA reports that increases in income next year from the social care precept will be "wiped out" by the cost of needing to cover increases in the National Living Wage. Whilst ADASS fully support the national living wage, it is not a sufficient response to the challenge of recruitment and retention in many parts of the country where rates paid are well in excess of the national living wage but people still choose to work in other sectors.

4.8 The lack of a long-term sustainable funding solution for adult social care impacts upon the fees which local authorities can pay to providers. This in turn has an effect upon the wages offered to care staff and the availability of learning and development opportunities which are two of the key issues for both recruitment and long-term retention. Staff recruitment and retention cannot be viewed in isolation from the lack of a financially sustainable adult social care system.

## **5. Consultation section 3 - DEVELOPING THE WORKFORCE**

5.1 One of the common public perceptions regarding care work is that it is a job and not a career. If we want to attract quality staff into the sector, then clear career pathways are required and training and development needs to be identified and available to support these pathways. Social care can offer a variety of roles, many at a management or more senior level, however this is not widely known or understood. On that basis it is not deemed to be an occupation which enables staff to grow, develop and progress.

5.2 There needs to be more flexibility when thinking about how staff can gain valuable experience between roles and across sectors which can build knowledge, skills, experience and confidence. Without this, we will continue to see high turnover and vacancy rates as people continue to move in and out of social care without full understanding what the sector can offer.

5.3 There also has to be more creativity in thinking about the roles that are required now and those that may be needed in the future, as the way care and support is provided continues to change. There also needs to be acknowledgment in the increasing role of digital care and support and the use of artificial intelligence in future roles.

5.4 Opportunities exist as local health and social care systems continue to move towards closer integration. Joint health and social care workforce planning and strategies, both nationally and at a local level, can widen the appeal, interest and opportunities for both the current and future workforce. But care work is not just ancillary health care and care staff with the right skills and values must have the opportunity to develop into other roles such as social work, occupational therapy or other caring professions as well as healthcare.

5.6 This requires long-term planning and closer working between partners as health and social care begin to see employees as employees of the whole system, rather than just of a single employer. Opportunity exists for a consortium-based approach involving organisations such as the Care Providers Association, Think Local Act Personal, LGA, Skills for Care and Health Education England (HEE). By considering a partnership with just HEE alone there is the risk that adult social care becomes subsumed by health care priorities, struggling to gain parity.

5.7 We need to retain staff in the health and social care sector and offering or creating opportunities across both can be key to this. Training can't just be for professional grades but should be relevant to all, encouraging career structures and ambition for those who want it. We also need to ensure that training for providers is shaped by small to medium enterprises (SMEs) rather than just the large providers who often have a louder voice at a national level.

5.8 When we begin to look at how the health and social care sectors are supported in terms of their national strategic skills providers there is a considerable inequality between the funding which HEE receives and that of Skills for Care. If we want to realistically address the challenges of professional development, then this needs to be addressed, otherwise social care will continue to be viewed as a secondary partner.

## 6. Consultation section 4 - WORKFORCE PLANNING

**Which of the following do you think would have the biggest impact on ensuring that enough people work within the regulated professions in social care?**

|   |   |
|---|---|
| Understanding what roles will be needed in future   |   |
| More granulated modelling of likely supply and demand for social care professionals       |   |
| Different approaches to workforce planning at a national level                            |   |
| Different approaches to workforce planning coordinated across commissioners and providers | X |

6.1 As noted previously, a large percentage of the adult social care workforce is employed by independent sector providers, rather than by local authorities. Local authorities endeavour to encourage and develop the independent sector workforce but it is a varied approach across the country. As a result, there isn't a national overview of how successful local authorities are at all levels of the social care workforce in developing the right sets of skills and expertise. With this in mind, the question remains throughout this response about whether local authorities should

have a clearer role in relation to workforce planning and development, and this, of course, would need to be resourced.

- 6.2 An area which requires further debate and thinking in the green paper would be a long-term strategy on the regulation of the social care workforce. Regulation could have a positive impact, increasing the skills and value of the social care workforce, which is an ultimate aim if we are to raise the profile of the profession and the staff who work within it. We already know that in some cases we have unregulated support being used for people with challenging needs, but because they are not receiving personal care, the services are not inspected or regulated.
- 6.3 There is a risk that a move towards regulation of the social care workforce could make recruitment and retention even more challenging as well as inflating the costs of the labour market. Therefore, regulation is another aspect where resourcing would need attention and would need to be supported by real investment in social care.
- 6.4 In respect to the regulated workforce there have been several attempts to create national programmes or initiatives to attract new social workers into the system and to drive up quality. 'FRONTLINE', 'Step Up to Social Work' and 'Think Ahead' have all tried to take innovative approaches to attracting new entrants (adults and children's services) into the profession. The creation of 'Teaching Partnerships' have looked to address quality issues around social work training provision by changing the relationship between local authorities and higher education providers. The new social work apprenticeships will also begin to create new entrants into the market enabling local authorities to have a greater degree of autonomy in growing their own staff. There have been varying degrees of success with how these programmes have worked across the country but some of this innovation is needed when thinking about wider adult social care roles to generate interest and enthusiasm.

## **7. Summary**

- 7.1 The Green Paper needs to recognise the vital importance of the social care workforce and the people who work within it and the critical impact that has in enabling people to lead good lives and have good deaths, not just to support them to the level that they have enough care and support to keep them alive.
- 7.2 If we truly value the social care workforce then people need to be rewarded with improved pay, terms and conditions. We also need to be able to invest in their future by providing better training and development opportunities and real career pathways.

7.3 The only way we can begin to address these issues is by agreeing a long-term and sustainable funding solution for adult social care. Without this, we cannot offer the financial package which enables people to stay in the profession. This is therefore a priority for the green paper and ADASS would welcome ongoing participation in this work.