Evidence submission

Age UK evidence to Skills for Care Adult Social Care Workforce Consultation

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Question 1a. Which of the below would have the most impact on increasing recruitment in the adult social care workforce?

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

Question 1b. - Please explain, with examples;

No single approach will have an impact on increasing recruitment, though we believe an emphasis on raising the profile and esteem of the sector is an important foundation for doing so. Part of this will include an honest and open debate about why the sector currently struggles to attract and retain people, and a recognition that the funding currently available for the care sector cannot sustain a well-trained, motivated and effective workforce.

The current sector vacancy rate, as reported by Skills for Care, of 6.6%[1] (approximately 90,000 roles), is leaving many older people without access to essential care and support, contributing to our estimate that 1.2 million older people are living with some level of unmet need[2]. To meet the needs of an ageing society, it is estimated that the workforce will need to grow by 2.6% every year until 2035, to a total of 2 million jobs in care[3]. Domiciliary care, where the majority of people receive social care support[4], suffers from the highest vacancy and turnover rates of any role in care at 10.4% and 32.2% respectively.

There appears to be little meaningful alignment between strategies aimed at the health sector and those aimed at the care sector. As a result, HEE risks compromising its objectives for care. For example, last year's mental health workforce plan set out plans to grow the sector through offering new roles that could attract people working in social care. Not only does this risk shrinking the social care workforce at a time of acute shortage but further risks undermining the profile and esteem of social care if there is any impression that there is a "better" option in healthcare. Likewise, the overall HEE workforce strategy made no meaningful mention of social care. Particularly in light of increasing the profile and esteem of the sector, HEE must be more joined up in planning its objectives, creating equal opportunities for cross-over between health and social care that recognises the needs and essential skills of all practitioners.

Working in care can offer a unique opportunity to work alongside and complement informal carers and more should be made of this aspect of the role. Older people frequently report the pace and nature of care visits as undermining any chance to develop these relationships and can even leave their interactions as combative. As such, the strategy should be aiming to improve the profile and esteem of the sector alongside efforts to improve the time care workers spend with older people. Not only is this should this be seen as an opportunity to carry out their tasks appropriately, but also as a way to have meaningful interactions with older people and their carers and spend time reaching positive shared decisions about their care..

Question 2a. Which of the following could have most impact on improving retention amongst the adult social care workforce?

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

Question 2b - Please explain, with examples;

Again, all of these steps are hugely important to improving retention in the social care workforce, but improved career development and pathways for professionals would be a very important step. Social care provides support for various daily activities, including personal care such as washing and dressing. The nature of this care, not least allowing people into where you live, makes continuity in the people delivering it particularly important to older people. At recent listening events held by Age UK, participants told us they value the care they receive but felt there was a lack of consistency across the workforce with many seeing multiple different carers each week[5]. Continuity of care should be a feature of working in social care. Not only do care recipients and family members' value it but it also allows staff to build meaningful relationships with clients, helping to make the work more rewarding and satisfying[6]. Continuity of care, at a basic level, means staff who know older people's care plans, know what they wish to be called and know their way around someone's house. The strategy needs to consider how these relationships and the satisfaction created can be enhanced to make every care visit more compassionate and more productive. Participants at the Age UK events wanted care that is person-centred and recognition that the nature of the care is as important as the care itself, not just focusing on a list of tasks but looking at and understanding the person's needs, desires and assets.

To allow consistent high-quality care to be delivered, the adult social care workforce needs to be properly supported through appropriate pathways of learning and development. Working towards nationally recognised standards and optional qualifications could help promote a career of esteem and offer opportunities for learning and progression. Retaining experienced staff to mentor, support and supervise younger colleagues could help to improve retention rates and ensure the knowledge and expertise of the workforce is retained within the sector. Opportunities to train in certain specialisms such as dementia or stroke care would improve the value of a role in caring and grant staff the skills necessary to care for those with the most complex needs.

Question 3a. How can we ensure the system more effectively trains, educates and invests in the current and future workforce?

Investment in social care has not kept pace with increasing demand for services[7] with the Kings Fund estimating a funding gap of £2.5 billion by 2019/20[8]. Without additional funding to manage the present crisis and sustained investment in the future, the social care workforce will face an even more challenging environment in which to provide care. This is the reality in which social care operates and more effective training and education of the sector's workforce can only be realised through a financial settlement which matches the scale of the challenge and is shared equally across providers and commissioners.

The Health Committee's inquiry into the nursing workforce reported on reductions in the availability of funding for continuing professional development (CPD) as a major factor contributing to nurses leaving the profession[9]. Whilst those working in healthcare have to contend with falling CPD budgets[10] the enquiry acknowledged that 'for social care, the situation regarding access to continuing professional development is even worse'[11]. Under investment in training budgets undermines any meaningful attempts to retain the workforce and promises to invest in their development.

Participants in Age UK's listening events also highlighted the view that care workers are often not trained to a consistent standard[12]. Care workers should be expected to demonstrate knowledge, competency and capability across a range of relevant areas, including for example frailty, and this may include increasing the use and availability of relevant qualifications. For example, the number of people diagnosed with dementia is expected to rise to 1 million by 2025[13] and it is important that staff are sufficiently knowledgeable to support and communicate with this growing cohort of older people. Recent surveys of home staff conducted by Unison found that more than two thirds (69%) of respondents have cared for people who live with dementia but more than a quarter (27%) had received no training in how to work with people with this illness[14].

Question 4a. Is the regulatory framework that is in place for the adult social care workforce in England proportionate to the risk of harm to service users?

The regulatory framework across social care and particularly within domiciliary care is not proportionate to the risk of harm faced by service users. Although home care agencies are regulated by the CQC, individual staff are not. Some live-in carers (privately funded) and personal assistants are not even CQC regulated. Although there is no evidence of increased safeguarding referrals for those using direct payments and personal budgets, a concern remains that those service users would need to both understand, and be able to report, safeguarding issues and concerns around accountability, liability and competency of unregulated personal assistants. Since 2010, CQC has required all regulated adult social care establishments to have a registered manager but in reality many posts are unfilled. As Skills for Care report, registered managers have a turnover rate of 23% and the highest vacancy rate of roles within the sector at 11.3%[15]. Nearly a quarter (24%) of regulated services are rated as requiring improvement or being inadequate on the grounds of safety[16] and there needs to be greater progress in improving accountability, learning lessons from incidents and encouraging staff to raise concerns.

In addition to a lack of consistency in regulation of the workforce, training standards are not adequate for the responsibilities they face. The introduction in 2015 of the Care Certificate for health and adult social care staff is welcome and the competencies it sets out are valuable. However, whilst compliance will be assessed by the CQC, the Care Certificate is not mandatory. It remains a concern that it does not provide a full solution for ensuring workforce suitability and competence. The risk of low quality and inconsistent e-learning and classroom based training remains. A range of training providers are operating in this field, with some misleadingly claiming to be 'licensed' or 'accredited' to provide the Care Certificate. It is down to each individual health and social care provider to validate the quality of the training and assessment that they organise, with no external validation or quality assurance system. This may lead to issues around certificate portability and variations in quality.

Although there may be some elements where a specialist assessor may be used to assess a standard, in general assessors for the Care Certificate are not required to hold any assessor qualification. The employer has only to characterise them as 'occupationally competent' in the standard they are assessing staff against. It would be beneficial for the CQC to cross reference care homes rated below 'Good' with lists of training providers. If clear trends emerge indicating that

poor training may be a factor then action against that provider should be considered. Currently there is a lack of remedial action that can be taken against inadequate training providers but, given the potential risk and harm that they can cause, potential actions should be explored and shared by the CQC, in association with the National Trading Standards Board.

The workforce strategy should promote career pathways for unregulated staff to use their existing skills as the basis for further learning and development with registration a requirement for advanced practice. Registration would be regarded as part of the process in raising the esteem of caring roles by providing validation of previously held expertise and recognising the responsibility of newly acquired skills. This could be a way of incentivising staff to become better qualified without all staff having to undergo blanket registration. The final workforce strategy should evaluate the impact of compulsory registration on the national and local care markets in Scotland, Wales and Northern Ireland and what effect, if any, it has had on recruitment, retention, and implementation costs

Another concern is that where someone is added to the Barred list by the Disclosure and Barring Service because of their conduct this will only come up where they are engaged in care activity which meets a number of specific criteria. In some cases they may be providing a level of household assistance which would not be eligible for an enhanced DBS with a barred list check.

Question 4b. We welcome your views on how commissioners and employers could do more to help address the challenges facing the adult social care workforce.

Commissioners and providers of social care have a responsibility to create a positive and effective working environment for their staff to deliver care. Developing a positive organisational culture, where staff are supported and have opportunities to enhance their skills and knowledge reinforces the principle that working in adult social care is a valued career path. The quality of care that patients receive is a reflection of the values and investment in professionals by their employers and commissioners of services. Significant extra investment in the short, medium and long-term is required to build and maintain a workforce of quality and consistency. Shared organisational values of compassion, dignity and respect should guide the provision of care.

There is a need to improve the leadership and oversight of care staff and providers. As Skills for Care report, registered managers have a turnover rate of 23% and the highest vacancy rate of roles within the sector at 11.3%[17]. It is the responsibility of providers to nurture and develop the staff who are capable of progressing into these roles.

[1] https://www.skillsforcare.org.uk/Documents/NMDS-SC-and-intelligence/NMDS-SC/Analysis-pages/State-of-17/State-of-the-adult-social-care-sector-and-workforce-2017.pdf
[2] https://www.ageuk.org.uk/documents/en-GB/For-professionals/Research/The_Health_and_Care_of_Older_People_in_England_2016.pdf?dtrk=true
[3] https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England.pdf
[4] https://www.cqc.org.uk/sites/default/files/20171123_stateofcare1617_report.pdf

[5] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/care--support/RB_mar18_social_care_campaignreport.pdf
[6] https://www.kingsfund.org.uk/sites/default/files/field/field_document/continuity-care-patient-experience-gp-inquiry-research-paper-mar11.pdf
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[15] https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/2State-of-the-adult-social-care-sector-and-workforce-2017.pdf
[16] https://www.cqc.org.uk/sites/default/files/20171123_stateofcare1617_report.pdf
[17] https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/2State-of-the-adult-social-care-sector-and-workforce-2017.pdf