

Reforming Adult Social Care

**Integrating Funding, Pay, Employment and
Skills Policies in England**

November 2021

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Introduction

Caring about Adult Social Care

We need to care about adult social care. The sector is in crisis. Rising demand, inadequate funding, Covid-19 and workforce shortages are all fuelling the crisis in adult social care.

There are two crucial questions to address. First, what is the possible contribution that post-16 education, skills and active labour market policies can make to solving the crisis in adult social care. Second, where do these policies fit within a wider plan to successfully reform adult social care.

The Adult Social Care Sector in England

A Complex Funding and Delivery System

Adult social care is not free at the point of need. Both national and local taxpayers are responsible for the funding of adult social care. In England, the responsibility for the delivery of adult social care services rests with 151 local authorities. Funding for adult social care is insufficient but also complicated.

The National Audit Office estimates that spending on 'local authority arranged adult social care' was £23.1bn in 2019/20 (The Adult Social Market in England, March 2021), with £20.0bn from public spending and £3.1bn from user contributions.

Prior to announcements made in the Autumn Budget and Spending Review 2021, there were three main sources of public funding for adult social care to Local Authorities: (i) direct central government funding for all services including adult social care; (ii) the Council Tax adult social care precept and (iii) the National Health Service (NHS) for adults in care with acute health needs.

Patchy Co-ordination

The co-ordination between local adult social care and the NHS is patchy. There have been calls to integrate adult social care within the NHS as well as a National Care Service to match the National Health Service.

An Unsuitable Employment Model

Nearly 18,000 enterprises covering 39,000 formal establishments operate in the adult social care sector. The overwhelming majority are private and charitable organisations rather than public sector employers. Only 600 employers in the social care sector have more than 250 employees. All this contrasts with the NHS – the largest single employer in England.

Together, these 18,000 enterprises employ 1.55m workers. The employment model in adult social care is one of part-time employees – primarily women – earning the National Living Wage, working unsocial hours, with 24% of job roles and 35% of care workers on zero-hour contracts (The State of the Adult Social Care Sector and Workforce in England, Skills for Care, 2021). Staff turnover was close to 30% before the pandemic struck. All too often, adult social care workers are viewed and treated as second class to state-employed nurses. The notion that social care jobs = low skilled work seems a common belief.

A Short-Term and Long-Term Recruitment Crisis

Adult social care faces a recruitment crisis. Care providers can no longer freely recruit adult social care workers from the European Union and elsewhere since the introduction of a skills-based immigration system. A visa system operates for senior care workers but not for care workers.

Care homes and care staff suffered terribly during the height of the Covid-19 pandemic. Vacancies were running at 100,000 – about 6.5% of the workforce – before the deadline of mandatory double vaccinations in mid-November. Up to 100,000 existing adult social care workers have not had a double vaccine. Many face losing their job, further exacerbating the recruitment crisis in the sector.

A Career to Think Twice About

Adults already working in the sector could be considering jumping ship because other sectors offer better pay, income security and work-life balance. Young people considering a career in social care may decide to study health and social care courses, but when leaving full-time further education might be put off by low pay, limited prospects for pay progression, and the emotional stress associated with a demanding person-to-person occupation.

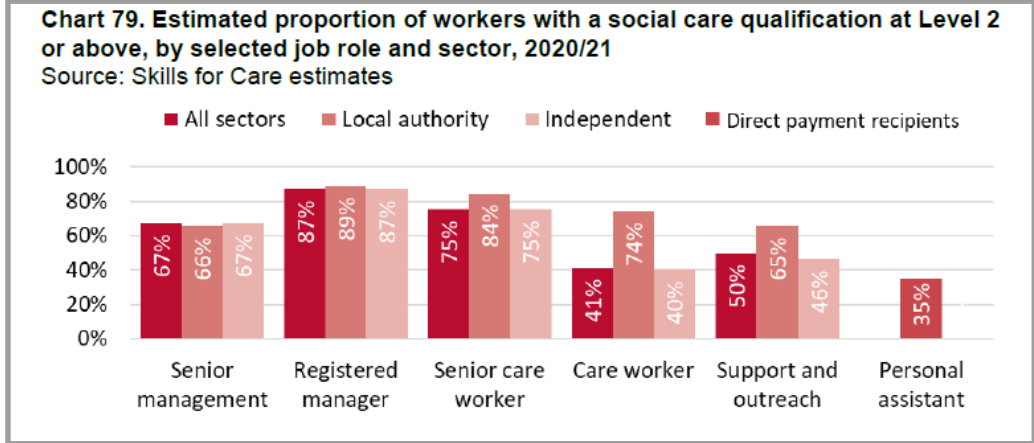
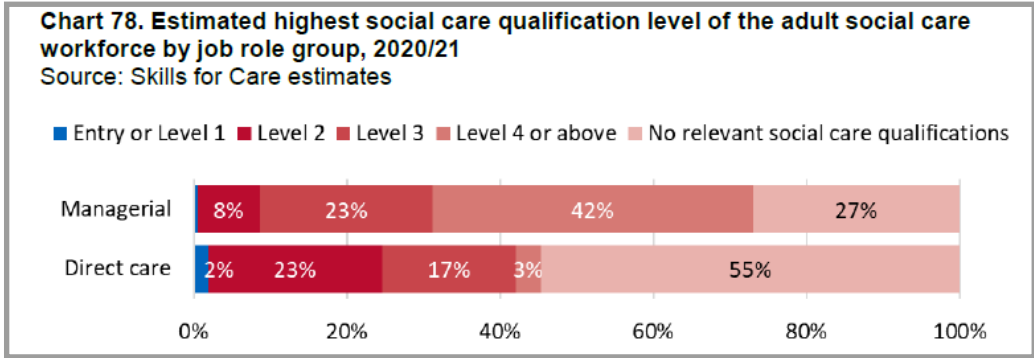
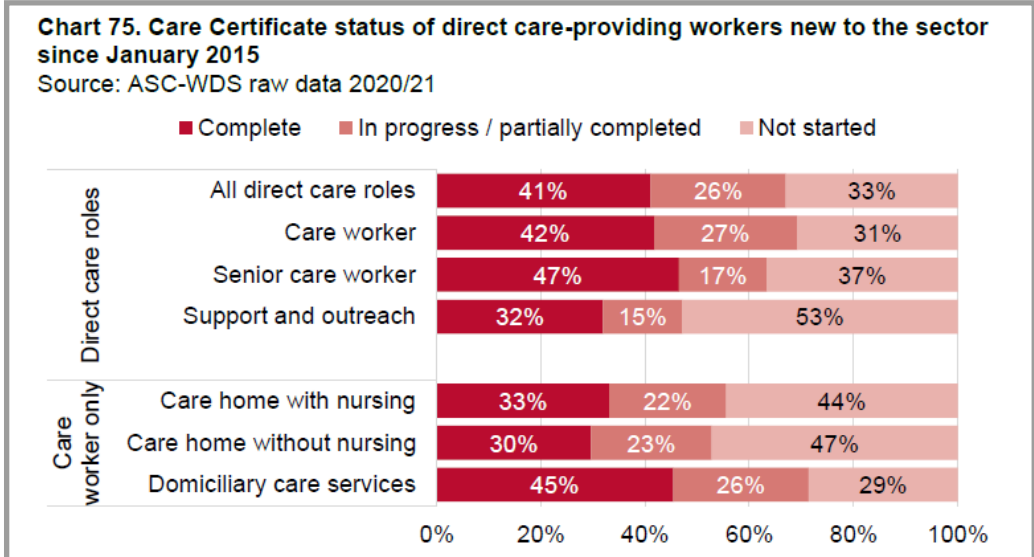
Adult Care Workers are Unqualified in Social Care Qualifications

Data from Skills for Care indicates that the adult social care workforce is largely unqualified in adult social care qualifications (see Box 1). In 2020/21, 33% of new adult care workers had not started the Care Certificate; 58% of the workforce did not have a relevant Level 2 social care qualification; 57% of the workforce providing direct care did not have a relevant Level 2 social care qualification; and although 87% of registered managers had a social care qualification at Level 2, only 41% of care workers did so.

Vocation rather than Qualification

The adult social care sector places a premium on social care as a vocation, rather than an occupation requiring a minimum qualification level to deliver social care. This reflects the fact that the workforce is predominantly older and female. There is no requirement for all care workers to hold the Care Certificate as a mandatory licence to practice, or a Level 2 care qualification through full-time further education or apprenticeships, to deliver social care.

Box 1



Source: The State of the Adult Social Care Sector and Workforce in England, Skills for Care, 2021.

Government Response to the Adult Social Care Crisis

The government is responding to the adult social care crisis with extra funding and wider system reforms.

Tax and Spend

The government has decided to increase national taxation to fund extra spending on adult social care.

Higher income tax rates on UK dividends are expected to generate £0.6bn a year and possibly £1.8bn over three years, although the government has not confirmed funding will be hypothecated to adult social care.

More significantly, the government is introducing a new UK-wide Health and Social Care (HSC) levy. In England, the HSC levy is estimated to raise £30.3bn over three years. Through hypothecation, £15.8bn will be allocated to the NHS Recovery Fund, £9.1bn for direct spending by the Department for Health and Social Care, and **£5.4bn** for adult social care.

Adult Social Care in England

About **£3.6bn** of the £5.4bn for adult social care will go directly to 151 local councils with responsibility for the delivery of adult social care. This will be used to implement: a) the introduction of a cap on personal care costs of £86,000, and a higher allowance from £14,000 to £20,000 in terms of wealth used to fund social care and b) enabling local authorities to provide means-tested financial support to individuals with income between £23,250 and a maximum £100,000. Together, the government states that everyone with assets and income between £20,000 and £100,000 will receive some state support. The remaining **£1.7bn** of the £5.4bn will be made available to improve the wider social care system, including improvements to the quality and integration of care.

Councils will be able to increase Council Tax by up to 2% per year. The government expects local councils with social care responsibilities to increase the Council Tax adult social care precept by up to 1% per year between 2022/23 and 2024/25.

Direct funding to local councils will also rise by £4.8bn over the three years of Spending Review 2021, although this new grant funding is not ring-fenced for adult social care (Proposed Adult Social Care Reforms Announced in September 2021 – Including Cap and Care Costs, House of Commons Library, 3rd November 2021).

Workforce Development

Of the £1.7bn set aside for wider reforms of the social care system, at least £500m will be allocated to improve the qualifications, skills and well-being across the adult social care workforce.

In September 2021, Professor Deborah Sturdy, the chief nurse of adult social care, said the £500m “will help us develop new qualifications, career progression pathways and robust mental health support for thousands of care staff across England” and “represents a five-fold increase in public spending on the skills and training of care workers and registered managers” ([DHSC, 8 September 2021](#)).

On the basis of a five-fold increase in workforce development funding for adult social care over the period of the Spending Review 2021, we can assume that average annual spending between 2022/23 and 2024/25 will be c**£170m** per year.

White Paper by the End of the Year

As well as the new funding settlement, the government has promised a white paper on adult social care by the end of the year.

In Build Back Better – Our Plan for Health and Social Care published in September 2021, the government stated that the white paper would include: (i) proposals to make care work a more rewarding vocation and a plan to support professional development and long-term well-being; (ii) improve information to navigate the system; (iii) steps to ensure unpaid carers have the support, advice and respite they need; and (iv) a comprehensive national plan for supporting and enabling integration between health and social care.

The ‘Cost of Living Crisis’ and Social Care Workers

Across the nation, workers are facing a cost –of living crisis. Care workers are no different. Rising utility and petrol prices are eroding the incomes of workers in adult social care. Care workers claiming Universal Credit lost the uplift when the Treasury ended the payment in September 2021.

At the time of the Autumn Budget and Spending Review 2021, the Chancellor announced an increase in the National Living Wage of £9.50 per hour from April 2022, and before December 2021 a reduction in the loss of Universal Credit from 63p to 53p for every £1 earned.

On the other hand, low-paid adult social workers will face an increase in employee national insurance contributions of 1.25ppts to 13.25% from April 2022 as part of the Health and Social Care Levy (if they earn more than £9,880 per year). They may also face an increase in Council Tax from the adult social care precept depending on where they live.

A Triple Whammy

The adult social care sector faces a triple whammy: a high level of long-term vacancies, a loss of existing staff as social care workers leave to find higher pay and better terms and conditions in alternative occupations and sectors, and a further loss of staff due to the double-jab regulations. To stem the tide in the short-term, there have been calls for bonuses of £500 to £1,000 to retain care workers over the winter months.

The Post-16 Education and Skills Sector in England

Funding

Annual funding for workforce development for adult social care staff and managers by DHSC of **c£170m** must be viewed in the context of mainstream funding for post-16 education and training by the Department for Education (DfE) of **c£36bn**.

By 2024/25, DfE spending could reach: (i) **£7.6bn** on 16-18 education and T Levels; (ii) **£2.7bn** on post-16 apprenticeships; (iii) **£2.1bn** on adult further education at Level 3 and below, including the Adult Education Budget (£1.3bn) and the National Skills Fund (£0.6bn) and Adult Learner Loans (£0.2bn), and **£23.1bn** on Level 4-8 higher education (depending upon forthcoming reforms to higher education funding).

Skills and Post-16 Education Bill

The government is seeking to reform skills and post-16 education in England. The Skills and Post-16 Education Bill reached the Commons in early November 2021.

Although the Bill includes the reform of Level 4-6 higher education through a Lifelong Loan Entitlement, the government has yet to announce its proposals for the funding of higher education. Indeed, much of the Bill relates to the funding and delivery of Level 3 and below post-16 education and training. This will be important for adult social care as the vast majority of vacancies in the sector require workers with Level 2 and Level 3 qualifications.

Reforms to 16-18 education

At present, young people can become qualified in social care through studying full-time on Level 2 and Level 3 vocational courses - including BTECs - or through gaining a social care job with an apprenticeship. Going forward, young people will still be able to become qualified in social care through the apprenticeship route at Level 2 and Level 3. In terms of full-time study, the government has launched a T Level in Health and Science, however it might be the case that this T Level does not offer the specific Level 3 skills required for social care.

A key debate is the extent to which Level 3 T Levels for 16-18 year-olds will replace Level 3 BTECs and other Level 3 vocational qualifications by defunding a large number of non-T Level programmes. The Secretary of State for Education, Nadhim Zahawi, announced a delay in the defunding of Level 3 BTECs and other vocational Level 3 qualifications for a year. In effect, the earliest that BTECs could be defunded would be the start of the 2024/25 academic year. This would be after the next general election which must be held by May 2024. The position of the Labour Party is that defunding should not take place for four years as agreed when the Lords amended the Bill in October ([FE Week, 23 Nov 2021](#)).

A potential problem is that apprenticeships become the sole route to become qualified at Level 3 in social care because there might not be a specific Level 3 T Level in social care and existing Level 3 qualifications are defunded.

Levelling-Up White Paper by the End of the Year

The Department for Levelling Up, Housing and Communities is expected to publish a white paper on levelling up by the end of the year. The government has indicated that it would agree devolution deals to areas of England that do not have a deal at present, where there is local support for them, including four further Mayoral Combined Authorities (MCAs) as well as County Councils.

Devolution and Adult Skills

The Adult Education Budget (£1.3bn) is subject to devolution. About 60% of the AEB is devolved to MCAs. This will rise significantly with the emergence of additional MCAs but also if County Councils seek and gain devolution responsibilities for the AEB. Given that the Adult Skills Fund (c£1.8bn) is subject to devolution, the combination of more MCAs and new County Councils with devolution powers will result in the DfE budget for adult skills devolved to local areas.

Devolution, Adult Skills and Adult Social Care

County Councils are responsible for the delivery of adult social care. Those that win a County-Devo deal could have responsibility for the Adult Education Budget and the future Adult Skills Fund. This raises the prospect of the delivery of adult social care and the funding of adult training for adult care workers under a single organisation – namely a County Council.

The Pamphlet

The purpose of this pamphlet is to bring together within a single publication contributions from experts on the funding and delivery of adult social care at one end of the spectrum, to the benefit of adult learning to adults needing adult social care and workers in adult social care at the other end. In particular, the pamphlet covers:

- (i) the funding of adult social care in England
- (ii) the employment model for adult social care
- (iii) the cost of living crisis faced by care workers
- (iv) strategic and structural reforms to the adult social care sector
- (v) recruitment into the adult social care sector in the context of the present skills-based immigration policy
- (vi) the role of active labour market policies to fill adult social care vacancies
- (vii) the views of 18-24 year-olds about a career in adult social care
- (viii) the delivery and design of post-16 health and social care qualifications
- (ix) the debate on Level 3 BTECs and T Levels for 16-18 year-olds with respect to social care

(x) the contribution of apprenticeships and the Adult Skills Fund to upskilling and reskilling the adult social care workforce

(xi) the implications of future devolution of the adult skills fund to County Councils which are responsible for the delivery of adult social care

(xii) the benefits of adult learning to adults in social care, adults working in social care and adults wishing to enter adult social care.

Acknowledgements

Campaign for Learning is delighted to have submissions from The Nuffield Trust, Emsi, Policy in Practice, TUC, Learning and Work Institute, Institute for Employment Studies, Care Workers' Charity, Youth Futures Foundation, ERSA, Education and Training Foundation, The Edge Foundation, AoC, AELP, Coventry and Warwickshire LEP, HOLEX, WEA and a former college principal.

We hope that the pamphlet will assist stakeholders in both the adult social care sector and the post-16 education, skills and employability sector in responding to the forthcoming white paper on adult social care. Campaign for Learning encourages everyone to consider each of the articles in turn and the three recommendations each author proposes. As editors, we are grateful to our authors for improving our knowledge of adult social care policy and post-16 education, skills and employability policy.

Three Key Themes

During the process of bringing together this collection of seventeen articles, three key themes are common to most of them – the scale of the adult social care sector, the complexity of policy making for the sector, and the need for greater integration of funding, pay, employment and skills.

A Large Sector

Adult social care is a large sector in England. Public funding heading towards £23bn directly supports 18,000 adult social care employers who in turn employ 1.55m workers, many on relatively low hourly pay and zero-hour contracts.

Adult Social Care in England	
Public Funding in England	c£23bn
Employers in England	c18,000
Workers in England	c1.55m
Median Pay	£10.19 per hour
Job Roles on Zero Hour Contracts	24%
Vacancies	c100,000

Complex Policy Making

Adult social care policy is highly complex. At least seven departments are directly or indirectly involved in adult social care.

The Treasury is responsible for the Health and Social Levy, direct funding of local government for all services including adult social care and targeted funding to implement the new charging reforms. The Department for Levelling Up, Housing and Communities works with the Treasury to determine the Council Tax adult social care precept applied by local authorities. The Department for Health and Social Care regulates adult social care and funds workforce development.

The Home Office regulates the immigration rules for EU and non-EU workers wishing to work in adult social care. The Department for Business, Energy, Employment and Industrial Strategy oversees the work of the Low Pay Commission which sets the National Living Wage and employment policy more generally, including employees on zero-hour contracts. The Department for Work and Pensions administers Universal Credit for unemployed and low-paid workers, and active labour market policies to assist unemployed and inactive workers to enter adult social care, as well as Universal Credit to carers. And the Department for Education funds post-16 further education, apprenticeships and higher education which supports adult social care training.

A Different Form of Integration

The idea of integration in adult social care policy usually refers to the merger of adult social care and the NHS. Structural reforms of this magnitude are for the health and social care sector to debate rather than the post-16 education, skills and employment sectors.

And yet, a different but just as important perspective of integration emerges from this collection of articles. Discussion about the role of post-16 education, skills and employability policies targeted at adult social care – better known as workforce development or lifelong learning strategies - are bound to fall short unless they are part of policies on pay, the employment model and professional status of adult care workers.

Campaign for Learning: Proposals for Reform of Adult Social Care in England

The pamphlet concludes with a set of proposals for reform by the Campaign for Learning. Our proposals reflect the thinking of CfL and a selection of specific recommendations by contributors to the pamphlet. Our intention is to encourage debate and discussion across both the adult social care sector and the post-16 education, skills and employability sector, rather than direct criticism of a critical but challenging area of public policy.

Julia Wright, National Director, Campaign for Learning
Mark Corney, Policy Adviser, Campaign for Learning

Part One

The Adult Social Care Sector

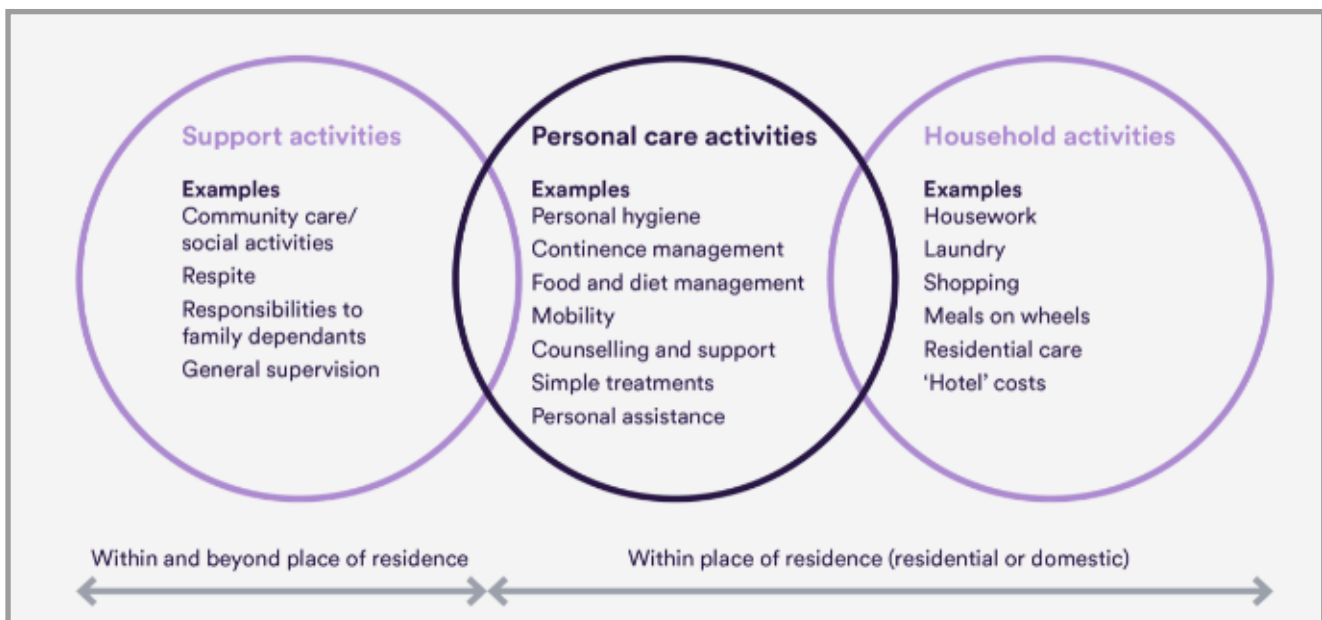
Camille Oung, The Nuffield Trust

The Funding and Delivery of Adult Social Care in England

What is Adult Social Care?

Social care supports adults of all ages, who might need help with activities or daily living because of age, disability or illness, to live independent and fulfilling lives. This includes help with personal care, such as support with washing and toileting, but extends to a much wider array of activities such as day care and support to go on public transport or take part in hobbies (see Box 1). Social care can be delivered in care homes, people's own homes, supported housing or in the community.

Box 1



Selected examples of activities in social care.

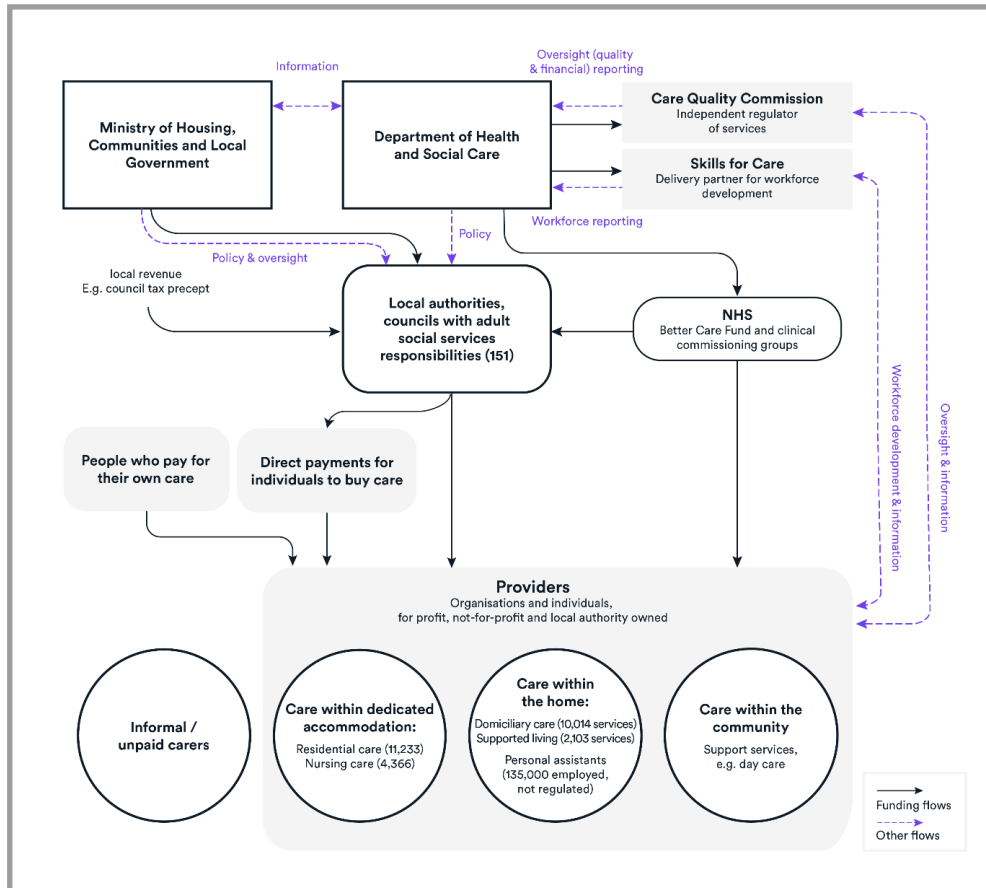
Long-Term Care

Over [800,000 people](#) in England were receiving long-term support paid for by the state in 2019-2020. There are no firm numbers about how many people pay for their own care but it is thought to be approximately [half](#) of all care users in England. Social care is generally more expensive for people paying for care themselves than it is for people funded by the taxpayer.

A Complex Funding and Delivery System

The funding and delivery of adult social care in England is complex (see Box 2). Funding comes from both national and local taxation. Delivery is the responsibility of 151 local authorities in England. Skills for Care is the delivery partner for workforce development, although the main post-16 education and skills budgets operated by the Department for Education also support workforce development.

Box 2



Source: [Fractured and forgotten? The social care provider markets in England \(2021\)](#)

Eligibility

Compared to the NHS, however, social care is not free at the point of use, which means many people have to pay for care and support themselves. Access to publicly-funded care is dependent on how severe your needs are and how much money you have. Everyone who feels they require social care can receive an assessment of their needs by their local council – this is called the ‘needs test’.

The Current Means Test

Those with needs above a certain threshold can receive funding for social care but only if they also pass a ‘means test’. A person’s means encompasses everything they own, including their income, assets (e.g. a person’s house), and their savings (e.g. a person’s ISA). Anyone with more than £23,250 must pay for all of their social care costs themselves.

Funding Sources in 2021/22

Local councils have the legal responsibility to organise social care for those who are unable to fund it themselves. It was projected that councils across England would [spend around £18bn on social care](#) prior to announcements in the Autumn Budget and Spending Review 2021. Councils receive funds for social care from three key sources.

Direct Central Government Funding to Local Authorities

In 2021/22, direct funding from the Treasury to all Local Authorities is estimated to be [£9.1bn](#). This is intended for all council services, not just social care. Critically, central government funding has [more than halved](#) in the past ten years, meaning councils have much less to spend on social care and their other responsibilities.

Local Revenue Raising

Local authorities can raise funding through revenue raising through, for example, the Council Tax and business rates. Council Tax has been [increasing](#) in recent years and the amount it is able to raise varies across the country. Councils are also able to add 3% to Council Tax bills for the social care precept (money specifically for social care).

NHS

The NHS pays for some social care services for people deemed to require social care because of a health need (such as cancer).

Funding Announcements for 2022/23 Onwards

As part of the Autumn Budget and Spending Review 2021, the Government has confirmed additional funding from four main sources: (i) dividend taxes; (ii) Health and Social Care levy; (iii) Central Government Funding, and (iv) Council Tax and adult social care precept.

Dividend Taxes

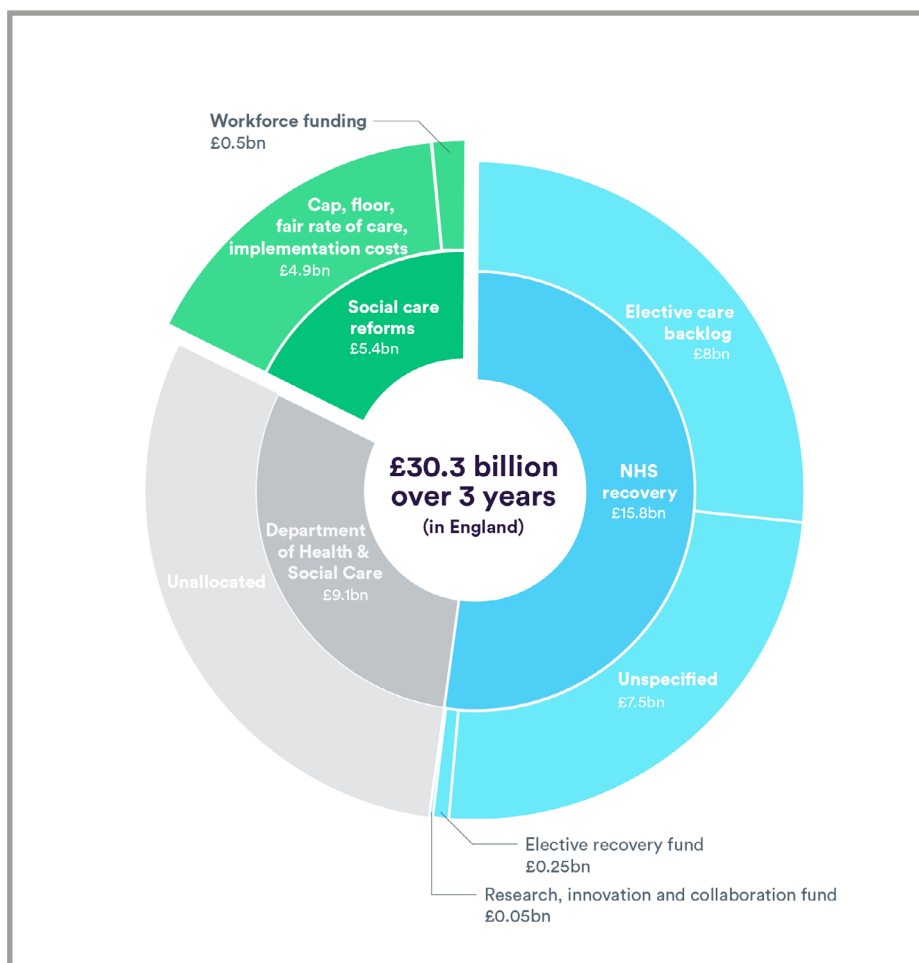
The Autumn Budget and Spending Review 2021 confirmed an increase in income tax rates on dividends. This UK-wide tax increase is expected to raise £0.6bn per year, amounting to £1.8bn over three years.

UK Health and Social Care Levy

Building on the announcement made in September 2021, the government in the Autumn Budget and Spending Review confirmed the introduction of the new UK-wide Health and Social Care (HSC) levy, which would help to raise funds to reform social care. National Insurance contributions, which most employees and employers have to pay, will be increased by 1.25ppts.

We estimate that the HSC levy and dividend tax increases are expected to raise £30.3bn over the next three years in England (see Box 3), with £15.8bn allocated to the NHS Recovery Fund, £9.1bn to the Department for Health and Social Care and £5.4bn for social care.

Box 3



Source: [Chart of the Week: How much of the health and social care levy will social care receive and what is this intended to do? \(2021\).](#)

Means-Test and Lifetime Allowance

A majority of the £5.4bn, about £3.6 bn, will help to reform the ‘means test’ and the Lifetime Allowance of £86,000. From 2023, people with less than £100,000 – rather than £23,250 - will be able to receive some financial support to help them pay for social care (subject still to a needs test). People will also not have to pay any more than £86,000 on social care costs over their lifetime. This means that people who need social care will be able to keep more of what they own, and more people may be able to access help to pay for social care.

Wider Reforms including Workforce Development

The government has also promised to bring forward a wider plan for reform before the end of this year. This might include measures to improve the quality of social care, conditions for staff who work in social care, and support for carers. The remaining £1.7bn from the £5.4bn has been committed to these reform plans. At least £0.5bn will go towards developing the social care workforce, over three years.

Central Government Funding

The government is providing councils with £4.8bn of new grant funding between 2022/23 and 2024/25 for social care and other services, although it is not clear how much will be used for social care.

Council Tax increases and Adult Social Care Precept

Finally, councils will be able to increase Council Tax by up to 2% per year. Councils in England with social care responsibilities will also be able to increase the adult social care precept by up to 1%.

More Funding Still Needed

Even so, councils do not receive enough money from the government to pay for all the people who are entitled to support with social care. As a result, many people end up on [waiting lists](#) to get access to care and support, and this care is often not reflective of what people want or need to help them live independent lives.

Recommendation 1

The Government should invest in developing more innovative types of social care that can help people to live more independent and fulfilling lives. There is a great potential for technology to help with this.

Recommendation 2

The Government should urgently improve the pay and conditions for people who work in social care to make the sector a more attractive place to work. Develop a career pathway for people to have opportunities to develop and learn new skills.

Recommendation 3

The Government should invest in improving support for families and friends providing care informally (informal carers). This might include resuming and expanding day care and respite services post the Covid-19 crisis, and measures to improve carers' health and wellbeing.

The Employment Model of Adult Social Care

Jobs in Adult Social Care

What counts as social care is critical for policy making. We count social care from 5 industry classes of the 2007 ONS Standard Industry Classification: residential nursing care activities (SIC class 8710); residential care activities for learning disabilities, mental health and substance abuse (8720); residential care activities for the elderly and disabled (8730); other residential care activities (8790); and social work activities without accommodation for the elderly and disabled (8810).

Using these categories, social care provides around 1.05m jobs across Britain, having grown by 9% in the past decade and by 45% since 2003. Social care employment now accounts for a significant number of jobs in all parts of the country - somewhat more concentrated in the North East and Wales, but only half the national average share in London.

Qualification Levels

In terms of qualifications, care workers are typically qualified to Level 2. Senior care workers are typically qualified at Level 3.

Recruitment and Retention

There is widespread reporting of the problems of recruiting and retaining staff in the social care sector sufficient to meet growing demand. The [DfE's 2019 Employer Skills Survey](#) found more than 27% of vacancies for care workers are hard to fill because of skills shortages, compared with 24% across the wider labour market. Senior care workers are slightly harder to recruit, with a 29% skills shortage rate.

Migrant Workers

Immigration has in the past been an important recruitment channel for the social care sector. Around 17% of care workers are born abroad, although the share of migrants within the workforce has fallen over the past decade ([Health Foundation, 2016](#)) (Franklin & Urzi Brancati, 2016), ([Independent Age/ILC-UK, 2015](#)). As society ages and demand increases, there may be increased pressure to recruit from overseas – already senior care workers have been added to the Shortage Occupation List used to regulate Skilled Worker visas.

Enterprises in the Adult Social Care Sector

The same underlying trend has driven the growth of a significant social care industry with 17,800 enterprises, up 10% on a decade ago. Of these, 7,500 (42%) have fewer than 10 employees; 6,800 (38%) have 10-49 employees; 2,900 (17%) have 50-249 employees and 600 (3%) have 250 or more employees.

Roles

These enterprises employ workers across a wide range of roles but with obvious concentrations. Care workers, senior care workers, nursing auxiliaries, nurses and care workers account for around 64%, nearly two thirds of sector jobs. The remaining third are spread across residential, catering, cleaning and administrative roles.

Gender

Across all roles, the sector is overwhelmingly female, with 81% of jobs held by women, rising to 84% for care worker roles.

Age

The overall sector workforce is older than average, with a quarter of jobs held by workers aged 55 and over, compared to 18% across the wider labour market.

UK Apprenticeship Levy

Earnings per job across the care sector are typically around £20,000 per year. Only care enterprises with 150 workers or more are likely to have wage bills of £3m per year and be liable for the Apprenticeship Levy. We estimate a little over 1,000 care enterprises are likely to be in this position and pay the levy.

Employment Model

Reports on recruitment challenges within the adult care sector often cite its employment model, which is a stand out feature.

A Part-Time Employee Sector

45% of all care sector jobs in 2019 were part-time compared to 32% across the wider labour market.

Above Average Temporary Employees

Most part-time work in Britain reflects employee preferences, but 7% of care employees are on temporary contracts compared to 5% across the wider labour market.

Potentially Many Care Workers on Zero Hour Contracts

There are no specific data on the prevalence of zero-hour contracts for care workers. The ONS estimates that across the entire health and social work sector, over 190,000 workers are on zero-hour contracts, around a fifth of all zero-hours employees across the labour market. Anecdotally at least, it seems likely that many of these are in social care rather than in direct NHS employment.

A Relatively Low Wage Occupation

In 2021, care worker median pay was £10.19, in the bottom quartile of the labour market. Senior care workers - typically qualified to Level 3 - see only slightly higher median hourly pay at £10.93.

Latest Data

At the sharp end of the labour market, recruitment demand for care workers has reached record highs since the end of the pandemic - having barely been affected during it. As of October 2021, Emsi Burning Glass recorded 28,500 online job advertisements for care workers, up from 17,500 in October 2019, before the pandemic. That pattern seems likely to reflect the wider tightening we have seen in the labour market in the second half of 2021 - what was already a high turnover labour market for care services is seeing even greater competition than before. Those same demand pressures are also translating into rising pay offers - in the most recent three months, median advertised salaries were £20,800, 9% up on the same period in 2019.

Future Demand

Population ageing means that the demand for social care services is not going away. Combined with a higher level of temporary and likely zero-hours employment, it is perhaps no surprise that the labour market sees higher turnover - and that will make it particularly vulnerable to the pressures of what is now an extremely tight labour market, where other employers may offer better opportunities.

Recommendation 1

DfE and DHSC should investigate what skills are driving the most acute demand pressures. This is especially important if we want to move to a higher-skill higher-wage model.

Recommendation 2

DfE, DHSC and DBIES should monitor the changing pattern of employment practices in the care sector. Given that the market is so tight, we should expect to see employers improve terms and conditions of employment as well as pay levels. Understanding whether pay or conditions is the key factor and whether different types of role are more affected is important in terms of meeting employment demand.

Recommendation 3

DfE and DHSC should set out more clearly what career paths exist and how they can be improved. Looking at the paths of those reaching senior care worker and care home manager role to identify what skills and experience make this possible, will help to improve employee engagement.

Louise Murphy, Policy in Practice

Wages, Universal Credit and Adult Social Care Workers

Adult Social Care Workers

The Covid-19 pandemic has shone a light on the important work done by adult social care workers throughout the UK. Yet despite the country 'clapping for carers' during the pandemic, many adult social care workers face a tough winter ahead as Universal Credit is cut and living costs are rising.

Public and Private Sector Employees

Last year there were 1.54 million people working in the adult social care sector in England. Pay and employment conditions vary considerably within the adult social care sector. Although some adult social care workers are employed directly by the NHS and local authorities, the majority (87%) are employed by private agencies or direct payment recipients. These private sector employees are much more likely to be on zero-hours contracts and have lower pay than people employed by local authorities.

Zero Hour Contracts

In 2019, 10% of local authority employees were on zero-hours contracts compared to 36% of private sector employees. Whilst the flexible nature of zero-hours contracts is attractive to some workers, for example those who are juggling work alongside studying or childcare, many of those on zero-hours contracts would prefer to be in more secure employment.

National Living Wage and Median Hourly Pay

The median hourly pay for these workers was £9.01, only slightly higher than the National Living Wage of £8.91. Although pay for care workers has increased significantly over the last decade, it has not kept up with increases in other sectors. In 2012, the average pay for adult social care workers was higher than the average pay for retail assistants and cleaners. By 2020, this was no longer the case. This means that pay for care workers is now one of the lowest in the economy.

Universal Credit for Adult Social Care Workers

Many adult social care workers are eligible for Universal Credit to top up their household income. Eligibility for Universal Credit is based not only on someone's pay, but also on household characteristics such as where they live and whether or not they have children. For example, a part-time care worker who does not have children and does not pay rent is unlikely to be eligible for Universal Credit. In comparison, a part-time care worker who is renting from a private landlord and has two children is likely to be eligible for over £1,000 of Universal Credit per month.

Care workers who are eligible for support through Universal Credit often face problems due to the impact of recent welfare reforms. 50% of the adult social care workforce work part-time and many of these workers will be affected by the benefit cap, which reduces their income from benefits and increases their risk of poverty. Although households on Universal Credit who earn £617 or more per month are exempt from the cap, workers who earn less than this amount are affected. For example, a care worker who works 15 hours per week at the median pay will be affected by the benefit cap.

In addition, care workers who are on zero-hour contracts (24% of the workforce) often do not see support when they need it. Since Universal Credit is paid monthly in arrears, the Universal Credit award based on a month's income is received the following month. This can result in a claimant receiving both low earnings and low Universal Credit (calculated on the previous higher earning month) in the same month. This can make it difficult to budget on a low-income.

The 'Cost of Living' Crisis

Looking ahead to 2022, the picture is not bright for low-paid adult social care workers. Although the National Living Wage will rise to £9.50 per hour from April 2022, an adult social care worker working 16 hours per week will be worse off by £35 per month in April 2022 compared to September 2021. This is because the loss of the Universal Credit uplift, the introduction of the Health and Social Care Levy and rising living costs outweigh the lower Universal Credit taper rate and higher National Living Wage.

Policy in Practice analysis found that lowering the taper rate in Universal Credit (announced in the Autumn Budget) will not offset the loss of the Universal Credit uplift for part-time care workers. On average, households earning between £500 and £1,000 per month (most part-time care workers) will benefit by only £45 per month by the lower taper rate. In comparison, if the Universal Credit uplift were retained, they would be better off by £84 per month.

Recommendation 1

The Government should reintroduce the £20 per week uplift to Universal Credit to support low-paid care workers, including those who work part-time.

Recommendation 2

The Government should reform Universal Credit to support households who are in insecure work, including those on zero-hours contracts.

Recommendation 3

The Government should address the high incidence of care workers on zero-hours contracts to allow them to hold onto the flexibility of being able to work around other commitments such as childcare, but also give security to those who want it.

Part Two

Strategic Reforms to Adult Social Care

A National Care Forum to Fix Social Care

Caring about Social Care

The Covid-19 pandemic has shone a light on how important social care is – and just how vital those who work in the sector are. The autumn comprehensive spending review was a missed opportunity for government to tackle the crisis facing social care.

Transforming Pay and Conditions

We can transform the way we deliver care in this country by transforming the pay and conditions of the workforce. That means pulling care workers out of poverty and guaranteeing a minimum wage of at least £10 per hour. This shouldn't be the limit of our ambition, but an important first step in valuing their work and show that the government is committed to delivering decent public services.

The comprehensive spending review was a chance for the government to deliver this and bring about meaningful change for the hundreds of thousands of dedicated care workers whose lives are blighted by low pay, job insecurity and excessive workloads.

But the Chancellor failed to deliver change for the care workforce and the social care system. Despite promises of jam tomorrow from the new Health and Social Care Levy, just £200 million is being made available to support reforms in 2022/23. This goes nowhere near the £6.1bn funding gap the LGA says that social care has had to manage.

Care workers deserve more, as do the people they care for. TUC analysis found seven out of ten care workers are paid less than £10 per hour. As a result of low pay and poor working conditions, turnover in the sector is high at 30.4%.

A Pay Rise to £10 Per Hour

Over half a million (580,000) social care workers would gain from a rise in pay to £10 per hour. Eighty-five percent of those who would gain are women – an important pay boost in a sector with an overwhelmingly majority female workforce. And it would go some way to tackling the challenges with recruitment and retention fuelled by low pay.

The Health and Care Levy will hit Care Workers

We can afford to transform the pay of care workers by ensuring everyone makes a fair contribution to give us the social care system we deserve. But recently announced plans to fund social care with a new Health and Social Care Levy will hit the pay packets of those on the lowest pay the hardest, including care workers.

It is not right that the only change a care worker will see from this is an increase on their tax bill. The average care home worker can pay a bigger share of her income in tax to fund the social care system than the private equity magnate who profits from buying up care homes to re-sell them.

Funding Social Care from Taxes other than National Insurance

Part of the funding for a new social care system should come from starting to tax wealth on the same basis we tax income. Equalising Capital Gains Tax rates with income tax rates and removing exemptions could raise, on average, up to £17bn a year. The increased revenue can be used to deliver high-quality care and high-quality employment for those providing it.

Recruiting and Retaining Care Staff

Raising pay would help tackle the one of the biggest challenges in care - recruiting and retaining staff. With over 100,000 vacancies in adult social care and annual turnover of over 400,000 people, precious time, money and resources are spent having to recruit and train new staff. The challenge of retaining staff is harder amongst lower paid care workers.

Research has shown that of the top reasons for workers leaving the sector, 51% cited wanting higher pay. Low pay was fuelling a negative perception of care work as low-skilled and less favourable comparisons to pay and terms and conditions in the NHS served to lessen the status of this work.

It's clear that staying in social care jobs doesn't bring the rewards, with little financial incentive to progress. Since March 2016, the pay gap for experienced care staff – those working for an employer for five years or more - compared to new starters has fallen from 30p per hour to just 12p.

By investing in care and ensuring the wealthy pay their fair share, government could make sure society's most vulnerable people benefit from a higher standard of care. And dedicated care workers finally get the pay they deserve.

Recommendation 1

The Government should create a national social care forum, with unions, employers, government and others developing a comprehensive social care plan.

Recommendation 2

The national social care forum would create sectoral standards, such as on pay and conditions, like fair pay agreements we have heard about recently.

Recommendation 3

The national social care forum would help develop a National Skills and Accreditation Framework linked to a transparent pay and grading structure that ensures genuine career progression, proper recognition and fair reward is in place.

Stephen Evans, Learning and Work Institute

A Long-Term Pay, Employment and Skills Plan for Adult Social Care

Short-Term Crunch and Long-Term Challenges

Anyone who thinks social care is an unskilled job should try working in the sector for even a day. They are skilled, hard, crucial jobs that we've too long undervalued as a society. In addition, millions of people provide unpaid care for friends and relatives.

Governments have been promising a solution for social care for decades. Demand is rising as our population ages, but we don't invest enough. This leaves people worried about what care they'll get and homeowners worried they'll have to sell their homes. It also means a sector characterised by high staff turnover and vacancy rates and low pay.

But there's a short-term crunch too. Like many sectors, many social care employers are struggling to recruit, leaving vacancy rates high. There's limited scope to raise wages when there's a relatively fixed amount of investment from the Government. And the change in migration rules post-Brexit, as well as falling net migration in the pandemic, place limits on labour sources that have filled many roles in recent decades at least. How do we tackle this short-term crunch and long-term challenge?

Thinking about how Social Care should be Structured

We also need to think about how care is structured too, so that investment in the workforce delivers the high-quality care people deserve. Whether this is a kind of National Care Service to mirror the National Health Service or some other approach, the key point is to think about how care is commissioned, what people's entitlements to different types of care are, and the workforce requirements (number of workers, skill levels, training, and terms and conditions) for high quality care. All of these are pre-requisites for encouraging recruitment into social care and supporting training and progression. But there's more we need to do too.

Pay, Employment and Skills

The long-term workforce challenge won't be solved until we reach a better solution overall for social care. If we want care workers to be paid the Living Wage (for the benefit of workers and to boost recruitment), then we'll need to invest more overall. The Government's current plans take a step forward, but don't go far enough.

We need a joined-up and long-term view of workforce needs. How many people will we need, in which social care roles, in which parts of the country? What skills will they need? How might this change in the decades ahead? Will there be a workforce shortage as a result of the alternative career options people have, natural workforce change as people retire, and changes in migration? You can't accurately predict or centrally plan these things, but you can have a clear overall picture and strategy.

Multiple Routes into Social Care

We then need multiple routes into jobs in social care. There are 3.2 million people out-of-work who want a job, and even in the spring 2020 lockdown some 1.2 million people started a new job. Not everyone will be suitable for, or want, a job in social care. But many may and we need to find ways to raise the possibilities with them, spark interest, and provide clear pathways into the sector.

To widen the number of people considering social care careers, we definitely need to raise awareness of the career options. We need to also focus on practical action locally: social care employers, colleges, training providers and Jobcentre Plus working together.

Some people will be interested in moving into social care, but need support to gain the skills needed. That means thinking further about how to work with employers to design the training people need. Could we build on successful models from other sectors like WorkAdvance in the US, as well as emerging models like the (unproven) boot camps and (proven) sector-based work academies. It also means looking at how we can boost apprenticeships so they provide a quality route into working in social care and progressing on.

For all of these routes, we also need to think about maintenance or other financial support for people looking to switch into social care from other careers. That's a broader need we have to think about in the context of longer working lives and rapidly changing economy – our skills funding isn't set up for this new reality.

Practical Action

The search for a long-term solution for social care is an ongoing and long-running one. But the imperative for everyone to work together to tackle the workforce crunch is real. We need policy change, but there's also practical action that can make a real difference.

Recommendation 1

The government needs to develop a long-term workforce plan for adult social care covering pay, employment terms and conditions, skills needs and how recruitment will be met now and in the future.

Recommendation 2

The government must work with stakeholders in the adult social care sector and post-16 education, skills and employability sectors to ensure social care is a positive career choice with greater investment to ensure fair pay and conditions, training, and opportunities for development.

Recommendation 3

The government needs to develop innovative new ways for people to switch to social care roles and progress within them, drawing on best practice around the world.

Part Three

Recruitment in the Context of a Skills-Based Immigration Policy

Improving Pay and Job Quality in Adult Social Care

The Recruitment Challenge

There is undeniably a problem in securing an adult care workforce of the scale England requires. Skills for Care reports 1.67 million adult social care jobs, and 1.54 million people working in these. It is a growing sector – between 2019-20, jobs increased by 45,000, and growth of 29% is forecast by 2035 to meet the needs of our ageing population.

However, the number of jobs being filled has declined. Vacancies stand at 8.2 percent, slightly above pre-pandemic levels for reasons related to the pandemic and withdrawal from the European Union. Fewer people travel to the UK to take up care roles - falling from 5.2% of new starters in January-April 2019, to 1.8% in the same period in 2021 ([Skills for Care, 2021](#)).

Given the scale of opportunity, securing a job in this sector might be thought as attractive – over 100,000 vacancies were advertised on any given day in 2020/21 and, in England, care work does not require formal qualifications or registration ([IES and Health Foundation, 2020](#)). Yet still, vacancies go unfilled which Skills for Care attributes to recruitment and retention problems ([Skills for Care, 2021](#)).

A Diverse Sector

Compositionally, the workforce is predominantly female (82%) and ethnically diverse, with 21% of workers being from Black, Asian and other ethnic minorities. The average age is 44 years and over a quarter of care workers is older than 55 ([Skills for Care, 2021](#)). This figure that does not include the one-in-four older female workers, and one-in-eight older male workers employed elsewhere providing unpaid adult care who are typically in their 50s and 60s ([ONS, 2019](#)). Men do not work in caregiving roles as much as women, instead being more likely to work in outreach and social work roles – this means male clients cannot necessarily access care from a male.

However, there is an intersectional progression problem: proportionally more males and more white people work in senior roles than on the frontline; senior staff tend to be older while operational care workers are younger ([Skills for Care, 2021](#)). Arguably, getting on in this sector as an older woman from a minority ethnic background could be a challenge.

Pay, Job Quality and Health Constraints

Nonetheless, from one perspective care roles should be well-matched to older workers' motivations for work that is meaningful, flexible, intellectually stimulating, sociable, and age-inclusive ([IES and CfAB, 2017](#)). However, pay and job quality are both constraints, as is the physical nature of care, given older workers' greater propensity to experience health conditions.

Unpacking this, while hourly pay rates have increased with the National Living Wage, pay is lower than in most supermarkets, at a mean hourly wage of £8.30 in the independent sector ([IES and Health Foundation, 2020](#)). Close to a quarter of the workforce has zero-hour contracts, providing insecure employment with unpredictable hours and income ([IES and Health Foundation, 2020](#)). News stories reporting community care workers not being paid for the travel time between the appointments with people they provide care for, technicalities of minimum wage aside, hardly build a picture of a good work sector.

Alongside low pay and precarious work, there are challenges for over-working and non-disclosure of illness to avoid loss of already low pay ([IES and Health Foundation, 2020](#)). Care workers face risk of chronic pain resulting from lifting and manual handling, particularly when working alone in a client's home; shift work brings an increased risk of Type 2 diabetes; and poor mental health can result from older workers managing their conditions and trying to remain in work. Covid-19 has shone a light on the issues facing care workers and increased their risks as they are more likely to be in higher risk groups - older and from an ethnic minority ([IES and Health Foundation, 2020](#)).

An Outsourced Sector

Underlying low job quality is a complex sectoral make-up ranging from multi-site, commercial businesses with turnover of tens of millions of pounds, national and local charities, to care commissioned directly by clients ([IES and Health Foundation, 2020](#)). The publicly-listed companies and registered charities are regulated. However, the existence of large multinationals does not guarantee high quality care, and CQC finds that low quality results from insufficient and inappropriate management and leadership. This is also likely to directly impact the quality of management that adult social care workers experience ([IES and Health Foundation, 2020](#)).

Improving Job Quality to Attract and Retain Workers

The answer – in terms of attracting and retaining people in the sector – lies for a large part with employers improving job quality. Skills for Care finds a pay-off that could provide incentive; employers providing high levels of learning and development to staff, on average, see better outcomes in terms of lower staff turnover (reducing recruitment costs) and positive impact on care quality ratings ([Skills for Care, 2021](#)).

Stemming Funding Leaks to Improve Pay

To improve pay requires a different focus; analyses suggest this would be possible if funding 'leaks' were stemmed. Allyson Pollack (2021) reports estimate that around £1.5bn is leaked annually in 'dividend payments, net interest payments out, directors' fees, and profits' of the large, private providers and that these companies engage in tax avoidance. Better scrutiny and regulation would lead to funds being available for improved pay for adult care workers – making the sector more attractive – as well as improving care quality.

Recommendation 1

Skills for Care should work to increase the esteem of care work, through introducing 'A good work adult social care employer kitemark', awarded where pay rates exceed National Living Wage rates, contracts provide stable hours, and employees are engaged regularly in learning and development.

Recommendation 2

Employers should improve progression through training managers and leaders to tackle unconscious bias, open promotion strategies and identify progression pathways; providing training, development and careers conversations for frontline carers, and identifying redeployment opportunities and providing job development for older employers in the adult care workforce.

Recommendation 3

Government and HMRC should regulate more stringently to stem tax avoidance and loss of funds, so that monies recovered can be directed to the frontline and improve employment terms and conditions in the adult social care sector.

Karolina Gerlich, The Care Workers' Charity

Encouraging Young People and Adults to become Adult Care Workers

What is Adult Social Care?

The King's Fund defines adult social care as "a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe." It can include 'personal care', such as support for washing, dressing and getting out of bed in the morning, as well as wider support to help people stay active and engaged in their communities.

Social care includes support in people's own homes (home care or 'domiciliary care'); support in day centres; care provided by care homes and nursing homes ('residential care'); 'reablement' services to help people regain independence; providing aids and adaptations for people's homes; providing information and advice; and providing support for family carers" ([The King's Fund, 2019, updated 2021](#)).

A Growing Sector

Adult social care is a sector that is continually growing and changing. Amidst a competitive job market, it is an area where opportunity for employment abounds - with 6.8% of roles in adult social care in England listed as vacant in 2020/21 - this is the equivalent of 105,000 vacancies being advertised on an average day. It is a rewarding and valuable profession, where communication skills, empathy, and emotional intelligence characterise those who make up its workforce.

Despite this, the sector has historically struggled with a relatively low profile and recognition, especially compared to its healthcare counterpart. Eighteen months after the start of the pandemic, we hope that this is beginning to change - and that the growing awareness of the sector and its skilled workforce will begin to encourage young people and adults to become adult care workers. There is always, however, more that needs to be done to facilitate this.

Current Challenges Faced by the Sector

The social care sector has faced various well-documented challenges even before the onset of the Covid-19 pandemic. These are namely issues related to workforce recognition, pay, retention and recruitment. Despite these challenges, we firmly believe that the role of a social care worker is a vital, impactful and incredible one, and continue to push for these more positive elements of a career in social care to be highlighted and better understood.

Adult Social Care Work as a Rewarding Career

Care work is a vocation centred around relationships; knowing and understanding those who you are supporting, giving them time, and making a difference to their lives. Those in the sector can speak to the fact that the provision of care gives the care worker a unique and comprehensive insight into the personal histories, anxieties, and belief systems of those they support, which enable them to provide the best quality care. As one care worker explained: *"The best part of a day is when you put a smile on someone's face. A thank you means the world to me"* ([The Care Workers' Charity, 2019](#)).

Working in adult social care is to not only to build meaningful lasting relationships with those drawing on care, but also enabling the individual to live their life with dignity, encouraging independence and providing support that is at all times tailored to their needs and desires. Social care workers help create an environment of physical and emotional safety and support for those drawing on social care, facilitating a feeling of 'home' and 'belonging'- with social care workers demonstrating a depth of emotional intelligence, resilience and empathy.

Working in social care, no day is the same- there is as much variety in each shift you work, as there are in the people you support- the role is rewarding, vibrant and incredibly valuable. We endeavour to continue to encourage young people and adults to join the adult social care sector.

Recruitment Crisis

The current recruitment and retention crisis is widely believed to be the worst the sector has faced. With this in mind, it is vital to increase efforts around encouraging young people and adults to join the adult social care sector.

Recommendation 1

We should introduce compulsory registration for English social care workers, as is already in place in Scotland, Wales and Northern Ireland. This would drastically improve the standing of, and confidence in social care, and would lead more people (both young people, and adult career changers) to consider social care work as a career option- this has already been shown to be the case in Northern Ireland ([O'Rourke, M, 2020](#)).

Recommendation 2

We must see proper reform and investment in adult social care from the English National Government. The recent Social Care Reform statement will leave care workers out of pocket by £1035 p/a (Policy in Practice). The statement's content must be urgently revisited to avoid this, and investment to support care providers and local authorities to facilitate pay rises, training and quality care must be made - including the provision of a bonus to care workers to recognise dedication during Covid-19 as in other devolved nations.

Recommendation 3

We must introduce educational campaigns aimed at the general public (outside of social care) to increase awareness about the value that social care brings to the economy (£50.3bn per year to the English economy alone). We should ask those who draw on social care to champion social care as much as they champion the NHS and healthcare sector.

Chris Goulden, Youth Futures Foundation

A Career in Adult Social Care - The Views of Young People

The Challenge

Generational progress in the UK is grinding to a halt. Those in their 20s and 30s today have incomes no higher than the previous generation at the same age and are actually worse off once housing costs are considered.

Young people are over-represented in jobs in sectors that are expected to see lower employment growth in the long term, and vital 'stepping stone' mid-skill jobs are in decline.

But young people basically want what previous generations wanted from work: secure, full-time jobs with decent pay, near where they live. They also want to work with like-minded people, in jobs and companies they believe in and that match their skills and capabilities.

There is a shrinking youth labour market, with significant numbers of young people staying in or moving into full-time education following the pandemic ([Williams J, et al., 2021](#)). This contributes to employer difficulties in filling entry level jobs, especially where those roles are not being advertised flexibly (for example in ways that can fit around studies).

Employment and Pay

Elementary administrative and service as well as sales occupations declined both before and during the pandemic, while business, and health and social care professions grew.

There are an estimated 1.67m jobs in adult social care in England ([The State of the Adult Social Care Sector and Workforce, 2021](#)). The profile of the sector is skewed towards older workers, with 9% aged under 25 compared with 12% who are economically active overall in that age group. Among the different jobs in the sector, care workers – the lowest paid – have the youngest age profile, with 12% being under 25 years of age.

Age is also a factor in turnover in social care. Workers under 20 had the highest rates, at 42%. While this is typical across different sectors, not just in care work, the reasons why younger people might leave care jobs include seeing the roles as stopgaps while studying or waiting for a preferred job in another sector, or because of low pay and a general lack of choice facing some young people in their career options.

Low pay is a widespread issue in the sector, especially for care worker roles. This will affect how young people view this as a career or even a stopgap job. However, the National Living Wage is making inroads into the wage floor for care work, and it is and will continue to apply to more younger workers as the age threshold reduces from its original level at age 25 to (eventually) age 21. That might increase the attractiveness of entry-level jobs in care for young people in the future. Given the strong likelihood of an increase in demand for such jobs, this will be crucial.

Futureproofing careers

The IPPR and IES report funded by Youth Futures Foundation and Blagrave Trust: 'A Better Future for Young People: Transforming jobs and skills for young people post-pandemic' outlines trajectories for investment of £30bn in climate and environmental sectors and £17bn in health and care services that would stem the decline in jobs for young people, as well as across the economy as a whole.

The modelling in the report concludes that the shift to "greener and cleaner" jobs through government investment in its Levelling Up and Net Zero strategies could create an additional 176,000 jobs for young people. Many would be in the shrinking, yet crucial, mid-skill job spectrum, including over 25,000 more roles for care workers and home carers. Such roles would be equally distributed across regions of the UK.

Is a career in adult social care attractive to young people?

Interviews with 18-24 year-olds in England provide qualitative evidence about concerns relating to working in the adult social care sector. Some feel that working in the sector could be daunting even though care might be an interesting subject to study when aged 16-18 or older (see Box 1). Low pay and poor working conditions are clear negatives for young people looking for stable paid employment (see Box 2).

Box 1

Perceptions about a career in adult social care

"My impression of a career in adult social care, although extremely rewarding, can seem daunting for a young person. Young employees might lean towards children's social care because they feel more comfortable being a caring figure to people younger than themselves. I think young people worry that somebody older would not entirely trust them to provide the same level of care as a social care worker closer to their own age." **Lauren, 23, Leeds**

"It may be too stressful and demanding for some. Some people may find that they enjoy studying it as a subject, but, when it comes to applying that in a real-life setting, they may find it doesn't meet their expectations." **Ellimae, 18, Yeovil**

"One way to attract more young people into social care careers is by having taster sessions for people who are interested or who would like to know more, so they can experience these careers in person. It would also help to be able to speak to people already doing these jobs." **Joel, 22, Bristol**

Box 2

Concerns about low pay in adult social care

"The media spotlight has been on adult social care for a while, citing low wages and poor working conditions as the reason for staff shortages and care home closures. I definitely think that these negative connotations make it an unattractive career for myself and perhaps other young people who need stable, paid employment." **Lauren, 23, Leeds**

"The increasing pressures on an already overstretched service may lead some to feel that a career in social care would not be a financially secure one." **Ellimae, 18, Yeovil**

Recommendation 1

The Government should work cross-sector to develop an experiential marketing campaign to highlight the rewarding and positive aspects of a career in adult social care to young people.

Recommendation 2

The Government should commit a significant part of the funding needed for adult social care in England as part of its Levelling Up agenda.

Recommendation 3

The Government should continue to increase the National Living Wage and reduce the age at which it is payable, as far as market conditions allow.

Targeting Active Labour Market Policies to Fill Adult Social Care Vacancies

Covid-19 and Adult Social Care

Out of the multitude of lessons the United Kingdom had to draw from the pandemic, two in particular stand out. The first is that any satisfactory public health response requires all aspects of the “front-line” receiving satisfactory investment, before and not just at the onset of a pandemic flu event. The second is that targeted policy support for workers, their job and financial security and investment in their skills pays long-term as well as immediate dividends. These two lessons come together with the deep and long-standing problems facing adult social care (ASC).

An Underfunded and Undervalued Sector

The principal lesson has at last been grasped: ASC and care workers have been underfunded and undervalued for far too long and this must change. This broader (and even blunt) lesson of “more investment” itself is however on its own insufficient, and the principle of ‘targeting’ must be emphasised in order to understand and address ASC’s problems through new policy support. These problems centre around ASC’s present – and potential – workforce and elevate a role not just for new policy and financial investments, but also for the employment support and employability sector that ERSA represents.

The Employment Model

ASC’s labour problems come in with four interlinked elements: low pay, inadequate skill provision, low security, and poor public esteem for ASC and carers. These feed into a vicious cycle where retention and recruitment become enormously difficult for the sector. It is not difficult to see why.

[Skills for Care reported](#) that in 2020 the median hourly rate for a care worker in was £8.50. (The state of the adult social care sector and workforce in England 2020/1) This was an increase of £1.57 since 2012/13, but is still very low.

When poor contractual security is brought into view, one can see why ASC has such long-standing problems retaining and recruiting staff (staff turnover in ASC staying stubbornly around 30% for several years). Around a quarter of ASC staff are employed on zero-hour contracts with this number reaching 42% for domiciliary care workers ([Skills for Care, October 2020](#)).

The sector is also marked by a very high level of part-time working. With the low levels of pay and job security there is little appetite for workers to acquire - or for employers to invest in - higher levels of social care skills and training.

Given the pay, the low levels of job security and professional development, it is not difficult to see both the tragically low levels of investment in ASC but also the result. When we add into this toxic mix the low level of public repute for care work in comparison to the NHS, these challenges of recruitment and retention become harder still.

We Know what Needs to be Done

In 2019/20, the Care Quality Commission said: “There needs to be a new deal for the adult social care workforce that reaches across health and care – one that develops clear career progression, secures the right skills for the sector, better recognises and values staff, invests in their training and supports appropriate professionalisation” ([State of Care 2019/20 Report](#)).

A year earlier, the House of Commons’ Communities and Local Government select committee concluded: “A stable and skilled workforce is essential to the provision of quality care and keeping pace with demand for social care in the coming years—an estimated 500,000 more care workers are needed” ([The State of Social Care, June 2018](#)).

Active Labour Market Policies as part of Wider Reforms

The key message is that active labour market policies (ALMPs) funded and deployed by the Department of Work and Pensions (DWP) cannot help to fill the 100,000 and more vacancies in ASC in isolation from wider reform of the sector.

Recommendation 1

Targeted ALMPs to fill job vacancies in adult social care need to be deployed alongside wider employment policies which provide higher pay, employment security, skills development and promotion of work in the sector. At the governmental level, there must be deeper coordination between the DWP and Department for Health and Social Care, the Department for Levelling Up, Housing and Local Communities and the Department for Business, Energy and Industrial Strategy to join-up policies on pay, employment rights, skills and promotion.

Recommendation 2

Targeted ALMPs to fill job vacancies in adult social care should include investment for employment support providers to encourage prospective groups, like recent and young care leavers, to take up a career in social care and for training providers to encourage participation in apprenticeships in social care.

Recommendation 3

Targeted ALPMs towards meeting the vacancy needs of adult social care must operate at the local level. Local Authorities are responsible for the delivery of adult social care in their communities. Job Centres, local councils and local employment support providers are hugely important in helping adult social care employers fill care worker vacancies.

Part Four

The Delivery and Design of Social Care Qualifications

John Widdowson, Former FE College Principal

Embedding Emotional Support for Learners on Health and Social Care Courses

Supporting Learners

Work in the health and care sector is increasingly seen as a key skill area as the country deals with the consequences of the pandemic and as a major career opportunity for young people and those seeking a valued change of direction mid-career. Although a great deal of effort has been devoted to developing curriculum content relevant to work in the sector, including apprenticeship standards and new T Levels, less attention has been paid to supporting learners themselves. In particular, developing in them the personal qualities of strength and resilience to cope with the demands of long, often unsocial hours and the demanding and frequently stressful situations in which they will work.

Pandemic Burnout

The problems of exhaustion, stress and “burnout” in the sector were recognised long before the pandemic. The Select Committee for Health and Social Care noted in its report “Workplace burnout and resilience in the NHS and Social Care” (June 2021) that in 2019, 40.3% of NHS staff respondents reported suffering from signs of stress at work. Although data for the adult social care sector is not available, there is no reason to believe the result would be radically different.

A recent report prepared by Care England indicated that 41.4% of staff turnover arose from workers leaving their posts soon after joining, with the figure for those under 20 years of age rising to 46.9% (“The state of the adult social care sector and workforce in England” October 2020). This is against a background of a sector where 27% of those employed are over 55 years of age and where up to 520,000 new jobs will be needed by 2035. Despite that, it was also noted that workers with qualifications in social care were less likely to leave.

Preparing Young People and Adults to enter Adult Social Care

Of course, there may be many reasons why individuals choose to leave the sector, including low levels of pay and unsocial hours. However, the way in which those individuals are prepared for roles which can be physically and emotionally demanding must play a part.

Care Qualifications

Analysis of qualifications acting as pathways for entrants to careers in adult and social care reveals a common pattern. Understandably, the focus is on skills and knowledge directly related to the recipients of care and not the carers themselves.

For example, the Care Certificate, intended as an induction to work in the sector, covers topics such as 'Understand your role', 'Equality and Diversity' and 'Infection prevention and control'. The apprenticeship standard for Level 2 Adult Care Workers rightly identifies, amongst other attributes and behaviours, qualities such as care, compassion and courage, but aimed at applying those qualities to the recipient of care. Even the Level 3 standard in Lead Adult Care Worker makes little if any reference to the need to apply those caring skills to co-workers or themselves. The recently introduced T Levels, intended to provide the key workers of the future, follow the same path.

Personal Demands of Working in Social Care

Almost without exception there is no overt recognition of the personal demands these roles can bring, nor any identification of ways in which those early in their care careers can be supported to become resilient, looking after their own physical, social and emotional needs and those of co-workers. The development of these skills became even more important during the pandemic. As Care England identified, adult social care staff had to take the place of residents' relatives and loved ones, increasing the already heavy burden.

Threshold Crossing

One way to address this is to adopt a concept more often found in higher and professional education, that of "threshold crossing". As set out by, amongst others, Jan Meyer and Ray Land (e.g. "Threshold Concepts in Practice" 2016), a range of concepts which characterise the changes required of individuals who choose to embark upon challenging careers has been identified. These changes are permanent, "irreversible" in the language of threshold crossing, and apply to the care sector. For example, many of the experiences of care workers are demanding in ways not found in other professions.

Much of the knowledge and experience acquired could be described as "troublesome", requiring individuals to address challenging knowledge (and in the case of the care sector, emotional and physical challenges). Although the analogy is not perfect, there is much to consider in an approach which ensures those who give care to others are cared for themselves.

Recommendation 1

The Institute for Apprenticeships and Technical Education must ensure that standards and qualifications at all levels contain effective means to recognise, develop and accredit skills of resilience, self-awareness and mutual support.

Recommendation 2

Employers providing work placements for apprentices and full-time students, and those inducting new employees into the sector, must actively recognise the need for emotional support, training leaders at all levels to recognise this as a vital part of their role.

Recommendation 3

Careers advisers must be clear with potential care workers about the challenges they will face, the personal qualities required and the rewards of undertaking roles which have the potential to change them forever.

Supporting Post-16 FE Practitioners to Teach Social Care

The Post-16 FE Workforce

The adult social care workforce is projected to grow 29% by 2035 (Skills for Care) and the FE sector plays a vital role in training professionals who can address this skills gap. Adult social care apprenticeships and the Health and Science T Level pathway are designed to meet industry need, but for learners to realise their potential and become workplace ready, FE practitioners and leaders need the skills, knowledge and confidence to deliver these qualifications.

As the expert body for professional development and standards in FE across England, ETF designs, develops and delivers the DfE-funded T Level and apprenticeship professional development programmes (TLPD and AWD). These tailored training and support packages boost FE teachers and leaders' skills, industry knowledge and expertise and they include the training needs analysis, resources, courses, and networks.

The FE workforce has adapted quickly, but more change is coming, and the sector continues to feel the impact of the pandemic. Beyond our delivery of AWD and TLPDs, the health and social care sector will continue to evolve and so will the skills and knowledge required to provide high-quality adult social care. If we are serious about our aspiration to deliver world-class technical qualifications, the practitioners who will be sufficiently trained will be those who are committed to continuously developing their practice and subject expertise.

Reforms to 16-18 Qualifications in Social Care

Employers, learners and even people who work within the FE sector, can find the post-16 skills system complicated. The Skills Bill proposes streamlining these qualifications and removing funding for those that overlap with T Levels.

Defunding BTECs in Social Care

Our priority is to act within the interest of the learners, and we should trust that FE providers know their learners best. 80% of respondents to the DfE consultation disagreed with the proposal, warning that the pace of change is too fast. Defunding BTEC qualifications, an established and accessible route to health and social care, could reduce learner choice and accessibility, and is likely to have greater impact on those who are Black, Asian, minority ethnic, disabled and learners who received free school meals.

Apprenticeships and T Levels

We are confident that apprenticeships and T Levels, underpinned by employer-led standards, will equip learners to meet the needs of the health and social care sector. Learners who aren't ready for these will be able to enrol on transition years and traineeships. For these changes to be a success, practitioners need to be confident in their delivery. Learners, whose education has already been destabilised by the pandemic, need to understand the routes available to them. With the current funding model for Level 3 qualifications, they may only have one chance to choose the right course, so up to date, embedded careers education, information and guidance will be imperative.

Post-16 Qualification Reform

We welcome changes that raise the quality of and untangle post-16 qualifications. However, providers need time to adapt to these changes so that qualification reforms don't happen at the expense of current learners.

Social Care Qualifications for Adults

The skills of adult care workers are undervalued. Robust and reformed qualifications mean that 16-19 year olds who want a career in care work will now be able to evidence their skills to current and potential employers. Qualifications will also help to formalise their transferable skills if they want to change sectors and help them adapt to the evolving workplaces of the future.

Qualifications are for the system, as well as for the individual. Unsurprisingly, '[social care] employers with favourable workforce metrics, such as high levels of learning and development, on average, had better outcomes', such as lower staff turnover and higher CQC ratings (Skills for Care). Qualifications evidence that a worker's professional knowledge is up to date, they have received quality assured training and that they can provide appropriate care. This helps those who access care services, and the people around them, have some autonomy and agency within a challenging system.

If we are serious about ensuring some of the most vulnerable people in our society have effective, person-centered care, then qualifications should be a priority for everyone – adults as well as young people. FE providers can support the care sector to raise quality by delivering fit for purpose and accessible qualifications.

Funding for Adults

With the right working conditions, pay and training, health and social care could, and should, provide an attractive and impactful career path for many people. It is a growing sector, with workers needed across all regions in the country. We should be aiming to remove as many barriers as possible for those who want to work in the sector.

The Lifetime Skills Guarantee enables learners 19 and over to access a funded Level 3 qualification if they do not already have one. This funding offer is not aspirational enough. Adult learners should not be disincentivised from accessing training because they have another Level 3 qualification. Employers, who are trying to raise the quality of their care provision, should have access to a pipeline of qualified jobseekers. To attract as many people as possible to the sector and to ensure they have the skills to deliver effective care, Level 2 and 3 health and social care-related qualifications should be fully-funded for all learners.

Recommendation 1

The DfE should continue funding for tailored professional development in FE so providers are equipped to train the growing adult social care workforce.

Recommendation 2

The DfE should consider giving FE practitioners time to adapt to Level 2 and 3 changes, so that qualification reforms don't happen at the expense of current health and social care learners.

Recommendation 3

The DfE should consider fully funding Level 2 and 3 health and social care-related qualifications for all learners – young people and adults – and for upskilling at Level 2 and 3, and reskilling at Level 2 and Level 3.

Part Five

The Role of Post-16

Education and Skills Policies

Elena Wilson, The Edge Foundation

Valuing Level 3 BTECs for 16-18 Year Olds Studying Health and Social Care

The Value of Adult Social Care

Oonagh Smyth, the Chief Executive of Skills for Care, rightly says: “Social care is a fundamental infrastructure in our communities. It allows people in our families, our friends and our communities to be supported to live the lives they choose.” Social care is a high value, high skilled profession and provides important physical, emotional and social support to help people live their lives. However, the adult social care sector also faces pressure from significant skills shortages and ongoing recruitment challenges, which have been exacerbated through the pandemic.

The Current State of Adult Social Care

Vacancies

Figures from this year’s [State of adult social care sector and workforce in England](#) report reveal that 6.8% of roles in adult social care were vacant in 2020/21, an equivalent to 105,000 vacancies being advertised on an average day. This builds on trends from previous years where the vacancy rate has been persistently high. The UK is experiencing a gap between the knowledge and skills required for our economy. In social care, the lack of a skilled workforce is contributing to the creation of ‘care deserts’ with 1.4 million older people already not getting the care they need ([Incisive Health and Age UK, 2019](#)).

Low Pay

Additionally, low pay in the sector contributes to the high number of care workers leaving the profession each year. Many care workers are working at minimum wage for a job that is both physically and emotionally demanding.

An Aging Workforce

We must also consider demographic changes. 27% of adult social care workers are aged 55 and over, equating to around 425,000 jobs ([Skills for Care, 2021](#)) These workers will retire within the next ten years, so we must ensure that there is a pipeline of talent to fill this.

Growing Employment Demand

We are seeing changes in England’s demographic profile with the [number of younger adults with care needs](#) growing quickly. Figures also estimate that the population aged over 65 in England may increase from 10.5 million to 13.8million between 2020 and 2035 ([POPPI](#)). To match this, we will need to see an increase of 29% (490,000 extra jobs) in the social care workforce by 2035 ([Skills for Care, 2021](#)).

Immigration Policy

In January 2021, the UK adopted a points-based immigration system, which combined with EU Exit could impact the availability of skilled labour from overseas. This is particularly concerning as 18.4% of the adult social care workforce were born outside the UK, and among foreign-born workers, 72% were born outside of the EU ([Independent Age, 2015](#)). (6) At the time of writing, 'care worker' isn't listed as an eligible occupation on the eligible Shortage Occupation List (SOL). This is of concern and the [Cavendish Coalition](#) is working hard to campaign for care workers to be included. If not, a shortage of care workers may exacerbate the current workforce crisis ([Skills for Care, 2021](#)).

Impact of Post-16 Education and Skills Policies

Apprenticeship Starts

Recent years have seen a stark decline in the number of people starting a social care apprenticeship; in 2019/20 around 29,900 people started a social care apprenticeship, which was 26% less than in the previous year. This is likely due to the transition from apprenticeship frameworks to standards and the introduction of the apprenticeship levy. ([Skills for Care, 2021](#)).

Level 3 BTECs for 16-18 Year Olds

At the same time, under the Government's current [review of post 16 Level 3 qualifications](#), the Department for Education is planning to introduce a streamlined Level 3 landscape with a twin-track system of A Levels and T Levels, which is likely to result in the defunding of many Applied General Qualifications such as BTECs.

However, the current BTEC Level 3 Diploma in Health and Social Care offers an important route for a career in adult social care. Meanwhile, the T Level in Health Care only just started in 2021 and we are yet to see the evidence for its labour market value. We are working closely with the [#ProtectStudentChoice](#) campaign to highlight the important role of BTECs, which are understood and valued by employers and act as a progression pathway to further studies and training. Despite the DfE announcing that they will now push back the defunding of Level 3 qualifications from 2023 to 2024, we must go further to reverse these plans and avoid the defunding of valuable applied general qualifications, which offer an important route alongside T Levels and A Levels, and an opportunity to blend technical and academic subjects.

Recommendation 1

Rather than framing social care as a challenging sector, we must highlight the opportunities and career paths available. This is even more important, given the pressing need for more social care workers as highlighted previously. While other sectors are shrinking due to automation, human skills (such as empathy and communication) will still be needed within social care and campaigns such as the [‘Every Day is Different’](#) campaign aims to raise the profile of social care, which offers a range of rich and rewarding career opportunities. However, to attract and retain talent, these campaigns must be supported by good pay and working conditions.

Recommendation 2

Rather than restricting choice, learners should be made aware of the broad options available to progress into and within adult social care. This includes offering BTECs (which provide the opportunity to combine academic and vocational education), as well as A Levels, T Levels and apprenticeships.

Recommendation 3

As the UK shifts to a points-based immigration system and adapts to life outside of the EU, we must increase home-grown talent and develop the skills our economy needs in sectors such as social care, health, and hospitality. The National Skills Fund must prioritise areas of skills shortages that need this most, and ensure that there are opportunities to both upskill and reskill at all levels. This must be understood as an investment in both the sector and in individuals, rather than an expenditure.

What Post-16 FE Can and Cannot do to Tackle the Adult Social Care Crisis

A Growing Sector with Acute Challenges

Adult social care is a large and growing sector in UK society but one with a number of acute challenges.

Low Pay and High Vacancy Rates

Although demand for care is forecast to keep rising, the way that services are organised and funded has resulted in low pay rates, 30% staff turnover and high vacancy levels. [Recent research by the Local Government Association](#) predicted workforce growth of 500,000 over the next 15 years in a sector that already has 100,000 vacancies in its 1.6 million roles.

Affected by Skills-Based Immigration

The Home Office identified the sector as one that will be seriously affected by the post-Brexit 2021 rules ([Home Office Impact Assessment, 2020](#)). This is because of high staff turnover and immigration restrictions for jobs at Level 2.

A Covid Hit Sector

Meanwhile, the multiple impacts of Covid, including backlogs and new safety requirements, make jobs more complicated. The government's Health and Social Care Levy promises funding help in the long-term but there are plenty of problems to deal with in the short-term.

Challenges faced by Post-16 FE and Apprenticeships

The further education sector is full of problem solvers and has decades of experience preparing people of all ages for careers in care but current training activity is under-powered, under-funded and faces a number of obstacles.

Social Care = Low Skill?

Social care has some significant obstacles to overcome. Pay and conditions are at the heart of many HR difficulties but image and reputation also matter. Generations of teachers and policy makers have, rightly, told young people to aim high but this has had the unfortunate consequence of labelling jobs and sectors as 'low-skilled' because they require qualifications only at Level 2.

Care sits alongside construction trades and hospitality in this respect but has particular challenges in identifying and promoting its benefits. It shouldn't need saying but it needs to combat prejudice. The fact is a Level 2 qualification does not equate to low skill.

Low Employer Demand for Apprenticeships

There are too few young people and adults in apprenticeship training given demand. Apprenticeships are supposed to be the main programme to supply domestic workforce skills but the number starting level 2 apprenticeships has fallen by three-quarters over the last 5 years to less than 25,000. Employers who made good use of shorter training routes in the past - for example NVQs funded by Train to Gain - do not seem willing or able to make sufficient use of the levy to meet future need.

The Government rebuilt the apprenticeship system a few years ago around employer choice and longer programmes while reducing its role to one of market organiser. In some sectors, employers have stepped up to develop advanced level apprenticeships and use these to widen and improve routes into work but this is not really happening in social care. It is a sector with inadequate public funding in some areas, private equity driven profit taking in others and inadequate organisation of employers. Employer control doesn't solve all problems.

Funding and Regulation of Further Education

Funding and regulation of further education affects the amount of care training which can be supported through mainstream DfE post-16 budgets. A decade of spending cuts in adult skills halved the total amount of money available for skills outside apprenticeships and fixed the rates for courses at the level paid when Gordon Brown was Prime Minister. Colleges have to juggle plenty of demands on these fixed budgets, and face penalties if they use them for courses with insufficient demand to fill classes or low achievement rates that attract regulatory attention.

Meanwhile, there are positive feedback loops for supporting sectors identified as a priority in local plans. Government, rightly and understandably, wants a virtuous circle in which engaged employers working with a skilled workforce improves local and national productivity, but it is easy to see how necessary but low status sectors will get shoved aside in the process. And with the recent budget providing very little growth in public spending on adult skills over the next three years (between now and 2025), there is frankly nothing available for sectors requiring growth in student numbers.

Government should help FE to do more

The care sector in England has a host of big problems and is in clear need of a comprehensive workforce strategy. The further education sector already contributes to preparing young people and adults for careers in care but the DfE and DHSC must support the FE sector to do more.

Recommendation 1

Employer control won't solve all problems alone. Funders, employers and trainers should co-operate on a strategy to address the challenge of growing and developing the care workforce.

Recommendation 2

All jobs require skills, just different ones. The social care workforce strategy needs to be underpinned by a solid understanding of all the benefits and costs of careers in care.

Recommendation 3

Warm words about adult education and training are appreciated, but without funding to back them, there will be no growth in care training before 2025. The social care workforce strategy may need to focus on the long-term.

Reforming Apprenticeship Funding and Delivery for Adult Social Care

A crucial sector

Adult social care plays a crucial role in our society, yet the sector is in crisis. Whether large or small, public or private, employers are struggling to recruit and retain the workforce. Though Brexit and the Covid-19 pandemic did not cause the crisis in adult social care, both have certainly exacerbated it.

Apprenticeship funding rates

We know that chronic underfunding of training is making matters much worse. In 2019, the Association of Employment and Learning Providers (AELP) conducted a survey on apprenticeship funding rates for the Level 2 and Level 3 Adult Care Worker. Training providers said that the prescribed funding rate of £3000 per learner at Levels 2 and 3 was completely unviable. 96% of respondents said that the current maximum funding of £3,000 to cover the costs of training and assessing an adult care worker apprentice at Level 2 was insufficient, with 99% agreeing that the same rate was not enough for a Level 3 programme.

As a result, 59% of the surveyed providers are either reducing the number of apprentice carers they train or withdrawing from the programme altogether. Adult care learners often have lower levels of literacy and numeracy, meaning most apprentices need Functional Skills Qualifications (FSQs). AELP's research shows the funding for FSQs does not cover the cost of delivery, adding even more financial burden to the provider.

AELP were pleased to see the Department for Education include the Level 3 Diploma in Adult Care in the Level 3 Adult Offer funded by the National Skills Fund (NSF), following recommendations from the Migration Advisory Committee. This represents the first fully-funded Level 3 Diploma for adults over 25. However, fewer than 20 Independent Training Providers (ITPs) were awarded contracts in the Adult Education Budget (AEB) procurement in 2021.

At a time when the adult social care sector is in such dire straits, you would think the government would take action to make the apprenticeship funding rates viable and allow for providers of all types to deliver crucial skills provision, so the whole sector can play their part in tackling the crisis.

Is the apprenticeship levy meeting the needs of social care employers?

The vast majority of Level 2 and 3 adult care starts are now through apprenticeship levy-paying employers, including a large proportion within the NHS itself. Going back to the funding rates, the only way for providers to make care work at £3000 per apprentice is purely on volume. Because of this, there is not much financial viability for non-levy employers. Some of AELP's largest training providers say that they cannot afford to do much with smaller employers in the care sector, as this often incurs a loss. Likewise, smaller employers in care have a range of challenges - from how user-friendly the apprenticeship service is, to the affordability of co-investment.

Despite these challenges in the care sector, we have not actually seen the worrying trend that we have in other sectors, of management training outweighing entry level starts.

Quality and Accountability

Some of the smaller, newer providers who offer care training to non-levy employers have struggled to meet Ofsted's training requirements and quality thresholds. This has not helped the perception of training providers delivering in the sector.

Furthermore, providers delivering adult care may struggle with achievement rates, often for factors out of their control. The sector has always struggled with staff retention. This will sadly, yet inevitably increase with the Care Quality Commission requirements around those entering care settings being double vaccinated against Covid-19, and some apprentices making the personal choice not to get vaccinated. In this instance, the apprentice has to be withdrawn from programme, again affecting achievement rates.

Recommendation 1

DfE and ESFA should increase the funding bands for Level 2 and Level 3 Adult Care Worker apprenticeships. An average response to our 2019 survey suggested that the appropriate level of funding for Level 2 would be £4,500 and for Level 3 it would be £5,400, taking both levy and non-levy employer costs into account.

Recommendation 2

Adult social care employers should be given cash incentives - whether that is an indirect wage subsidy or investment in infrastructure - to support the apprentice. We need a longer-term employer incentive scheme to build on the success of the Plan for Jobs.

Recommendation 3

DfE and ESFA should adopt more flexible measures around achievement to treat providers delivering adult care fairly, and not put good quality providers off from delivering these qualifications. There must be robust measures around quality and accountability, but these must factor in sector-specific nuances, which are out of providers' control.

Gemma Gathercole, Coventry and Warwickshire LEP

Adult Skills, Adult Social Care and Devo-Deals

A Sector in Crisis

Social care is in crisis. Skills for Care, the sector body, reports over 100,000 vacancies being advertised on an average day in 2020/21. Vacancy rates were at 8.2% in August 2021, up from a pre-pandemic level of 8%. The impacts of leaving the EU, the pandemic, skills and labour shortages across many industries, and an ageing population, affect the adult care sector deeply and given that the sector was struggling to recruit before these events, it signifies the scale of the problem facing the sector.

Public Sector Pay Comparisons

Research by Community Integrated Care and Korn Ferry found that social care workers would be paid up to 39% more – an additional £7,000 – if they worked in other public funded sectors, with the gap 42% to the NHS. This context of pay and esteem is important to understanding the complex landscape of devolution and the impact it can or could have on this sector.

Mayoral Combined Authorities

Under the current devolution model, mayoral combined authorities (MCAs) are groups of more than two councils that can collaborate and take collective decisions across council borders. Each MCA has its own devolution deal agreed with government and the constituent councils that form those organisations. So, the exact scope and scale of the devolution given to the MCA region can differ.

Adult Education Budget

All of the nine existing MCAs have control over the Adult Education Budget and can, without sacrificing national entitlements, make local decisions over how that funding is allocated. As an example, the West Midlands Combined Authority has created a West Midlands Regional Health Science and Care Services Training Plan. The Plan aims to increase cohesion between training and available jobs in the local economy, while also making entry points and retraining opportunities clearer for residents. It provides a helpful breakdown of pathways, associated courses and the providers that offer those pathways.

Commissioning Social Care

However, the MCA model does not give them control of commissioning social care services, as this remains a statutory responsibility of local authorities. This is where the potential for 'County Deals' provides an interesting contrast to the existing model.

County Council Deals

In July 2021, the Prime Minister set out a vision for 'County Deals' to 'take devolution beyond the largest cities'. But as yet, the full detail of what this might entail has not been published and has been promised in the upcoming 'Levelling Up White Paper'. However, within the associated press releases of that speech, there is reference to giving 'County Deals' the same powers as metro mayors, including skills. This could mean that 'County Deal' areas would potentially have control of the commissioning of social care and the Adult Education Budget.

Adult Education Budget and Social Care Funding

What this potential 'County Deal' could do is allow local areas to support the short-, medium- and long-term recruitment and training of social care staff. Social care operates on very fine margins, and frequently the additional cost of training can be a significant barrier to recruitment. Whether that dual role could generate a step change in the recruitment challenges experienced by the social care sector is not simple to answer.

In a recent discussion with a social care provider, the notion of the integrated health and social care plan came up. They reflected that there are a number of challenges to making that work. First, healthcare is free at the point of use, whereas social care is means-tested and often requires the recipient to contribute to the cost of the service, so the interaction is different. And second, the NHS has a workforce strategy, but there is not one for the social care workforce. Some of these key challenges need to be addressed.

Recommendation 1

Devolution needs careful management to avoid a postcode lottery – while regional or county boundaries make administrative sense, individuals' lived experience does not recognise those boundaries. It doesn't really matter how big or small a geography is involved; someone somewhere is always going to live on the edge. Current experience of the devolved Adult Education Budget is off cliff edges that do not support the end user. And that devolution adds complexity for the providers as well, who potentially might have to deal with a growing number of commissioners if they provide services over a geographical area that does not fit with the geography of devolution.

Recommendation 2

Funding settlements need to be provided for a sufficiently long term and with greater notice than is current practice. We can all understand the need for short-term spending reviews driven by the pandemic, but these do not provide sufficient support for long-term service management.

Recommendation 3

Develop a workforce plan for the social care sector, understanding its complexity with public and private funding, the impact of voluntary family care, the number of settings involved, care homes, day centres, and in-home care. Map out the needs for the sector in the long-term using population modelling to understand the implications for an ageing population. Benchmark salaries across similar skill-level roles in other public sector organisations.

Part Six

Adult Learning and Adult Social Care

The Wider Benefits of Adult Learning for Adult Social Care

Adult Social Care is a Vast Sector

Adult social care in England is a vast sector, employing more than 1.5 million people and providing support and care to millions of people. The sector operates through a mixed business model with support for clients being provided by formal and informal approaches. The sector often functions under great pressure and the services it provides are vital to society's most vulnerable people and are often needed urgently.

Funding

In 2020/21 the gross current expenditure on adult social care by local authorities was £21.2bn. Almost three quarters (73.6% or £15.6bn) of total gross current expenditure is spent on long-term support, and this is the first year more money has been spent on clients aged 18-64 receiving long-term support, rather than those aged 65 and over. In 2020/21 there were over 840,000 clients receiving long-term support and many thousands needing short-term support or supported by family in the community.

Workers and Establishments

The number of people working in adult social care is estimated as 1.54 million and delivery is by an estimated 39,000 formal establishments, with many being supported in their own home. Low levels of pay, training and skills of care staff – 37% have no recognised qualification – and increasing difficulties in recruitment raise worries about the quality of care at a time when the acuteness of people's needs in all care settings is rising.

Services

Adult social care provides a wide range of services but mainly provides support to adults with physical or learning disabilities and/or mental illnesses. This could be for personal care (such as eating, washing, or getting dressed) or for domestic routines (such as cleaning or going to the shops). This support is provided in various ways. It can be provided through formal care services, including residential care homes, or a carer helping in the home.

Needs

There is a wide range of people who need education and skills development such as adults, children, the elderly, families, or those with mental ill health, physical disabilities, learning disabilities, or alcohol or drug dependency. And there is increasing crossover between social care and healthcare roles so the future workforce will need to be multi-skilled.

Adult Education is a Key Partner

Adult education is a key partner and adult social care looks to education services and institutions to provide underpinning support. The three main programmes provided by adult education are: training the workforce, helping to improve the skills of recipients of adult social care to enhance their lives, and training and development for carers and others who provide informal support.

Benefits

Adult education provides many benefits to this group in society. It has been proven that a culture of adult learning throughout life creates the circumstances for improved wellbeing and enhanced community welfare, including improved integration and social justice. It also leads to economic gain as people who are happier and more confident are more productive and take less time off work.

Activities

Adult education and skills support covers a wide range of activity, from young adults who need to learn to live independently to the older person with learning difficulties who needs to learn new skills to find a job. The numbers participating are lower for social care clients than for the rest of the population and this needs to be reversed. The client group is getting younger and provision needs to change and be expanded to meet this new requirement.

Local Partnerships

Adult Education services provide a range of programmes normally delivered in partnership with Social Services and Local Authority Commissioning Departments.

Provision for the Adult Social Care Workforce

Adult Education provision supports entry into the workforce through improving essential employment skills. These include English, ESOL, Digital, maths and employability skills.

Many of these programmes provide an escalator approach, enabling them to understand the needs of industry, entering at an appropriate level, and creating a development path to secure improved prospects in employment or training, including apprenticeships. This type of programme tries to address local skills shortages.

As well as formal programmes leading to professional qualifications at level 2 and 3 through the new National Skills Fund Lifetime Guarantee Scheme, many education services work with employers to support their staff in other ways such as delivering the Wellness at Work Programme, training managers in the health and social care sector how to support their staff with wellbeing and developing wellness plans. They also work with home carers on subjects such learning sign language to support communication.

Provision for Adult Social Care Clients

There is a wide range of provision for learners, support workers and families. These include employability, and entry level English, ESOL, maths, and parenting courses where learners are referred by social workers.

Many services provide a range of personal development courses for those identified by adult social care as in need of support, who with appropriate training can lead enhanced lives, including Independent Living Skills for SEND adults, Wellbeing programmes for SEND adults, and Employability for SEND adults.

Recommendation 1

Ministers at the Department for Education, Department for Health and Social Care, Department for Work and Pensions and the new Department for Levelling Up, Housing and Communities should work together to develop a joint Lifelong Learning Strategy which includes a skills and employment plan for England. The strategy should recognise and explain the interwoven goals of an improved economy and enhanced wellbeing and prioritise the care workforce, those receiving support, and carers.

Recommendation 2

Mayoral Combined Authorities should work with Regional Health Authorities, Local Authorities, social care stakeholders and employers to determine a care workforce plan for their area. This should include clear progression routes, which in turn would lead to less duplication and stretch funding further. This workforce plan should include a clear qualification path that recognises care workers' skills.

Recommendation 3

Local Authority commissioners should work with education institutions to map the client group and determine appropriate programmes to match the differing needs.

Adult Learning for Adults in Social Care

The Join-Up with Adult and Community Learning

The world of adult social care is diverse and complex, from older adults to those people living with mental health issues and/or learning disabilities. The range of care settings reflects this; from those settings where intensive support is being given, to residential accommodation and an ordinary house in an ordinary street.

The join-up with adult community learning is an obvious one. If, however, adult community learning is to play a full role in supporting adults in care settings, then it needs to offer the wide range of curriculum and teaching and learning methods for which it is best known.

Economic Value

We can prove to funders, both nationally and regionally that these types of interventions have real economic value as well as human benefits. Demonstrating economic value is increasingly important, as adult community learning compete for funding with the more immediately visible economic value of high-level technical skills, leading to employment – the focus of the current UK Government and many Mayoral Combined Authorities.

Adults with a Care and Support Plan

At the WEA, 81% of all learners tell us that their course improved their wellbeing. For adults with a care and support plan, it is possible to build on this 'therapeutic' effect by designing learning interventions that are an integral part of that plan.

Examples of where adult learning might be part of a wider care plan include (i) light exercise especially for people with limited mobility (e.g. yoga, dance); (ii) reminiscence for conditions which affect memory and recall; (iii) art therapy; and (iv) cooking and nutrition courses. Today we call this type of intervention social prescribing, and this approach is welcomed and should be encouraged.

Wherever possible, adults with care needs should access learning in the community as this dispels myths about those who need support and builds cohesion and understanding. The pandemic has hit the social care sector hard and it will take time to rebuild adult learning, particularly for those in residential settings, where rightly the immediate priority is to keep people safe and well. At the WEA we have worked hard to support 28,000 learners on over 6,000 online courses over the last 18 months. We have managed to maintain a community approach to learning, even online.

Adult Learners who are also Adult Carers

We must not forget the needs of those who provide the care. A quarter of all WEA learners self-identify as carers. We know that learning alongside the person they care for is important. It is also the case that classes for the adult being cared for provide valuable respite for the carer.

Care Workers benefiting from Adult Learning

Care professionals should also not be forgotten. I have heard directly from health and social care workers about the massive impact taking a creative writing course had on them, building their resilience and maintaining their mental health and wellbeing ready for work. This is real proof this type of learning is economically valuable, to use the Government's current language and measure of impact.

Attracting Workers into Social Care

The WEA is also playing a vital role in attracting workers into the social care sector. We are working in many areas on "Step into care" courses. These support adults who are interested in working in social care to understand the first steps to securing employment in the sector.

Healthy and Wise

'Healthy, Wealthy and Wise' is the end of a well-known proverb. If we ensure that social and health care join forces with education to support individuals, families and communities to stay healthy and wise, maybe the wealthy part will take care of itself.

Levelling Up

Levelling up is the language of the day. If we are to make this a reality, then we have to start by finding ways of delivering for those that need the greatest support.

Recommendation 1

The Government should continue to support and fund a social prescribing model and network which recognises the economic value that adult community learning provides.

Recommendation 2

The DfE should support a broader view of outcomes within the Adult Education Budget, and facilitate accessing funds from health and social care budgets to support learning for adults with support needs.

Recommendation 3

The DfE should extend the entitlement to an Education, Health and Care Plan (EHC), currently limited to those aged up to 25, to all adults with an assessed care and support need.

Campaign for Learning: Proposals for Reform in England

Strategic

Proposal 1

A long-term 'Integrated Pay, Employment and Skills' Plan for adult social care in England

The government should introduce a long-term integrated adult social care plan for pay, employment and skills. Standalone workforce development and lifelong learning strategies focusing on current and future recruitment, retention, upskilling and reskilling will not work. All the skills training in the world will not compensate for chronic low pay, high levels of zero-hour contracts - especially for workers delivering care – and a lack of professional status. Indeed, adult social care policy should apply the principle of derived demand for skills development. An employment model based on better pay, more secure employment contracts and professional status is what will drive-up recruitment, and in turn, demand for training and retraining within the existing workforce and new entrants.

Proposal 2

Turn adult social care into a 'qualified vocation'

In the context of a long-term integrated pay, employment and skills plan, the government should capture the combined benefits of adult social care as a vocation and qualifications as a measure of competence to deliver and manage adult social care. More specifically, the government alongside stakeholders within both the adult social and post-16 education, skills and employability sectors should introduce: (i) mandatory registration of care workers; (ii) a mandatory licence to practice including working towards the Care Certificate, and (iii) a minimum qualification at Level 2 in social care to deliver social care.

There should be little disagreement across the adult social care sector and the post-16 education and skills sector about young people aged 16-24 gaining Level 2 and Level 3 qualifications to work as senior and junior care workers. More contentious is older adults. The adult social care sector places a premium on care as a 'vocation' particularly for adult workers, whilst the post-16 education and skills sector places a premium on 'qualifications and standards' as they are the metric for the whole post-16 education system. To raise the professional status of care workers, however, the aim must be to define adult social care as a qualified vocation.

Proposal 3

A 'Good Work Adult Social Care Employer' Kitemark jointly developed and promoted by DHSC and DfE and funded by DHSC and Skills for Care

The Government should develop and introduce 'A good work adult social care employer kitemark', awarded where pay rates exceed National Living Wage rate, employment contracts provide stable hours, and employees are engaged regularly in learning and development. The kitemark should be jointly developed by DHSC and DfE and funded by DHSC and Skills for Care through the Workforce Development Fund.

Proposal 4

A DfE and DHSC joint recruitment campaign for 16-18 year-olds into adult social care training and progression into employment

The population of 16-18 year-olds in England is rising. By 2024, there could be 200,000 more 16-18 year olds than in 2020. The Spending Review 2021 includes additional funding to cover the anticipated extra number of 16-18 year-olds studying full-time further education courses at Level 3 and below due to population growth. At the same time, demand for different types of Level 3 and below courses in 16-18 further education is largely determined by student choice. In principle, there should be no shortage of 16-18 year-olds and no shortage of places to study full-time health and social care courses if young people decide to do so. And in turn, given the recruitment crisis, there should be no difficulty in obtaining a job in adult social care at age 18/19 after completing full-time study. DfE and DHSC should develop a recruitment strategy for 16-18 year-olds studying and then entering the adult social care sector from age 18/19. Success, however, will depend upon the adult social care sector becoming more attractive as a career for young people.

Proposal 5

Treasury Review of the benefits of adult learning for adult social care

The Treasury should commission a wide-ranging review of the different possible benefits of adult learning for adult social care. Participating in adult learning can: (i) improve the quality of life of adults in and requiring social care; (ii) improve the well-being of adult social care workers, especially their mental health and resilience, and (iii) support training and retraining of the adult care workforce, especially older adults who need to enrol on Entry Level and Level 1 care courses before starting employment. The Treasury should specifically review the benefits of integration between the DfE Adult Education Budget and the DHSC and Skills for Care Workforce Development Fund.

Proposal 6

Publication by DfE of an annual statistical release on post-16 participation on health and social care qualifications in England

To improve transparency, accessibility and public debate, DfE should publish an annual statistical release on post-16 participation on health and social care qualifications by age, level and pathway. Data is currently available but not in one place or on each part of the post-16 education and training system. The Post-16 Health and Social Care Statistical Release should provide data on: (i) 16-18 apprenticeships and 16-18 further education; (ii) 19+ apprenticeships, 19+ further education and post-16 full-time and part-time higher education. This data should be complemented by the number of adult social care workers supported through the Workforce Development Fund, resourced by the DHSC and administered by Skills for Care. Our best understanding of the latest data is set out below.

Post-16 Apprenticeships

[DfE data](#) is available for apprenticeships for Tier 1 subject areas. Between August 2020 and April 2021, 10,600 16-18 year-olds started a health, public service and care apprenticeship (6,000 at Level 2 and 4,000 at Level 3). A further 65,000 adults aged 19 and over also did so (with 15,000 at Level 2, 27,000 at Level 3 and 17,000 at Level 4+).

19+ Adult Further Education including Apprenticeships

DfE also publishes data on participation by adults aged 19+ on further education courses and apprenticeships for Tier 2 subject areas (see Box 1). As well as not being directly compatible with data on apprenticeships, there is no breakdown between adults aged 19+ on health and social care FE courses and health and social care apprenticeships.

16-18 Education and T Levels

Even more difficult is to find data on 16-18 year-olds studying full-time Level 2 and Level 3 qualifications in further education by subject including health and social care. [DfE publishes data](#) on full-time study by age and levy but not by age, level and subject. At the end of 2020, about 53,000 16-18 year-olds were studying full-time Level 2 vocational courses in all subjects, and 164,000 were studying Level 3 applied general or standalone tech level qualifications other than T Levels in all subjects.

Box 1

Education and Training Enrolments for 'Education and training sector subject area tier 2 - detailed series' for 1, 2, 3, 4, 5, 6, 7, E, Not Applicable/ Not Known and Health and Social Care in England for 2020/21

	2020/21
1	23,380
2	152,630
3	20,800
4	3,780
5	1,680
6	60
7	-
E	1,830
Not Applicable/ Not Known	310
Total	204,460

Footnotes

1. Volumes are rounded to the nearest 10. If shown, '-' indicates a base value of between 1 and 4, whilst 0 indicates a true zero
2. Aim enrolments are a count of enrolments at aim level (including component aims) for each stated academic period. Learners will be counted for each aim they are studying and so can be counted more than once
3. Education and Training aims include component aims for Traineeships
4. 'Not Applicable/Not Known' levels includes aims where a qualification either has no level or may be taken at several levels
5. 2020/21 data is provisional and covers the first three quarters of the academic year (August to April). Data for previous years (if shown) covers the full academic year (August to July)

[Source: DfE](#)

Proposal 7

Raise awareness by the adult social care sector of the role of adult education in funding and delivering Health and Social Care qualifications

Funding for health and social care courses at Level 3 and below is not restricted to 16-19 education and post-16 apprenticeships. Adult education apprenticeships – is (are) a key supplier of health and social care courses from Entry level to Level 3 – with funding from the current Adult Education Budget and Adult Learner Loans (i.e fee-loans). The funding of health and social care courses for adults is particularly important because 71% of care workers starting employment in the sector are aged 25-54. Between August 2020 and April 2021, a total of 173,000 adults were participating on Level 2 and Level 3 health and social care courses (see Box 1) defined in terms of tier two subject areas. Data for adults on Level 2 and 3 apprenticeships is defined in terms of tier one subject areas and indicates 42,000 were on health, public service and care Level 2 and 3 apprenticeships (see Box 1). Although not directly compatible, adult education seems to be a greater contributor to the supply of health and social care qualifications than apprenticeships, especially at Level 2. DfE, DHSC and Skills for Care should, therefore, raise awareness in the adult social care sector of funding for Level 2 and Level 3 health and social care courses through adult education – the AEB and Adult Learner Loans – as well as adult apprenticeships.

Proposal 8

Government assessment of county devolution deals combining funding and delivery of adult social care and adult skills

If the Levelling Up white paper proposes County Devolution Deals, which in turn includes devolution of the AEB and the wider Adult Skills Fund (the AEB and most of the National Skills Fund), county councils will be responsible for both adult social care funding and adult skills funding. A possible advantage could be that County Councils seek to direct a greater share of adult skills funding in England towards adult social care training. The disadvantage is that less adult skills funding would be available for adult technical education. The government needs to weigh-up carefully the implications of devolving the adult skills funding to County Councils, given the balance between training for economic productivity and training for public services.

19+ Adult Education

Proposal 9

The DfE should introduce an entitlement to free education for adults without a first full Level 2 where they enrol on a full Level 2 Health and Social Care qualification which is funded through the AEB

There is strong support within the post-16 education and skills sector for DfE to introduce an all-age entitlement to free education for a first full Level 2 irrespective of age, economic status – unemployed, inactive and employed – and level of earnings. DfE should introduce an entitlement for adults without a first full Level 2 enrolling on a full Level 2 health and social care qualification funded through the AEB.

Proposal 10

The DfE should introduce an entitlement to free education for adults seeking a second full Level 2 where they enrol on a full Level 2 Health and Social Care qualification which is funded through the AEB

Many older adults will already have a first full Level 2 qualification but need to retrain at Level 2 to change career. DfE should introduce an entitlement to free education for adults seeking a second full Level 2 where they enrol on a full Level 2 health and social care qualification, irrespective of economic status – unemployed, inactive or employed – and income through the AEB.

Proposal 11

The DfE and DHSC, in association with Skills for Care, should assess the take-up of the adult entitlement to free education for a first full Level 3 taken as a full Level 3 qualification in Health and Social Care

From April 2021, the government introduced an all-age entitlement to free education to achieve a first full Level 3 irrespective of income and economic status – unemployed, inactive or employed - linked to a list of specified courses. The DfE and DHSC, in association with Skills for Care, should undertake an assessment of the take-up of the entitlement by adults in the adult social care workforce or those wishing to enter it through enrolling in Level 3 health and social care qualifications, and consider steps to improve take-up.

Proposal 12

The DfE, DHSC and Skills for Care should create a Partnership to support the government's trial of free education to reskill at Level 3 for low waged workers in adult social care

Adults wishing to reskill at Level 3 are not normally entitled to fully-funded grant funding through the Adult Education Budget and need to take out income contingent adult fee-loans – known as Adult Learner Loans – instead. At the [AoC conference in mid-November 2021](#), the Secretary of State for Education, Nadhim Zahawi, announced: "In a trial from next April, any adult in England who earns a yearly salary below the National Living Wage will also have the chance to take these high value Level 3 qualifications for free." DfE, DHSC and Skills for Care should work in partnership to enable low-waged adults in the adult care sector, or those wishing to enter it, who already have a first full Level 3, to reskill by enrolling on full Level 3 health and care qualifications.

Proposal 13

The DHSC and Skills for Care should use the Workforce Development Fund in conjunction with the Adult Education Budget to co-fund higher waged adults with a Level 3 to reskill in adult social care at Level 3

Adults earning higher wages who have a first full Level 3 and are seeking to reskill at Level 3 must take out Adult Learner Loans – i.e. fee-loans – if they wish to have taxpayer support. DHSC and Skills for Care should use the Workforce Development Fund to co-fund higher waged adults with a Level 3 to reskill in adult social care at Level 3 through the Adult Education Budget.

Proposal 14

The DfE and DHSC should request extra funding for adult education to fund adult social care training and retraining as part of Budget 2022

Although the Spending Review 2021 announced an increase in adult further education, this largely reflects treating the National Skills Fund (c£500m) as new money on top of a constrained Adult Education Budget (£1.3bn) and demand-led Adult Learner Loans (£0.2bn). Funding remains well short of 2010/11 levels. Adult further education can do more to train and retrain adults wishing to become qualified care workers, but extra resources are needed. DfE and DHSC should request extra funding from the Treasury for adult education to fund training and retraining in adult social care at the next Budget, which could be held in March 2022.

Proposal 15

The DWP should allow unemployed adults to receive Universal Credit for up to 52 weeks to gain a first full Level 2 qualification in Health and Social Care

Unemployed adults can claim Universal Credit (UC). As part of a six-month pilot, DWP pays UC to adults studying full-time work-focused courses for 12 weeks, skills bootcamps for 16 weeks and traineeships for up to 26 weeks. As part of its contribution to tackling the adult social care crisis, DWP should allow unemployed adults claiming Universal Credit without a first full Level 2 qualification and seeking to gain a full Level 2 in health and social care to receive benefit payments for up to 52 weeks.

Cost of Living Crisis

Proposal 16

The DHSC and Skills for Care should introduce cost of living bursary grants financed through the Workforce Development Fund and administered through FE providers to adults on Level 2 and Level 3 adult social care courses

The cost-of-living crisis is not just restricted to adult care workers. Adults considering enrolling on health and social care courses also face increases in the cost of living. Free education helps but training and retraining is difficult for many already in employment, where the goal is to work extra hours or gain an extra shift to meet household bills. To ease the cost-of-living crisis faced by adults wishing to enrol on part-time Level 2 and 3 health and social care courses, DHSC and Skills for Care should introduce means-tested bursary grants financed through the Workforce Development Fund and administered through FE providers. DHSC should work with DWP to ensure bursary grants are disregarded when calculating Universal Credit.

Post-16 Apprenticeships

Proposal 17

The DHSC and DfE should develop a plan to encourage more adult social care employers to sign onto the Apprenticeship Digital Service

Both levy and non-levy paying employers must sign up to the Apprenticeship Digital Service to access funding. The vast majority of adult social care employers are non-levy payers. DfE and Skills for Care should work together to increase the number of employers from the adult social care sector on the digital service.

Proposal 18

The DfE should remove the co-funding requirement of 5% for non-levying paying adult social care employers supporting adult apprentices on Level 2 and Level 3 social care apprenticeships

At present, non-levy paying employers taking on adult apprentices must contribute 5% of the cost of the training. DfE should contribute to tackling the adult social care crisis by removing the 5% co-contribution, where an adult social care employer trains an existing adult worker or takes on a new adult worker as a Level 2 and Level 3 social care apprentice. Co-funding should continue for Level 4+ social apprenticeships and non-care apprentices.

Proposal 19

Extend cash incentives for adult social care employers taking on apprentices through the Workforce Development Fund

Adult social care employers should be given cash incentives - whether that is an indirect wage subsidy or investment in infrastructure - to support apprentices. Skills for Care should consider deploying extra resources for employer cash incentives for apprenticeships from the expected enhancement to the Workforce Development Fund.

Post-16 Level 3 and Below Qualifications

Proposal 20

Building emotional support into Health and Social Care Qualifications and work placements for young people

Working in adult social care is a stressful job for adults, let alone young people. The Institute for Apprenticeships and Technical Education, and awarding bodies, should ensure that apprenticeship standards and qualifications – existing vocational qualifications and T Levels – as well as work placements contain measures to recognise, develop and accredit skills of resilience, self-awareness and mutual support.

Proposal 21

DfE in association with the Institute for Apprenticeships and Technical Education, and Skills for Care should determine whether the existing T Level in Health and Science meets the specific needs of the adult social care sector

The defunding of Level 3 health and social care qualifications for 16-18 year-olds was originally planned for academic year 2023/24. This has now been put back to academic year 2024/25. The Government must decide whether the Health and Science T Level meets the specific requirements of a job in social care and if not, whether the defunding of existing Level 3 qualifications in health and social care will in effect mean that the only pathway open to young people and adults to progress to achieve a Level 3 in social care is through an apprenticeship.

Proposal 22

The DfE, DHSC and Skills for Care should work with adult learning providers to extend entry and Level 1 Qualifications for adult social care whilst promoting a more professional workforce

A more professionalised adult social care workforce should not act as a barrier to recruiting and retaining workers with low or no qualifications. DfE, DHSC and Skills for Care should work with adult learning providers to extend Entry and Level 1 qualifications in health and social care as steps towards meeting minimum qualification levels for care workers.

Proposal 23

The DfE should carefully consider the impacts of the Review of Level 2 Qualifications on improving the professional status of adult social care workers

Part of raising the professional status of adult social care workers is to increase the number of workers qualified at a minimum level to deliver social care. This minimum level is usually defined as Level 2. Any radical reform of Level 2 qualifications by DfE might undermine plans to raise the professional status of adult social workers through Level 2 health and social care qualifications.

Progression into Adult Social Care Jobs

Proposal 24

The DfE and DHSC should work with Skills for Care to measure progression from Level 2 and Level 3 Health and Social Care Pathways into adult social care jobs

A key metric to measure is whether young people aged 16-24 completing health and social care Level 2 and Level 3 courses who gain employment actually move into the adult social care sector. Some young people might enrol on health and social care courses but do so to improve their general employability, rather than a career in adult social care, or decide that other sectors offer better pay and conditions.

Select Committees

Proposal 25

Chairs and members of the Education and Health and Social Care select committees should consider a joint inquiry into Adult Social Care

Adult social care is a complex area of public policy with at least seven government departments shaping the work of the sector. Public funding for the delivery of adult social care in England - excluding user contributions and self-funded provision – could exceed £23bn by 2024/25. Public funding for post-16 education and skills in England could exceed £36bn by 2024/25. There is considerable merit in the Education and Health and Social Care select committees of the House of Commons conducting a joint inquiry into an end-to-end assessment of adult social care, from the funding of adult social care services to the benefits of adult learning to the adult social care sector.

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Campaign for Learning

The Campaign for Learning works for social and economic inclusion through learning. In 2020, it became an independently managed organisation in the NCFE charity.

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Disclaimer

The views expressed by contributors are those of the authors and, where relevant, not necessarily the views of their respective organisations.

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