

Department of Health and Social Care  
39 Victoria Street  
London  
SW1H 0EU

9 April 2018

Dear Sirs,

**Facing the facts, shaping the future - Adult social care workforce consultation**

Thank you for the opportunity to respond to this inquiry, which I have the pleasure to do on behalf of the United Kingdom Homecare Association (UKHCA).

Please do contact me if you require any additional information.

Yours sincerely,



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

Looking at ways to raise the profile and esteem of the sector

**Question 1b. Please explain, with examples;**

- **What measures you think are needed to secure the staff the adult social care system needs now and in the future**

We believe that there are several issues that need to be addressed to improve the public image and perception of care work.

Pay levels, and terms and conditions, for care workers need to be improved. The level of pay received by carers is low when compared to the demanding nature and responsibilities of the role.

An unpublished survey conducted by UKHCA of its members demonstrated that many homecare agencies struggle to recruit care workers due to competition from other sectors, including the retail sector. 95% of respondents reported that they found it difficult, or very difficult, to recruit care workers and senior care workers. To compare, only 10% of the sample had the same level of difficulty in recruiting clerical or administrative staff.

The way that local authorities commission care sometimes forces care providers to keep wages low. Under normal circumstances, most employers would not willingly do this as it affects the recruitment and retention of staff.

Commissioners of care must be in a position to commission responsibly and pay their providers rates which allow for care investments in their care workers and create a working environment that will encourage people to choose care as a career.

It is important that the Government public acknowledges the importance of care work, and demonstrate this by taking action through policy.

We acknowledge that there is a negative perception around the use of zero-hours contracts. We do not share this view, and believe that zero-hours contracts have a place in flexible services and are often a preferred option for many care workers.

Skills for Care report that 48% of the domiciliary care workforce is employed on zero-hours contracts. If Government believes that zero hours contracts are undesirable, it will need to fund the additional costs of needed to enable employers to offer guaranteed hours contracts, or to require councils to commission services in predictable, economically efficient models.

We strongly support the Government's intention to launch a national recruitment campaign for social care and agree that it could make a difference to recruitment. However, it is important that the campaign is conducted in the right way for it to be effective. We have concerns about the emphasis on it being a "national campaign delivered locally" as this has the potential to divert possible candidates to intermediary organisations. We believe that it would be more effective for recruits to be put in contact with potential employers directly.

- **What is already working well that you would like to see more of?**

We have found that employers who specialise in providing privately funded care generally have had better experiences with recruiting care workers. Clients who are funding their own care typically pay a higher rate compared to packages that have been publicly commissioned. Typically, employers to the private market are able to allocate more funding into training for care workers.

Usually, people who fund their own care have a greater degree of control over the service being delivered, meaning that care providers can give a more responsive service, longer care visits, and a greater degree of continuity of care between particular care workers and service users. These factors can play a large role in improving the working conditions and job satisfaction for care workers. We believe that publicly commissioned care packages need to be able to offer the same working conditions for care workers.

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

Raising profile and esteem of the sector

**Question 2b. Please explain, with examples;**

- **What ideas do you have on ways to encourage more staff to stay in the adult social care sector?**
- **What is already working well that you would like to see more of?**

Turnover in domiciliary care roles is currently high, particularly for care workers and registered managers, currently sitting at 36.9% and 20.2% respectively (as reported in Skills for Care's National Minimum Data Set).

We believe that there are a number of steps that can be taken to help to reduce these figures. Pay must be increased to reflect accurately the demanding nature of the job and the responsibilities that go along with it, particularly for care workers. For the sector to retain workers, they must feel valued in their roles and remunerated accordingly.

This will require commissioners of care to improve commissioning practices to and offer rates that accurately reflect the true costs of care, and take into account travel time and reflecting local labour market expectations for competitive wage rates. Commissioning bodies often view homecare as a minimum wage sector; this is an attitude that must change in order for the homecare sector to be able to recruit and retain a sufficient and stable workforce to meet demand.

Longer homecare visits should be encouraged so that care workers do not feel constantly rushed between short visits. It is not unheard of for care workers to be often hurrying between multiple short visits, which can have a direct impact on care outcomes and job satisfaction. Care workers can then feel that they have the time to deliver high-quality, responsive care and avoid potential burnout.

As part of an unpublished survey of UKHCA members, it was reported that one of the top barriers to recruitment and retention of care workers was the negative perception of care work and the demanding nature of the role. Addressing pay and how care is commissioned could address some of these issues. Asked for their top recruitment challenges, our survey found that 28% said low pay (including travel time) and 21% cited the perception of long hours and the demanding nature of care work.

It would also encourage care workers to see care as a career rather than just a short-term job. Developing care as a career pathway, including the professional registration of the care workforce, could also help to retain front-line care workers.

### **Question 3A (*open*)**

#### **How can we ensure the system more effectively trains educates and invests in the current and future workforce?**

Although we agree with making funding available for apprenticeships in social care, we do have some concerns over the Apprenticeship Levy.

In its current form, providers can often struggle to fulfil the criteria necessary under the Levy, particularly the requirement for apprentices to complete a 20% out-of-work placement. With the current resources available, providers can struggle to meet this particular requirement, and are not compensated for the back-fill for that additional training time by commissioning bodies. Our

perception is that the sector would benefit more from investment in induction and basic skills training rather than focusing on apprenticeships. As it currently stands, some providers feel that the Levy currently acts more as a tax on larger care providers, as they are paying into the system but not receiving the benefit.

The issue of training is linked with funding. Often, when funding is at lower levels, training and further investment in the workforce is one of the first areas to receive cuts. Local authorities therefore need to provide rates for care that allow providers to make investments into their workforce.

UKHCA supports the principles behind the Workforce Development Fund (WDF), which allows care agencies to claim back some of the costs of training. UKHCA distributed approximately £250,000 worth of funding for the last financial year (2016/17), so demand can be described as high.

There are some drawbacks for employers who wish to apply for WDF. Care providers must be registered with Skills for Care's National Minimum Data Set (NMDS) and keep their information up to date. This can be a time consuming task for providers and may put some off from applying for funding. When funding training, some of the up-front costs of training are only reimbursed upon completion of the whole unit of training. Due to the high level of turnover in the sector, care workers often move on before training is complete leaving the original employer with the up-front costs.

### **Question 3B (open)**

**What more can be done to ensure all staff see a valid and attractive career in social care, with identifiable paths and multiple points of entry and choice?**

We believe that there are changes that can be made to improve the perception of care work. Steps must be taken to remove the association of the care sector being a minimum wage, low skilled sector. Care work is demanding and rewarding in equal measure, with many responsibilities. Care workers must be given the pay and working conditions that allow them to feel valued in their roles and that they are carrying out important, meaningful work.

Care workers must be paid appropriately to reflect the demanding nature of the role. Moving away from short care visits, and therefore allowing staff to provide responsive, outcomes based care, will also help to change the often negative perception of care work. Commissioners have a large role to play in this process; they must ensure that providers receive fair and sustainable rates for care packages. These rates must allow for additional training and investment in the care workforce which, in turn, will show care to be a career and not a short-term job.

**Question 4A (open)**

**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?**

UKHCA supports the idea of creating a 'professionalised' social care workforce through registration. This will help improve the status of social care work, joining nurses, GPs and other medical professionals as a registered profession. It also provides a positive incentive for continuous professional development to maintain a registration, as well as ensuring that all registered workers have reached certain standards of training and development.

Registration is an inclusive act, which is a departure from the current system of DBS and barring lists that focus on filtering out unsuitable candidates instead of promoting continuous development of skills and professionalism.

Not only will registration bring the above benefits, but it will also bring England in line with the other UK administrations which have all either already introduced registration of care workers, or are in the process of doing so.

#### **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**
- **What is already working well that you would like to see more of?**

Commissioners have a direct impact on some of the challenges facing the adult social care workforce. This is in large part due to commissioning practices. Some local authorities do not have a full understanding of the true costs of providing domiciliary care which, particularly when facing budgetary constraints, often lead them to offering inadequate rates to providers of care. In the 'The Homecare

Deficit 2016,' only 13% of councils who responded to our freedom of information request could provide us with their calculation of the costs of homecare.

<http://www.ukhca.co.uk/downloads.aspx?ID=525>

This has a direct impact on providers as it affects the level of pay they can give to care workers, the amount of investment available for training and upskilling the workforce, and funding for re-investment in the business.

Commissioners often make use of short care visits to try and reduce costs, which can affect care outcomes, provider costs and care worker job satisfaction.

However, aren't able (or succeeding) in market shaping outcomes that they themselves are not purchasing, so we must be careful not to put all of the responsibility on commissioning bodies.

#### **Question 5A (*closed*)**

**Which of the following aspects of workforce planning do you think would have the biggest impact on ensuring that enough people work in social care?**

-Understanding what roles will be needed in future

#### **Question 5B (*open*)**

**Please explain, using examples where possible, what you think should be done in this area?**

It is vital that any workforce planning in adult social care takes a long-term view. The strategy must take into account the likely long-term future care needs of the public, which is likely to increase as the population ages, and invest accordingly in the social care workforce to match these levels of need.

This is particularly true in the context of the UK exiting the European Union. The Department of Health and Social Care and Skills for Care must provide an accurate assessment of the likely impact on the future size and capability of the social care workforce and take steps accordingly to encourage more people to take up a career in social care.

As previously mentioned in this response, we agree with the Government's intention to launch a national recruitment campaign for social care and agree that it could make a difference to recruitment and could help in shaping the future social care workforce.

Again, it is important to note that the campaign is conducted in the right way for it to be effective. We have concerns about the emphasis on it being a "national campaign delivered locally" as this has the potential to divert possible candidates to intermediary organisations. We believe that it would be more effective for recruits to be put in contact with potential employers directly.

**Question 6A (open)**

**Are there any other opinions or evidence you would like to share with us to inform both the joint social care and health workforce strategy which is due to be published in summer 2018 and the content of the forthcoming Green Paper on the provision of care for older people.**

The Green Paper must not be used to kick the issues of adult social care funding into the long grass. This opportunity must be used to create a long-term plan for adult social care that addresses many of the challenges facing care providers, including a discussion with the public on what care the state should be responsible for providing and paying for.

A long-term strategy must make provisions to improve pay levels, and terms and conditions, for care workers. The level of pay received by carers is low when compared to the demanding nature and responsibilities of the role, and is often as a direct result of commissioning practices.

UKHCA supports the introduction of oversight for commissioning bodies, to make sure that they are paying a fair and sustainable rate for care packages and are fulfilling their obligations under the Care Act 2014. We have previously suggested that the Care Quality Commission takes on this role as they are already the care regulator for social care in England.

Commissioners of care must be in a position to commission responsibly and pay rates that allow for care providers to invest in their care workers and create a working environment that will encourage people to choose care as a career. It is

important that the Government public acknowledges the importance of care work, and demonstrate this by taking action through policy.