



Department of Health & Social Care

Care workforce pathway for adult social care: call for evidence

Submitted 30 May 2023

Through the call for evidence, we are gathering your views on the pathway, including what it should include, how it should be set out and how we can support people working in care and social care employers to use it. This will support the workforce to develop the skills, knowledge and behaviours to become experts in their field or progress into new roles and to deliver high quality, personalised, compassionate care and support.

[Please review the full call for evidence page before completing this survey.](#)

Notes about this survey: to share this survey with others, [please right click to copy this direct link address](#) and paste it. Do not share the page to the survey once you've started it. If you navigate away from the survey, it should continue from where you left it, if you reopen the link in the same browser.

This consultation closes at 11:45pm 31 May 2023.

Care workforce pathway for adult social care: call for evidence

In what capacity are you responding to this call for evidence?

- A member of the social care workforce
- A social care employer
- A person who uses social care
- On behalf of a government or social care organisation (includes training providers)

On behalf of a government or social care organisation

Which of the following most accurately represents the type of organisation you represent? (optional)

- Local government
- Other government organisation
- Charity
- Training provider
- Other

Please specify

Professional association / trade association

Contacting you

As part of this survey there are a few reasons why we may require your email address:

- if you need to contact us about amending or deleting your response - the only way we can verify that it is your response is via your email address
- if you didn't have time to finish the survey, we can send you a reminder before it closes
- if you provide examples of good practice that we may want to discuss

If you are responding on behalf of your organisation, please provide your organisational email address. Your email address will not be shared with anyone outside of the department.

Are you happy to share your email address with the Department of Health and Social Care?

- Yes
- No

What is your email address? (optional)

policy@homecareassociation.org.uk

A streamlined market

Looking at the statements, please identify how much you agree or disagree with each of the statements relevant to you.

Because of the new care workforce pathway:

There will be a more streamlined training market for government investment, local authorities, and integrated care systems (ICSs) reflecting the clarity that will bring to the training needs of the workforce. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

I will understand what skills, knowledge, behaviours, and values are needed within the workforce to provide high quality care and support and meet the needs of citizens. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

I will be able to identify which available learning and development solutions support the specific training needs of the workforce. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

I will be able to identify where there are gaps in the available learning and development provision. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Efficiency and value for money

Looking at the statements, please identify how much you agree or disagree with each of the statements relevant to you.

Because of the new care workforce pathway:

I will see savings from more efficient services because of the reduced duplication of training. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

I will see savings from reduced turnover of staff. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

I will see savings from reduced backfill requirements. (optional)

- Strongly agree
- Agree
- **Neither agree or disagree**
- Disagree
- Strongly disagree

I will be confident that I can identify learning and development solutions and provision that meet a quality standard. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- **Disagree**
- Strongly disagree

I will be able to monitor the outputs and impact of investment on vacancies, turnover and learning and development spend efficiency. (optional)

- Strongly agree
- Agree
- **Neither agree or disagree**
- Disagree
- Strongly disagree

Identifying policies

Looking at the statements, please identify how much you agree or disagree with each of the statements relevant to you.

Because of the new care workforce pathway:

I will be able to identify priorities for national learning and development policy. (optional)

- Strongly agree
- Agree
- **Neither agree or disagree**
- Disagree
- Strongly disagree

As the needs of citizens change, I will be confident that the pathway will be updated and refreshed and a collective understanding of the necessary skills, knowledge, behaviours, and values will be maintained. (optional)

- Strongly agree
- Agree
- **Neither agree or disagree**
- Disagree
- Strongly disagree

I will be able to see any gaps between the current skills, knowledge, and behaviours of the workforce and what is needed to provide high quality care and support and meet the needs of citizens. (optional)

- Strongly agree
- Agree
- **Neither agree or disagree**
- Disagree
- Strongly disagree

I will understand what skills and knowledge care workers need and the behaviours they need to develop. (optional)

- Strongly agree
- Agree
- **Neither agree or disagree**
- Disagree
- Strongly disagree

I will understand what learning and development solutions employers will want to buy. (optional)

- Strongly agree
- Agree
- **Neither agree or disagree**
- Disagree
- Strongly disagree

I will be able to understand the skills and knowledge learning and development solutions that are being prioritised by government or other funders. (optional)

- Strongly agree
- Agree
- **Neither agree or disagree**
- Disagree
- Strongly disagree

I will understand what the expectations of quality training are. (optional)

- Strongly agree
- Agree
- **Neither agree or disagree**
- Disagree
- Strongly disagree

Learning and development

Looking at the statements, please identify how much you agree or disagree with each of the statements relevant to you.

Because of the new care workforce pathway:

I will understand what skills and knowledge care workers need and the behaviours they need to develop. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

I will understand what learning and development solutions employers will want to buy. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

I will be able to understand the skills and knowledge learning and development solutions that are being prioritised by government or other funders. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

I will understand what the expectations of quality training are. (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

Are there any other benefits, not included in the previous question, that the pathway would provide you with? (optional)

Many of our responses are 'neither agree or disagree'. This is partly due to the current proposals being very high level; and partly because some of the benefits in question will rely critically on how the pathway is implemented. It is also true that some key benefits of the pathway will only be realised in combination with other policy measures and further development. Some key issues that need to be addressed are as follows.

Firstly, there are current issues with the transferability of skills. Until a skills passport or reliable registration process is forthcoming this may mean that employers do not feel that an employee having achieved a particular level along the pathway with a previous employer is a reliable indicator of competence because roles may be classified in different ways in different organisations and there is not yet independent validation of skills for the Care Certificate. There are plans to make the Care Certificate an accredited level 2 qualification, but this has yet to be delivered, and it is unclear whether the

other proposed roles and levels would also require accredited qualifications. (If required qualification for each level is the intention this may create other challenges. It is crucial that providers are involved in the development of any plans relating to qualifications; resolving the issues around transferable skills doesn't entail qualification requirements for the care workforce pathway, and consultation is needed).

Secondly, consistency will not be achieved until the whole of the sector is thought about, including personal assistants who might have hugely varied skills, depending on the specific needs of the person that they support. The consultation document notes that the pathway will be developed at a later stage to include personal assistants. It is important that this happens, though this may require changes in legislation.

However, including personal assistants in the pathway does not address that fact that the work of personal assistants is not CQC regulated and thus there is no requirement for mandatory or other training. We believe it is in the public interest for delivery of all personal care and healthcare services, as defined in the legislation, to be regulated, regardless of a careworker's employment status. There are significant gaps in the regulation of care provision at the moment which can put people being supported at risk and make it harder to flag concerns about the fitness to practise of specific workers. There is increasing interest from local authorities in promoting the use of micro-providers. We have come across instances where a member of public or a previous employer wished to raise a fitness to practise complaint about a careworker but had no route to do so. Professional registration for those working in social care, with special priority given to Personal Assistants, would be one way of beginning to address this issue.

Thirdly, the pathway could be of benefit if it enables social care career pathways to be mapped into health career pathways to enable people to move between the sectors in a more fluid way. There is clearly some thinking developing in this direction, but the current framework does not make clear how that might work. The absence of a workforce strategy for social care, aligned with the NHS People Plan, is a significant hindrance in this regard.

Fourthly, one of the challenges in the workforce at the moment is that [pay differentials are low](#), or in some cases non-existent, largely due to inadequate fees paid by commissioners and commissioning practice in the public sector. This means that additional experience or qualifications are not necessarily rewarded by increased pay. If the Government is serious about implementing a career pathway, will funding be made available to recognise and reward the skills of more skilled and more senior careworkers?

The pathway we have set out in this call for evidence is a proposal for how the adult social care workforce might be structured. It includes 4 broad categories of role:

Care and support practitioner: this describes people who are new to adult social care or returning to the workforce after a period of time away. We would expect

people in this role to be in the first 12 to 18 months of their first role in adult social care and be building the skills and knowledge needed for a career in care. This might include, for example, completing the new Care Certificate qualification, which is currently being developed, as well as other induction and mandatory training. After this, we would expect people to have consolidated their skills and experience and progress into the advanced care and support practitioner role, if appropriate.

Advanced care and support practitioner: this describes people who have gained sufficient skills and experience in a care and support practitioner role in adult social care. People in these roles will have completed their Care Certificate and will be developing, or hold, more knowledge and expertise. They may be working towards a qualification, doing training to develop more expert skills, or considering progression into a more senior role, either into a senior care and support practitioner role to develop management and leadership skills, or into a practice leader or specialist practitioner role, where they can apply enhanced knowledge and expertise in their chosen field of care and support.

Senior care and support practitioner: this describes people who have, or are developing, leadership skills. They are likely to be supervising care and support practitioners and advanced care and support practitioners, including people management.

Practice leader or specialist practitioner: this describes people who have specialist expertise in their specific area of care and support. This might include people who have or are working towards a specialist qualification, or with enhanced knowledge, either of a specific condition or disability or other areas.

The pathway example also shows the pathway into managerial roles, such as to registered manager.

If the workforce was to be structured differently, does the pathway describe the right structure for care and support roles in the adult social care sector in the future? (optional)

For example, does it include the correct number of workforce stages and role categories?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

If you answered 'disagree' or 'strongly disagree', please give your thoughts on how the workforce might be better structured. (optional)

We'd like to make nine key points.

1. In homecare, careworkers typically work alone or in pairs and thus require a wide range of skills to meet the needs of the people they are supporting. Staff who are not senior careworkers or registered professionals can be required to undertake tasks they would not in a

care home. In a care home, typically more senior staff or registered professionals might manage, for example, catheter care or medication; whereas in homecare we might see careworkers being trained to undertake these tasks. The pathway needs to recognise the highly tailored, personalised and modular nature of some of the training that happens in the sector. Training and development pathways will vary in organisations depending on the size and structure of the organisation, and the groups of people that they are supporting and working with.

2. Given the stated policy intention to “join up” care, it would be encouraging to see thought given to roles, training and qualifications that acknowledge the need for multidisciplinary working across multi-organisational neighbourhood teams in communities. Currently, it appears that roles and pathways in social care are entirely separate from those in the NHS. For example, with more healthcare at home (what the NHS describes as “Proactive Care” and “Virtual Wards”), there are opportunities for homecare workers to perform similar roles to NHS community HCAs, for example, supporting remote health monitoring and proactive care interventions. With labour shortages across health and care, we need to look for ways of utilising the staff we have more efficiently and effectively. Smoothing out the peaks and troughs of a homecare worker’s day by enabling them also to support community healthcare work, would make it easier to move more of them onto full-time contracts with greater security of income.
3. Most of the workforce are in what is termed in the diagram the “advanced care and support practitioner” stage. We would suggest that there should be an interim stage between this stage and the senior stage that would allow the recognition of more experienced careworkers who have acquired skills over many years in the profession.
4. We question whether the term “advanced care and support practitioner” will be well understood and interpreted. The terms “careworker” or “care and support practitioner” are more widely used and understood. Whilst careworkers are highly skilled people with particular values and motivations – the job cannot be done by just anyone – “advanced” suggests extensive training more equivalent to the later “specialist” role.
5. The role of care co-ordinators in homecare provision needs to be considered. Care co-ordinators need excellent understanding of individual’s needs and which staff are able to meet those needs in order to schedule visits. This takes a wide range of skills and understanding and a mix of organisational, logistical, negotiation, managerial and practical care delivery skills.

6. The tree diagram shows a branching of roles at the higher level with senior careworkers either becoming specialist in terms of their care skills or taking a more managerial role. In practice, in smaller homecare companies we frequently see people developing specialist skills and managerial abilities at the same time. In which case we wonder whether the senior care worker role and the specialist role should be side by side in a Ven diagram with some overlap rather than arranged as they are, leading to a more neat branching between practitioner and managerial roles.
7. In general, we need to ensure greater recognition of the softer skills required in delivery and management of care, and not just technical skills. For example, communication, negotiation, conflict resolution, supporting people with bereavement etc.
8. In other sectors, for example pharmaceuticals, high-performing organisations have parallel career paths for technical specialists and managers. At the top level of the “scientific ladder” in some pharma organisations, for example, roles are seen as equivalent value to a professor in a university, with pay and terms and conditions of employment equivalent to the most senior managers on the management ladder. In this example, talented scientists are incentivised to remain in R&D rather than seeing their only route to career progression via management. It would be good to see a similar concept in the care sector. An analogy might be a careworker undertaking training and qualifications to become an Advanced Healthcare Practitioner, then being funded to qualify as a nurse in social care, then undertaking Masters level qualifications to become a specialist nurse, e.g., Palliative Care, Tissue Viability, Dementia (Admiral Nurse) etc, with pay and terms and conditions of employment at least equivalent to senior operations managers.
9. We’d suggest removing the timeframes from the first level and simply referring to it as an ‘entry level’ role.

Do the role categories for care and support and the description of the categories included in the care workforce pathway match how you would like the workforce to be structured? (optional)

- Yes
- No

What would be the correct role category titles? (optional)

We question whether the term “advanced care and support practitioner” will be well understood and interpreted. The terms “careworker” or “care and

support practitioner” are more widely used and understood. Whilst careworkers are highly skilled people with particular values and motivations – the job cannot be done by just anyone – “advanced” suggests extensive training more equivalent to the later “specialist” role. The first category would then be referred to as entry level.

Do the information categories provided in the care workforce pathway for adult social care (ASC) outlined provide all the information you want the pathway to have? (optional)

For example, knowledge and skills, values and behaviours, learning and development.

- Yes
- No

Is there anything that is included in the pathway that you would remove? (optional)

We’d suggest removing the timeframes from the first level and simply referring to it as an ‘entry level’ role.

Do you have any examples of good practice in how competency, knowledge and skills, or values and behaviours are currently defined within the adult social care workforce? (optional)

- Yes
- No

Please provide examples and explain why this is good practice (optional)

Do not share any personal information that could be used to identify you.

You may upload a document as supporting evidence. (optional)

If you have further views on the workforce outside of the scope of this questions, please see the '**how to respond**' section of the call for evidence for further information on how to share this information with us.

What would encourage your organisation to use and implement the care workforce pathway for adult social care? (optional)

Select all that apply.

- the pathway supports a wide range of accessibility needs
- It is easy to find and access the pathway
- there are clear materials and guidance on how to use the pathway
- it is easy adapt or map the pathway to our own organisation or own context for example post titles that relate to us
- It clearly reflects the variety of settings in adult social care
- it is easy to access any data/information resulting from our use of the pathway
- don't know
- none of the above

Other

please specify

What would stop the care workforce pathway for adult social care being widely used across your workforce and organisation? (optional)

Select all that apply.

- the level of digital skills required to access the pathway
- we have something similar in place already
- skills and knowledge of managers to be able to use the pathway
- if the pathway was seen to be too complex by staff or managers
- time to implement or use the pathway
- nothing would stop the pathway being used in my organisation
- don't know
- other

- If it didn't reflect the job roles within the organisation.
- If implementing it implied the need to regrade some roles.
- If the benefits to implementing it were not clear.
- If it meant an unfunded financial cost clearly to reward those members of staff with higher skill levels. If funded, then much less of an issue. Need to consider ability of self-funders to cover the additional costs of higher staffing costs.
- It is important that if it is developed the pathway is used consistently and is referred to in government policy, and other key trusted organisations including NICE, the CQC and Skills for Care. This will help to build its recognition and credibility.

If you have indicated you have something similar already in place: are you happy to be contacted about your answer? (optional)

Yes

No

Other (not applicable)

Please provide an email address if you haven't already done so. (optional)

What materials and resources do you think would be useful to support you to use the care workforce pathway for adult social care? (optional)

Select all that apply.

- webinars
- video guides and walkthroughs
- step-by-step guides and checklists
- e-learning
- case studies or user stories
- visual guides or infographics

- other

Peer to peer sessions

How would you most like to access the care workforce pathway for adult social care? (optional)

Select all that apply.

- a digital platform that is easily accessible and personalised to you for example on GOV.UK
- an interactive PDF that can be filled in and saved
- a Word document or template
- don't know
- other

To what extent do you agree or disagree the title 'care workforce pathway' reflects the content of the pathway? (optional)

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree



Homecare Association

Supplementary submission regarding the care workforce pathway proposals

30 May 2023

Further to our response to your call for evidence on the care workforce pathway for adult social care, we would like to submit the following:

The Social Care sector needs a full workforce strategy equivalent to the NHS People Plan. This needs to be informed by an understanding of the level of demand, the types of care and specific skills that are needed and how the workforce will need to develop into the future – including how it will interact with the healthcare workforce.

The Care Workforce Pathway presented is not a substitute for a Workforce Strategy. While it has potential to be a step in the right direction it is absolutely vital that wider issues for the social care workforce are acknowledged.

In particular, meaningful career progression for social care professionals should be combined with funding that would support pay increases that recognise the hard work and development that care staff undertake to maintain and develop their professional skills. This should be to a level that has parity with NHS staff. Our [Homecare Deficit Report](#) and [Minimum Price for Homecare](#) illustrate that the rates that are paid by public sector commissioners are rarely enough to cover a basic pay offer let alone funding for reward and recognition of skilled staff. In 2021 only 14% of public sector commissioners in England ([p.31](#)) were paying at or above the rate we consider necessary to pay careworkers minimum wage. In 2023, in order to pay careworkers a rate of £11.85 per hour (equivalent to NHS Band 3 with 2+ years' experience) then care providers would need to be paid [£28.44 per hour](#) to cover careworkers oncosts, management, admin staff and the costs of running a business. To pay careworkers higher rates to recognise additional training, then care providers would need fee rates that recognise this. Without funding to back it, talk of career progression may sound hollow to front line staff and their managers who are struggling under current circumstances.

We would also like to emphasise that the qualities that make someone an excellent careworker often come through values, experience and the development of so called 'soft skills'. Careworkers need to be emotionally intelligent, handle complex relationships with the people that they support and their family members – often as

they go through extremely difficult circumstances and life changes, including end of life care. They need to approach their work with an attitude that will empower and respect the person that they are supporting and leave them feeling enabled (and not that care work is being 'done to' them). They need to think on their feet, be confident working by themselves and make sensible decisions. They need to handle sensitive topics and information. Progression in the care workforce also needs to recognise these skills, values, attitudes and behaviours alongside more formulaic training like lifting and handling or medications management. The pathway needs for careworkers who excel at these skills to be rewarded. We have suggested adding an experienced careworker stage to the pathway.

We urge the Department and Ministers to acknowledge the need for a strategy for the social care workforce, funding to accompany this and the recognition of these harder to quantify qualities.