

REAL Centre

Adult social care model: Annex to Invitation to Tender

February 2021



The
Health
Foundation

What is the REAL Centre?

The Health Foundation's REAL Centre (research and economic analysis for the long term) provides independent analysis and research to support better long-term decision making in health and social care.

Its aim is to help health and social care leaders and policymakers look beyond the short term to understand the implications of their funding and resourcing decisions over the next 10-15 years. The Centre will work in partnership with leading experts and academics to research and model the future demand for care, and the workforce and other resources needed to respond. The Centre supports the Health Foundation's aim to create a more sustainable health and care system that better meets people's needs now and in the future.

What does this annex provide?

This annex provides supporting material to the REAL Centre's Invitation to Tender for an **adult social care model** project. This supporting material summarises key data and evidence which the REAL Centre have developed and will form an input into the evidence base for the project. It includes:

- Key statistics on the adult social care workforce, primarily based on data from the Skills for Care Adult Social Care Workforce Data Set (ASC-WDS).
- Insights from the social care literature on key issues relating to the adult social care workforce, including employment, earnings, vacancies, retention and turnover.
- Major findings from a review of the literature on the factors which influence people's decisions to enter and leave the adult social care workforce, undertaken for the Health Foundation by the School of Health and Related Research (ScHARR) at the University of Sheffield.

Contents

1. Context – key data sources and headline statistics
2. Evidence review – Key topics for research related to adult social care workforce supply and findings from our evidence reviews
3. Employment – recruitment, retention, turnover, vacancies – evidence and data
4. Pay and related points – evidence and data

Context

Key data sources and headline statistics

Data sources: adult social care workforce

- Skills for Care provide the most comprehensive data on the adult social care workforce in England.
- The key source is the Adult Social Care Workforce Data Set (ASC-WDS), which replaced the National Minimum Data Set for Social Care (**NMDS-SC**) in August 2019.
- The ASC-WDS data cover 20,000 care providing locations and over 700,000 care workers (effectively over 50% of the adult social care workforce in England).
- **Anonymised raw data** files (csv/ SPSS) representing half of the sector are available (unpublished) at the workplace and worker levels.
- The raw data are **weighted** by sector coverage/completeness (derived from Care Quality Commission data) to provide nationally representative figures.

Data sources: adult social care workforce

Additional features of the ASC-WDS data are:

- All care providers in England are invited to respond to the survey, so the coverage of 55% is effectively a response rate.
- The raw data (workplace and worker level) are provided to interested parties upon request, with a data sharing agreement put in place to ensure data protection.
- The provider level data for 2018-2019 cover 16k independent providers – average employment of 38 per provider and 1,500 per (wider) organization.
- Data on recruitment and retention numbers (vacancies, stayers and leavers over the past one year) are available.

Skills for Care – provider level data

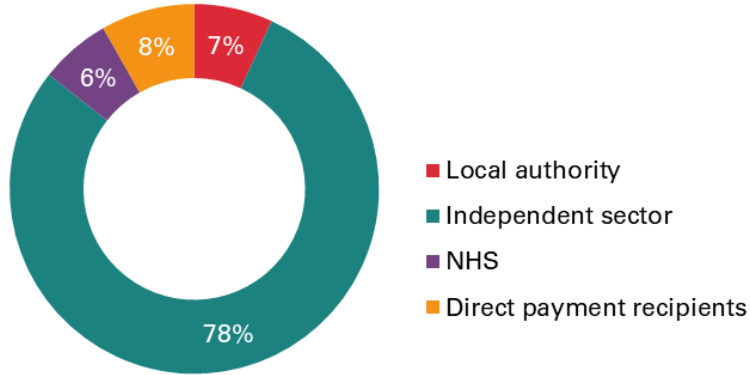
Variable category	Information covered
Identification	Period of analysis, identifiers
System dates	Administrative data on variable creation
Geographic location	Postcode, region, local authority, etc
Worker data	Staff numbers, temporary vs permanent, worker types (incl student and agency staff)
Service provision	Types of service provided, capacity, sector
Recruitment and retention	Vacancies and turnover (starters, leavers)

Skills for Care – worker level data

Variable category	Information covered
ID, admin, location	Same as for provider level data
Service, sector, users	Service type, sector, types of users cared for
Demographic	Age, gender, ethnicity, disability status
Nationality	Nationality, country of birth, year of arrival in the UK
Experience, sickness	Experience in sector and job role, sickness absence
Employment, salary	Employment status, main job role, whether ZHC, pay data (annual, hourly, FTE pay filters)
Job role, working hours	More detail on job role and employment status, contracted and additional/unpaid hours, whether main job
Qualifications and training	Qualifications held and training undertaken

The majority of jobs in adult social care are in the independent sector, with women accounting for over 80% of the workforce

Jobs in adult social care in England



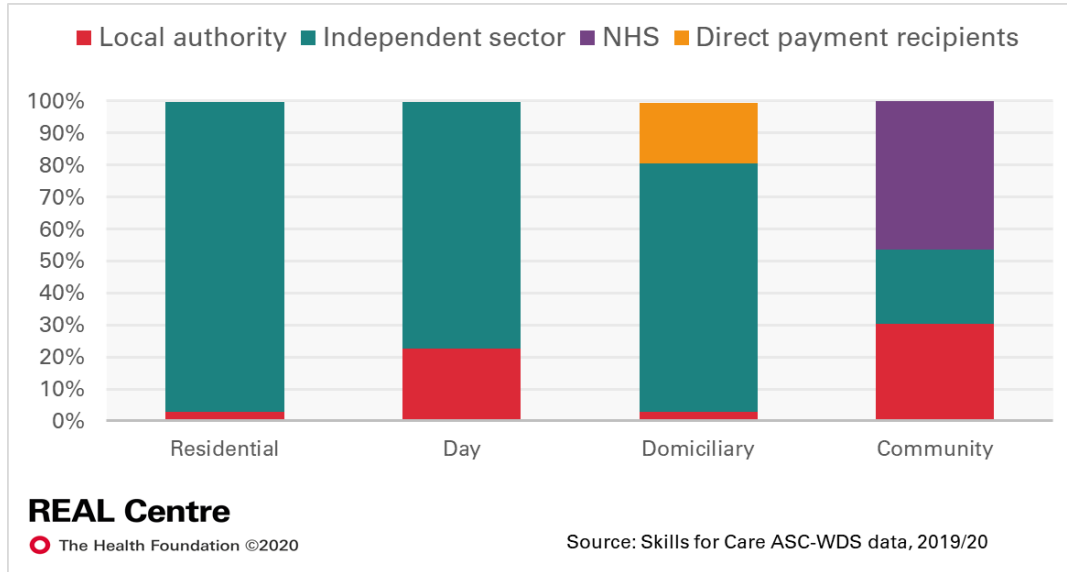
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Source: Skills for Care ASC-WDS data, 2019/20

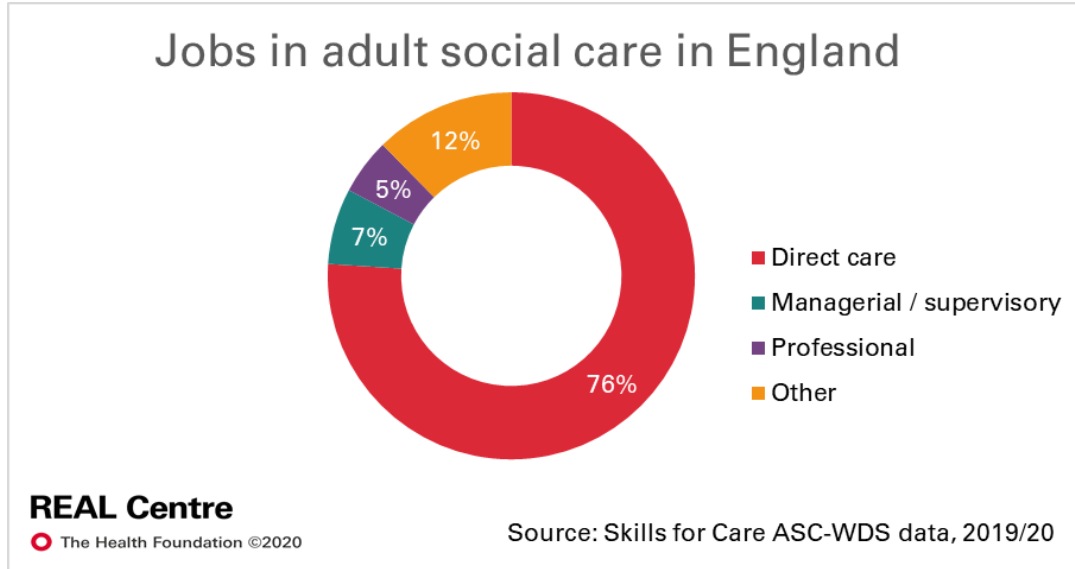
- Skills for Care data suggest there are **1.6m jobs** in adult social care in England
- Over **three-quarters** of these jobs are in the **independent sector**, with only 7% being in local authority services
- **Women** account for **over 80%** of the adult social care workforce

The proportion of social care jobs in the independent sector is highest for residential care (97%) and lowest in the community (23%)



- Almost all residential care jobs are in the independent sector
- Over three-fourths of day and domiciliary care jobs are also in the independent sector
- Only 23% of care jobs in the community sector are independent sector jobs

A majority of social care roles are in direct care, with a much smaller proportion in a managerial or professional position



- Three-quarters of roles in adult social care are in **direct care**
- The remainder are **managerial / supervisory** roles (7%), **professional** roles (5%) and other unclassified positions (12%)

Data sources: adult social care workforce

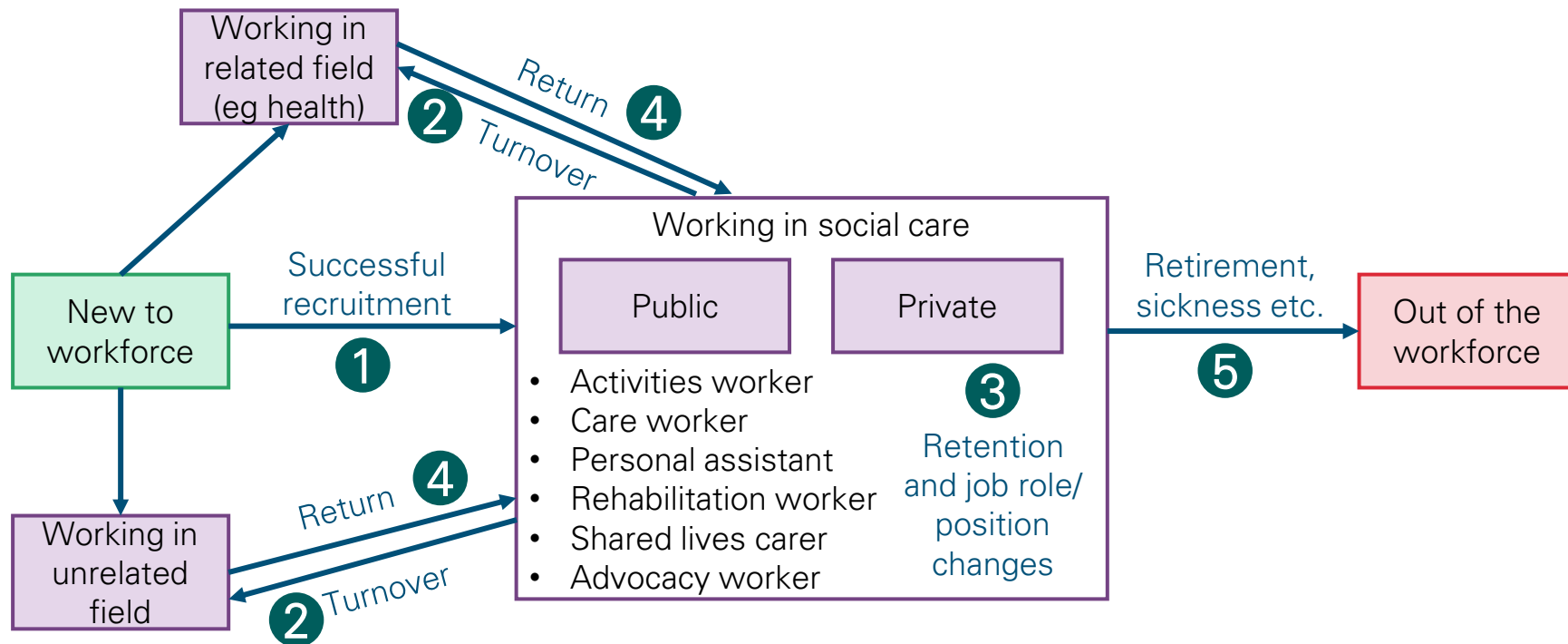
Other sources of data include:

- The ONS compile data on employment and earnings in social care occupations in the Labour Force Survey and the Annual Survey of Hours and Earnings.
- NHS Digital compile standardised definitions of NHS health and care worker categories through the National Workforce Data Set (NWD) and the NHS Electronic Staff Record (ESR).
- NHS Digital also present **annual summary statistics** on the social care workforce based on Skills for Care(SfC) data, and data on spending and care quality in England, submitted by 152 councils with adult social care responsibilities.
- Other sources of social care data, which are not solely workforce focused, include data from the Care Quality Commission (CQC) and the Personal Social Services Research Unit (PSSRU) at the University of Kent.

Evidence review

**Key topics for research related to adult social care
workforce supply and findings from our evidence reviews**

A simple flow diagram can be used to consider movement in and out the social care workforce, focused on direct care roles



We wished to understand adult social care workforce supply by investigating motivations for joining and leaving the workforce

1 What motivates someone to join the social care workforce?

- a) Are there any barriers to joining the social care workforce (eg qualifications, immigration)?
- b) What is the level of interest in joining the social care workforce compared to other low paid positions?
- c) Are there any job types or geographies where working in social care is more appealing?
- d) How are motivations different between someone new to the workforce and someone joining from another industry?

2 What are the key driving factors for leaving the social care workforce?

- a) Are there any job types or geographies where turnover is higher and, if so, why?
- b) What is the balance between “pull factors” from our industries (eg good pay, flexible hours) and “push factors” from social care (eg workplace stress, limited progression)?
- c) What proportion of social care workers leave for other careers?
- d) What job types do social care workers change to (eg related health field or other)?

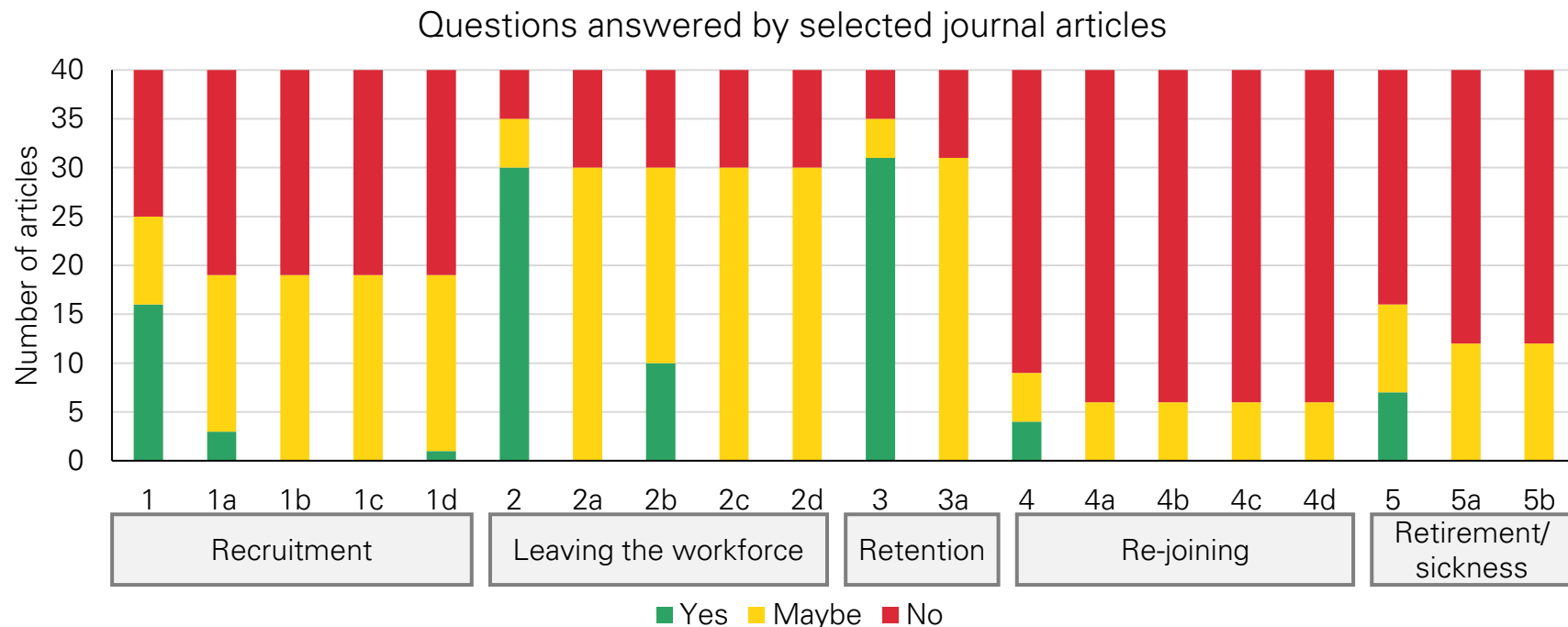
We also wished to understand what motivates retention and re-joining the workforce as well as retirement/sickness

- 3** What are the key driving factors for staying within the social care workforce?
 - a) Are levels of workforce retention among care workers lower than in similar, low-wage occupations and, if so, why?
- 4** What motivates someone to re-join the social care workforce?
 - a) How does this differ between job types and sectors (public vs. private) within social care?
 - b) Are there any barriers to re-joining the workforce (eg re-doing qualifications etc)?
 - c) Are there differences between re-joining from a related field (eg health) or an unrelated field?
 - d) Do those re-joining go back to a similar position or job type, and if so, why/why not?
- 5** Is the frequency or motivations behind leaving the workforce (through retirement or sickness) for social care different compared to other industries?
 - a) Do workers in social care experience higher levels of sickness compared to other low wage occupations and, if so, why?
 - b) Do workers in social care retire at a different age to other low wage occupations and if so why?

As part of our scoping work, we have analysed articles from selected authors with a large back catalogue in social care research

- 40 articles from the past five years were selected for further investigation based on their ability to potentially answer key workforce questions. Key authors were identified through discussion about the Retention and Sustainability of Social Care Workforce project (Health Foundation Efficiency Research Programme (ERP) award):
- Shereen Hussein (PSSRU, Kent)
- Florin Vadean (PSSRU, Kent)
- Martin Stevens (King's College London)
- Jo Moriarty (King's College London)
- John Woolham (King's College London)
- Jill Manthorpe (King's College London)

Most articles* focused on questions surrounding recruitment and retention; data gaps found for re-joining and retirement



In 2020 we commissioned a literature search to better understand the factors driving workforce joiners and leavers

We commissioned the School of Health and Related Research (SchARR) at the University of Sheffield to undertake a rapid evidence review.

The overall research question we wanted addressed by this was: **What are the key factors driving someone to enter, leave or remain within the adult social care workforce in the UK?**

More specifically this focused on:

- What are the “push” and “pull” factors that drive someone to join the social care workforce?
- What are the “push” and “pull” factors that drive someone to leave the social care workforce?
- How does this differ by workforce characteristics?

Key results from the SchARR review

- Notwithstanding high rates of turnover and continuing low pay, large numbers of social care staff continue to seek employment within the sector.
- “Comfort factors” relating to the accommodation and premises in which people work, the availability of training and the amount of management support exert a powerful effect in terms of retention.
- Groups that might be targeted for recruitment include migrants and ex-servicemen. Studies suggest that social care competes with health care for its workforce, with often unfavourable comparisons, particularly in relation to recruiting younger workers. More attention could be focussed on retaining older workers.
- The research agenda is dominated by relatively few research groups, with the Social Care Workforce Research Unit, King’s College London being particularly prolific.

Key conclusions from the SchARR review

- Research quality and quantity is varied – recruitment, retention and turnover have been thoroughly researched but evidence around retirement and especially reasons for rejoining is more limited.
- Factors which deter entry/ promote leaving include the poor public image of care work; low pay in relation to the demands of the job; work-related stress exacerbated by poor employment practices; and competition from other employers, particularly the NHS.
- Factors which promote entry and retention include a belief in the intrinsic value of care work and rewarding relationships with service users (availability of multiple jobs can help recruitment but hinder retention).
- Major areas of uncertainty include the impacts of Brexit and COVID-19 and the potential for broader reform of the social care system as a whole.

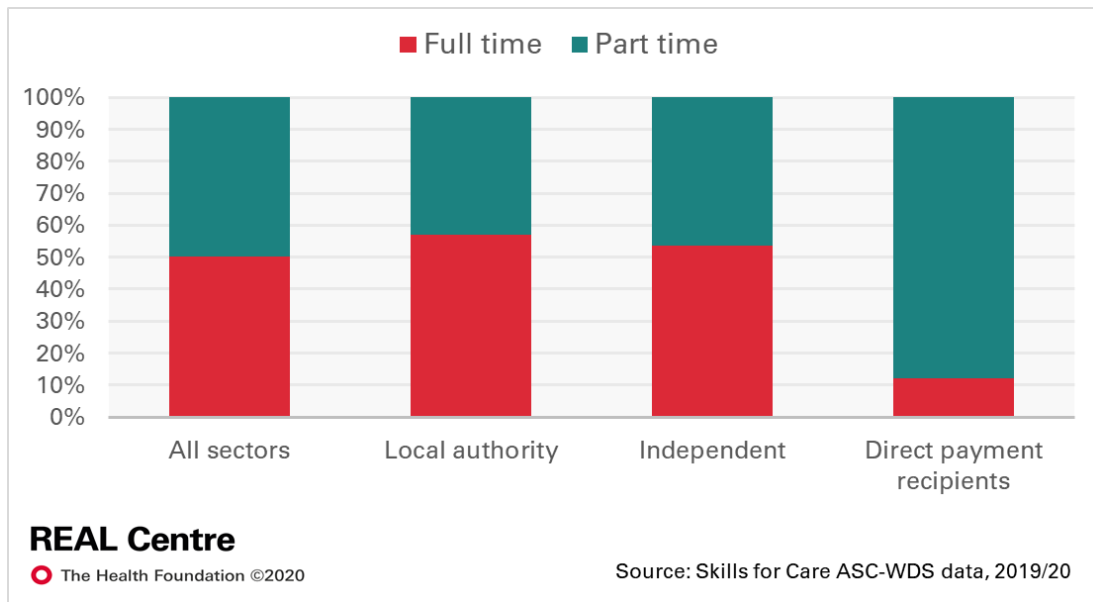
Employment

Recruitment, retention, turnover, vacancies – evidence and data

Those joining the social care workforce may be motivated by flexible working hours and lower barriers to migration

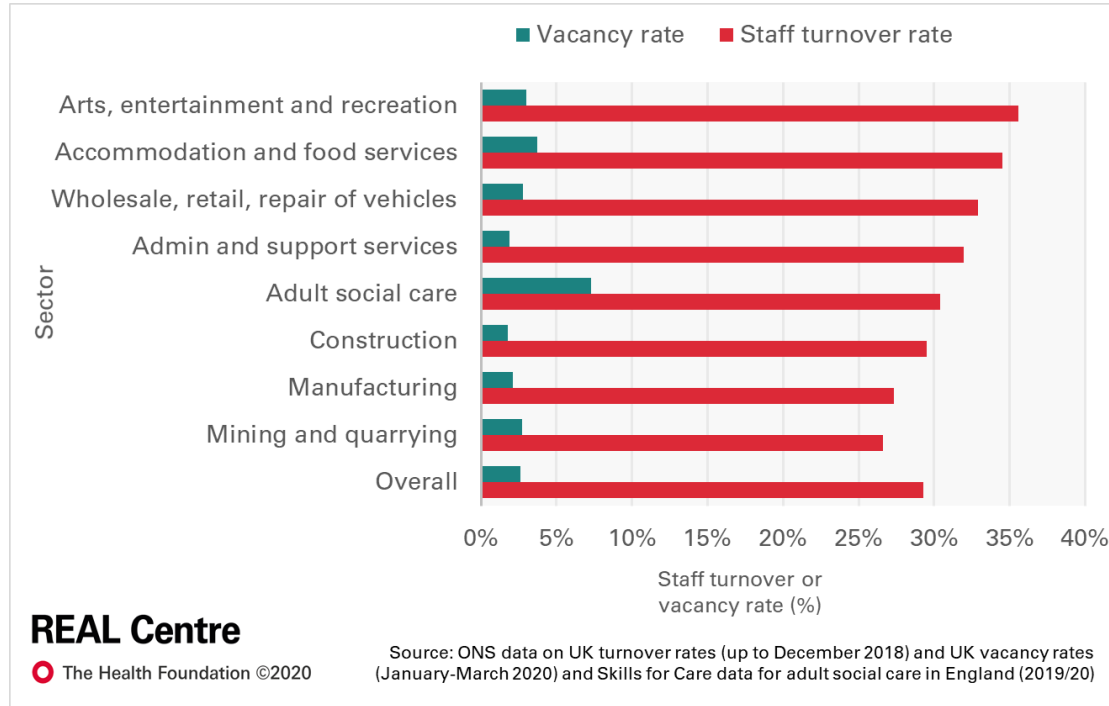
- The **intrinsic nature of frontline care work** is often cited as an explanatory factor for the acceptance of low wages and poor working conditions.
- Majority of workers entering the long-term care industry have **low education** and **limited access to higher paid jobs** and/or are looking for part-time or **flexible working hours** jobs that can be fitted around other (caring) responsibilities.
- Majority of care workers are **female** (over 80%), **with mean age of about 43**, having a low level of formal qualifications, and with a **growing number of migrants**.
- For migrants care work is a relatively attractive option due to the **lower barriers** in terms of qualification recognition and language proficiency within the EU.
- Particular **men**, such as migrants, may be more willing to accept **gender atypical jobs** in order to **facilitate their entry to the UK** or as a **stepping-stone** into the wider British labour market.

48% of social care jobs are full-time with 40% part time and 12% without fixed hours



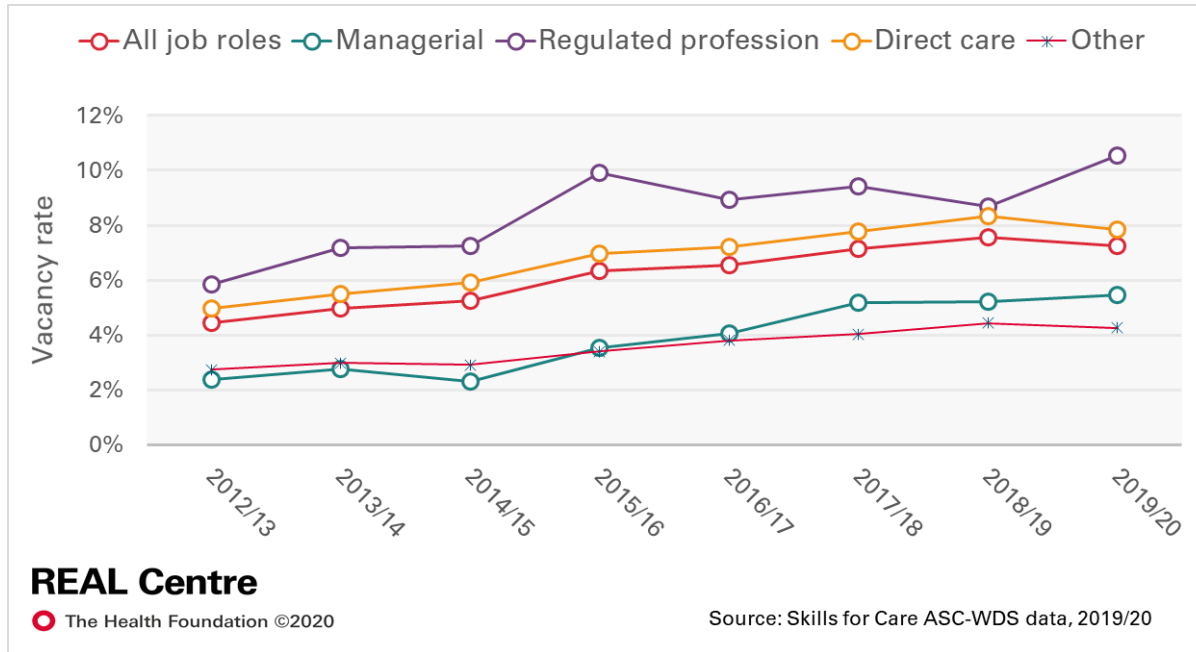
- Just under a half of jobs are **full time**, with another 40% being part time and the rest largely having no fixed hours
- Further, most jobs in the sector (c. 90%) **offer permanent contracts**

Both vacancy and staff turnover rates are high in adult social care; however, vacancy rates are much higher compared to the average



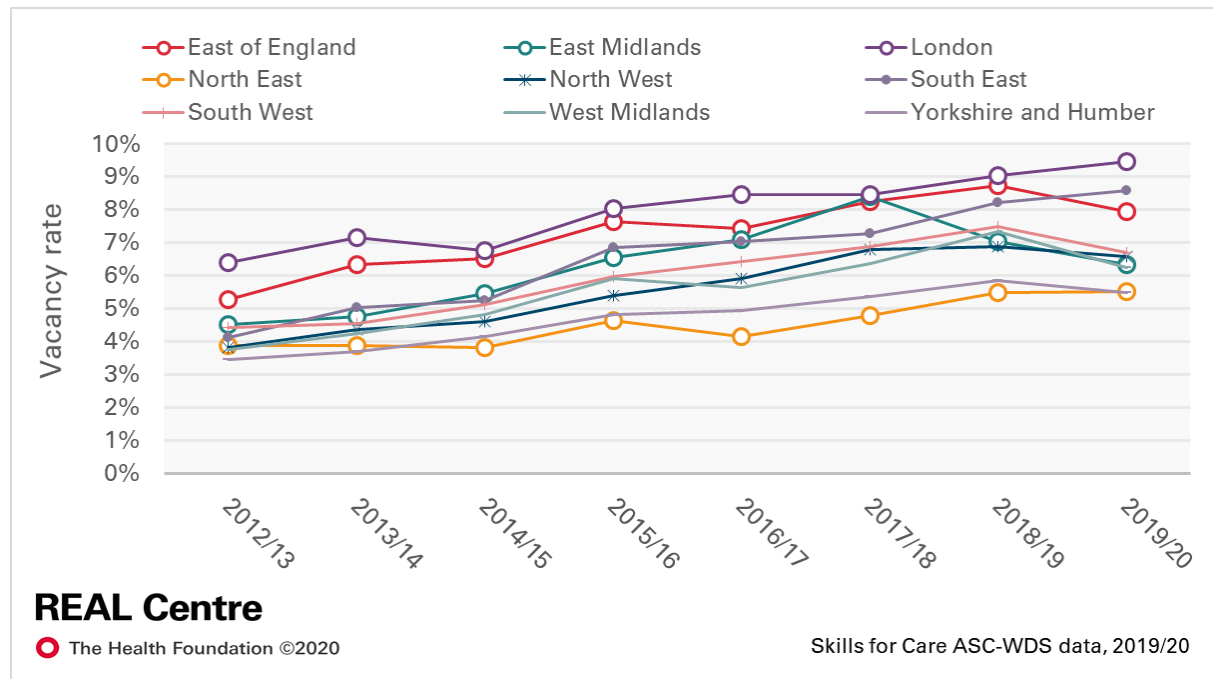
- The **staff turnover rate** in adult social care (the proportion of people changing employers in a year) is **high**, but not a lot higher than the UK average
- However, the adult social care **vacancy rate** is considerably higher than the UK average

Vacancy rates decreased post-recession with less openings in the wider market; since then vacancy rates have increased



- Vacancy rates are much higher than national averages
- Vacancy rates decreased immediately following the financial crisis (2008 – 2010), potentially due to the lack of other employment opportunities within the wider labour market and increases in people seeking jobs due to the recession
- Vacancy rates have increased somewhat since 2012

Vacancy rates have increased in all regions; they are highest in London

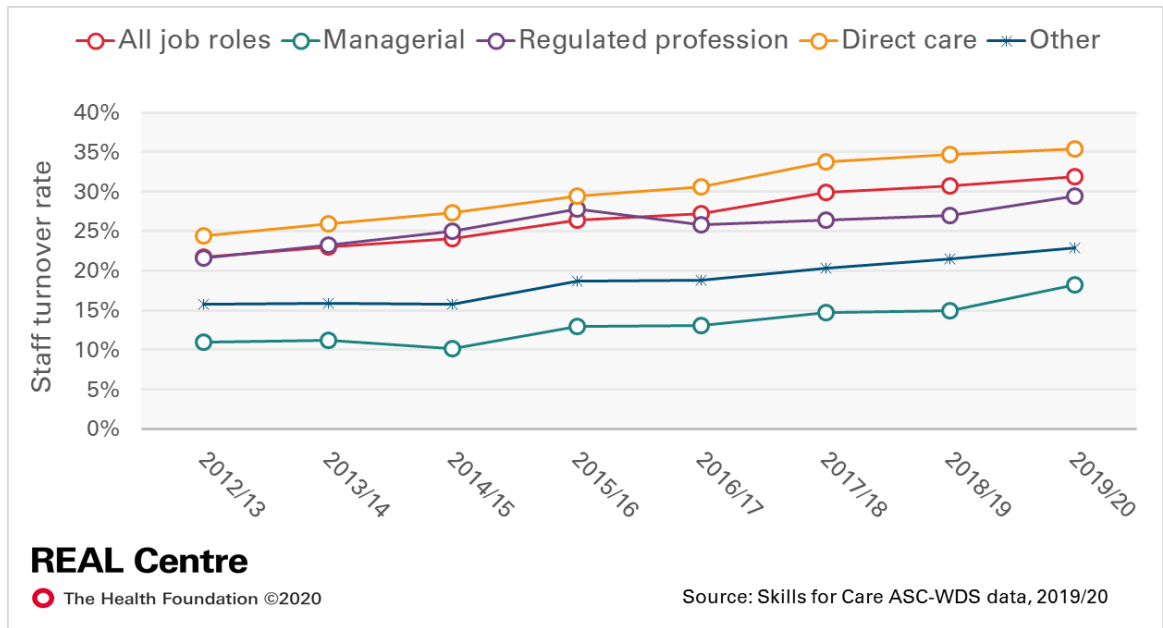


- Vacancy rates in all regions have also increased over time
- London recorded the highest vacancy rate in 2019/20, while the North East and Yorkshire & Humber had the lowest vacancy rate

Staff turnover rates are also high, with most workers who exit the sector leaving for roles in health care

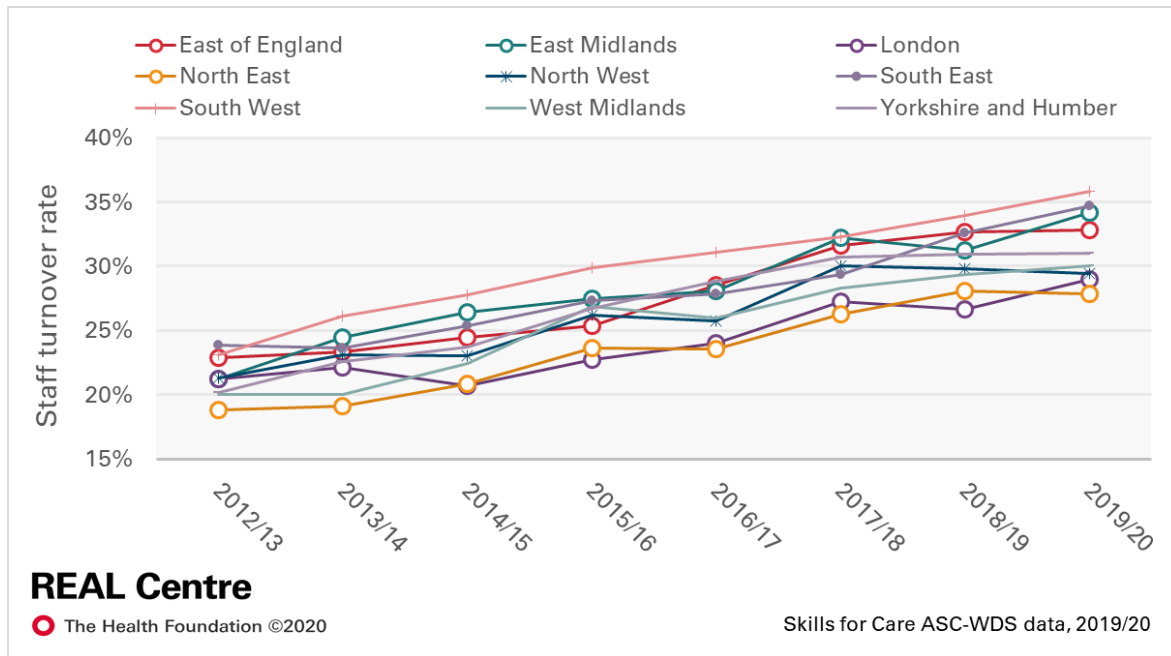
- Turnover rates are quite high in social care, but only slightly higher than the UK average:
 - Home-care providers are over-represented within organisations experiencing increases in turnover rates.
 - London has relatively low turnover rates and high vacancy rates compared to other regions in England, at least partly attributable to higher workforce shares of EU and non-EU migrants in London.
 - Care worker turnover rate was highest among private providers.
- In 2017, only about 3% of care workers leave the industry for jobs in retail trade (and even less for jobs in hospitality); the biggest staff losses in long-term care are to health care employers (~14%), most probably because work still involves personal care, but wages are slightly higher

The social care staff turnover rate has increased steadily since 2012/13



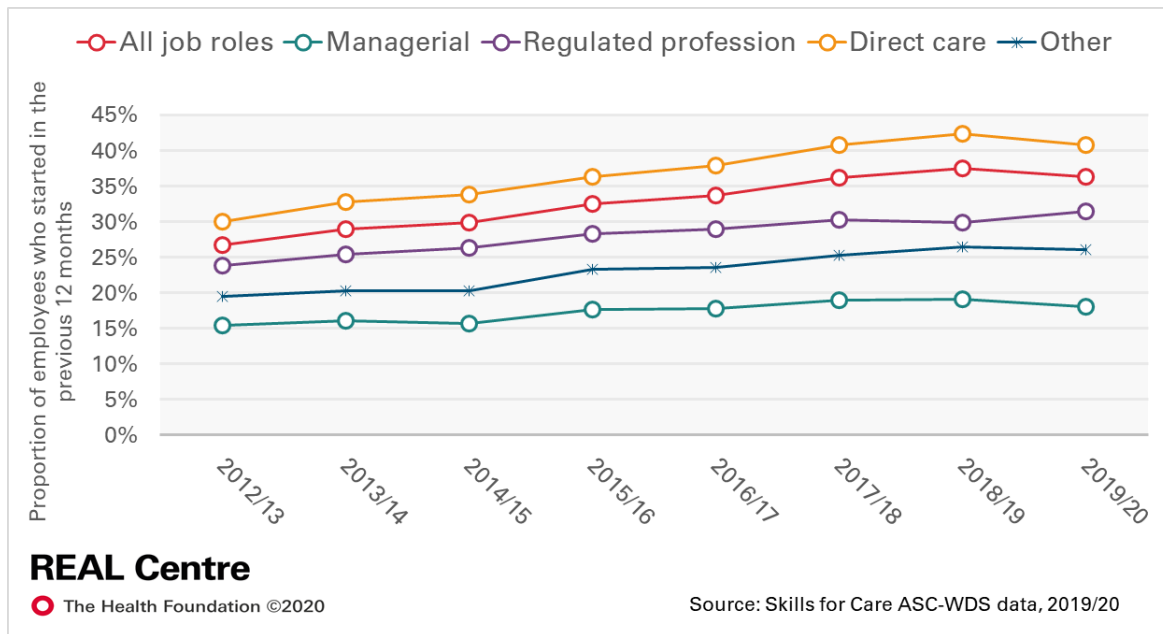
- The increase in the staff turnover rate since 2012/13 has been particularly visible in **direct care** roles
- Staff turnover rates in managerial roles have consistently been below the average

Like vacancy rates, staff turnover rates have increased rapidly in all regions; unlike vacancy rates, they are lowest in the North East



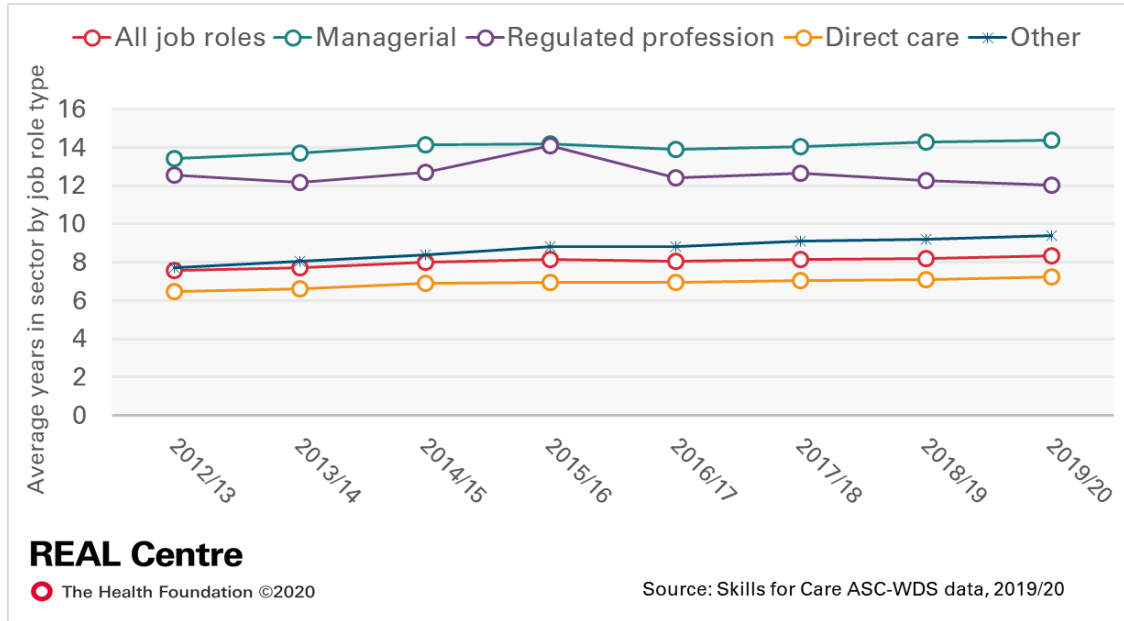
- Staff turnover rates in all regions have **increased quite rapidly** over time, more so than vacancy rates
- The North East recorded the **lowest turnover rate** in 2019/20, while the South West had the highest turnover rate

Direct care roles have the highest proportion of employees that have only been in role for less than 12 months



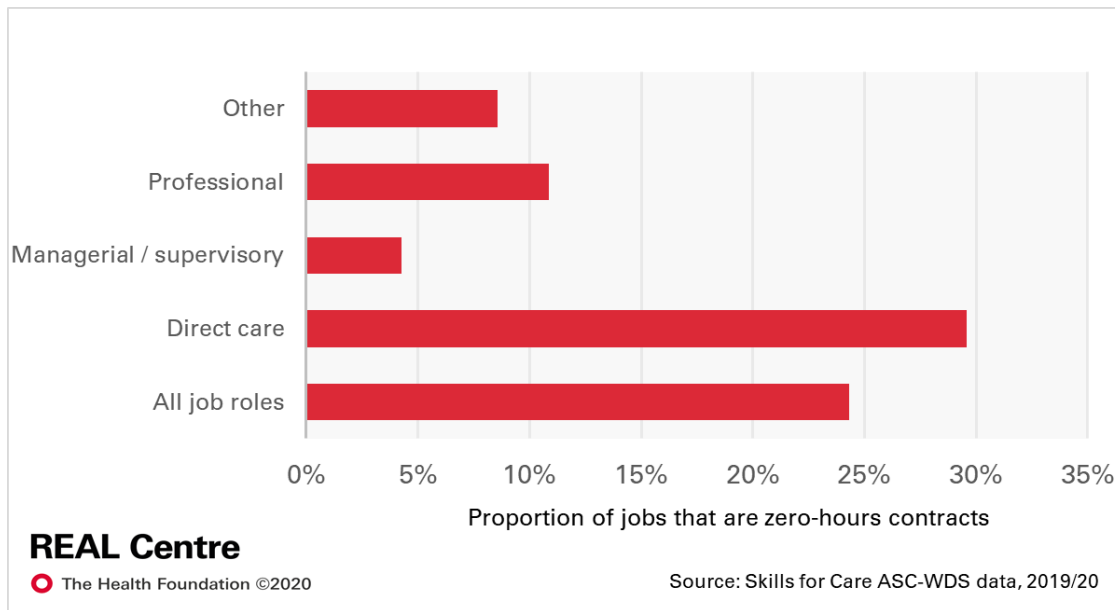
- Over a third of the workforce are '**starters**', having been working in their existing roles for less than 12 months
- This proportion has risen across all job types since 2012/13, most visibly in **direct care**

There is a good degree of intra-sector social care staff turnover



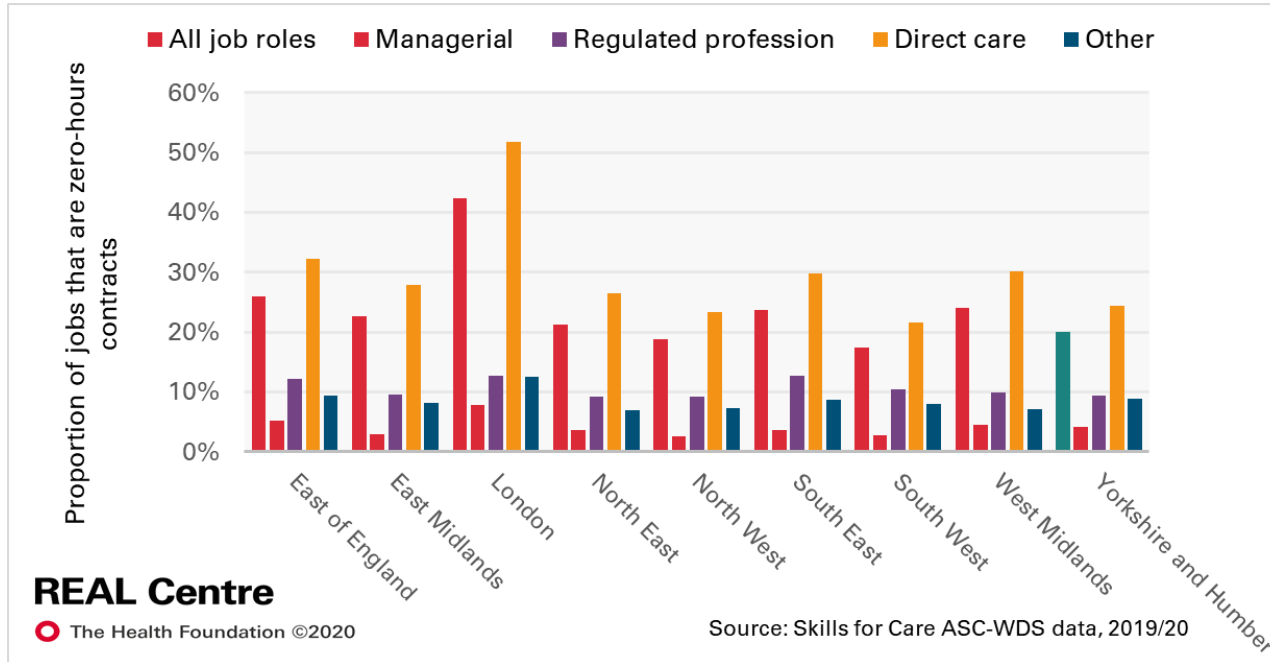
- On average most employees have been in the social care sector for eight years
- This points to a high degree of **intra-sector turnover** (Skills for Care data show that 2 in 3 social care staff are recruited from other roles in the sector)

Zero-hours contracts account for 24% of all social care jobs and are most common in direct care roles



- Nearly a quarter of the social care workforce are on **zero-hours contracts**
- This figure has not changed substantially since 2012/13, and is **highest in direct care roles**

The proportion of care workers on zero-hours contracts is much higher in London compared to other regions



- There is little variation in the distribution of zero-hours contracts across social care job types in the different regions
- The exception is London, which has a much higher share of direct care workers on zero-hours contracts

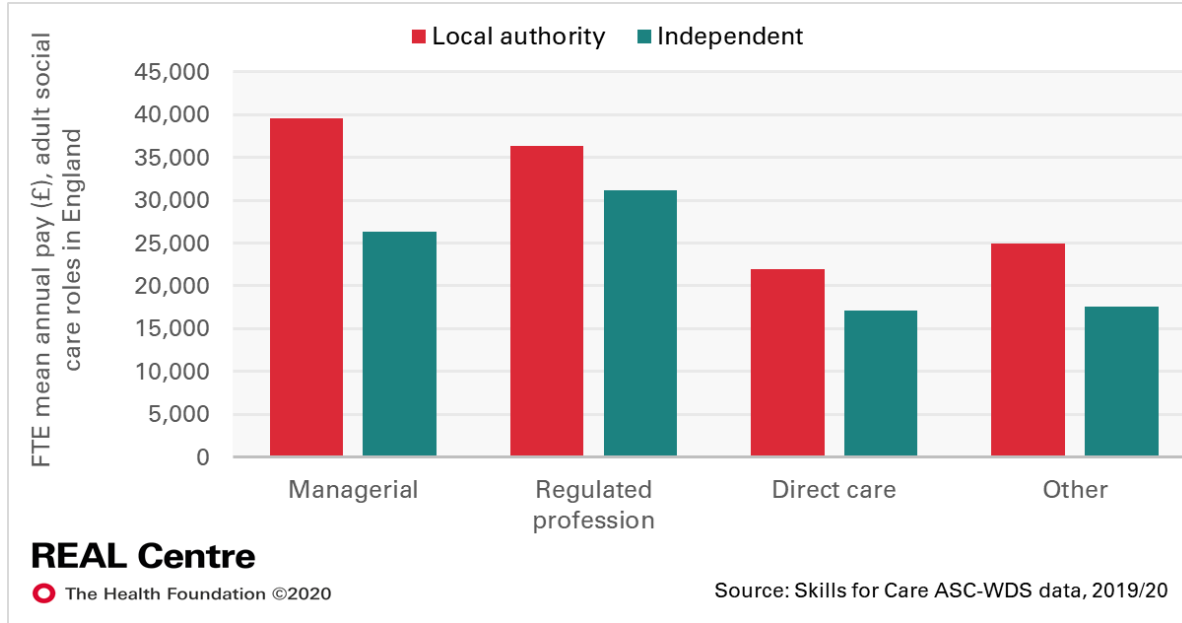
Immigration status and age act as potential barriers to entering the workforce

- **Changes to immigration laws** have made it difficult for low-paid immigrants to join the workforce.
- Some managers made it clear that they would not consider any applicants **aged less than 21 years**, unless they were on student placements.
- For older workers **age-related physical limitations** were seen to inhibit an individual's capacity to enter the workforce.

Pay and related points

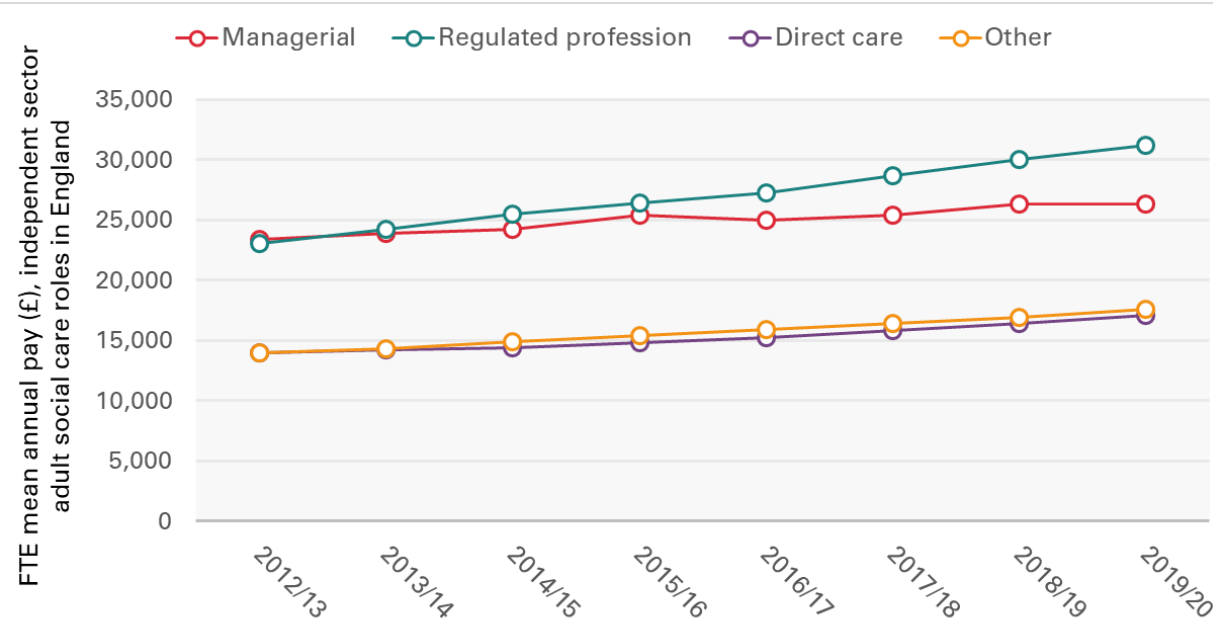
Evidence and data

Local authority workers are paid better than those in the independent sector across job types



- On average, adult social care workers in **local authority services** are paid better than their counterparts in the independent sector
- This holds **across job types**
- Annual pay levels do not vary much across regions and job types

Independent sector pay has barely increased for most job roles



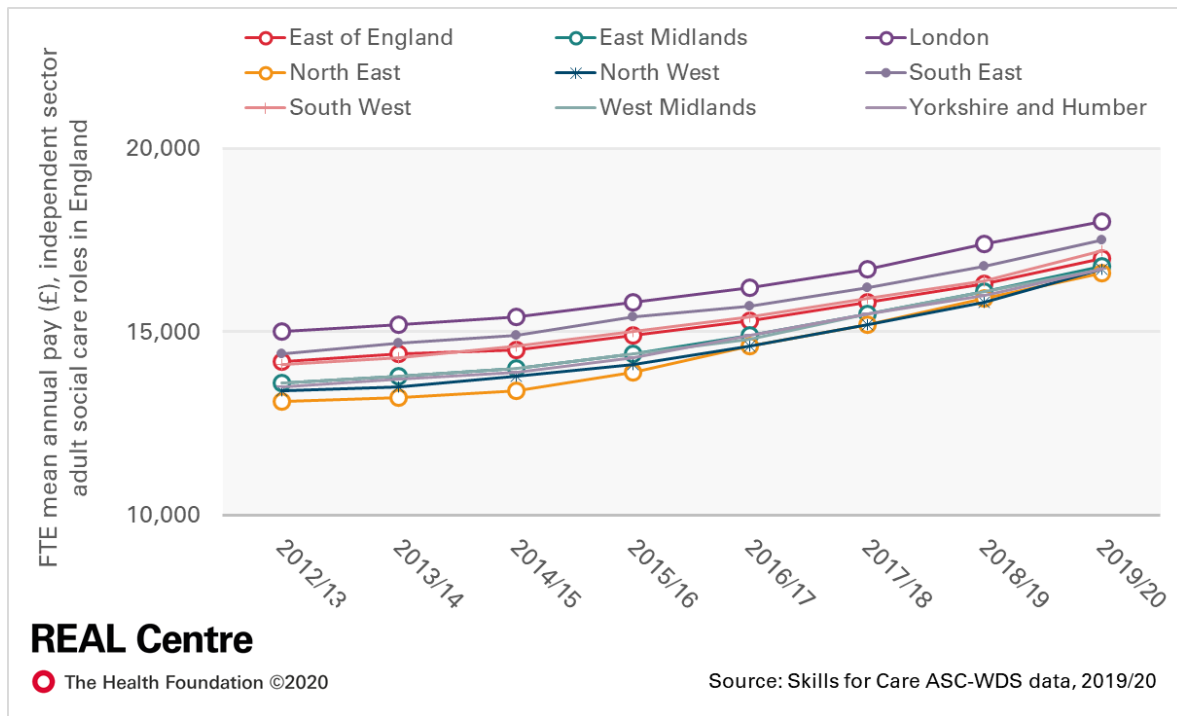
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Source: Skills for Care ASC-WDS data, 2019/20

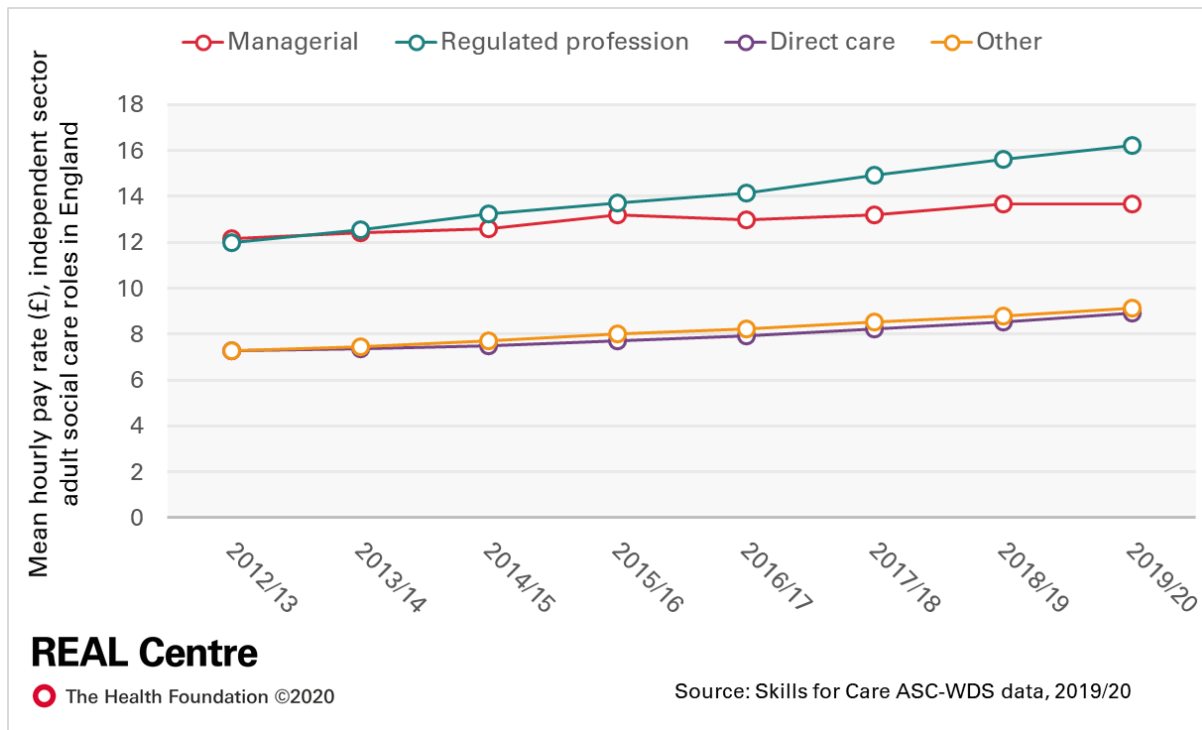
- Pay across job types in the independent sector has **hardly increased over time**, even in nominal terms
- On average, direct care workers earned **just over £17,000 annually** in 2019
- Only professional roles have seen nominal pay rise to a significant extent since 2012

Independent sector pay has barely increased across all regions



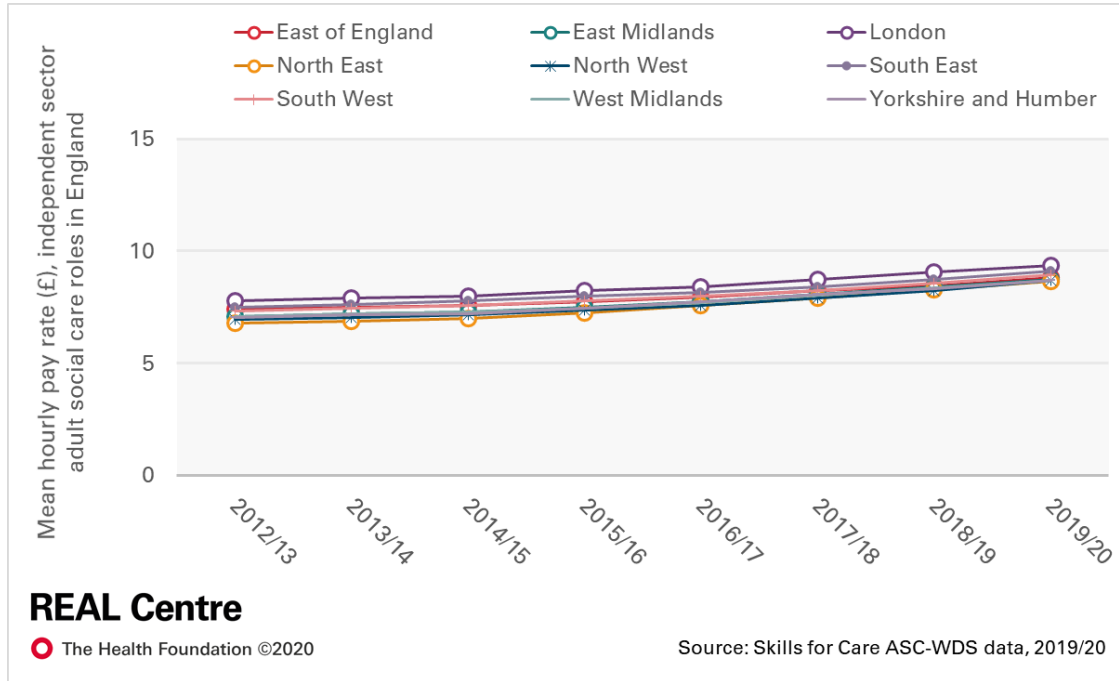
- Annual pay levels in direct care roles in the independent sector have risen very slowly across all regions over time

Hourly pay for direct care roles is close to the National Living Wage



- A similar picture emerges if we consider nominal **hourly pay rates**
- In 2019/20, the **National Living Wage** rate (£8.21 per hour) was **very close to the mean hourly pay of direct care workers** (£8.90 per hour)

There has been little variation in hourly pay across regions and over time



- Hourly pay rates for direct care roles have barely changed across all regions over time

Limited progression and low societal regard contribute to poor working conditions for social care workers

- Relatively good initial levels of **job-related wellbeing** among health and long-term care staff were significantly eroded over time in employment.
- **Workers with degrees** are more likely to report **lower job satisfaction** levels.
- Opportunities for **progression** are also reported to be rather **limited**, with a **flat hierarchy** in which the ratio of senior care workers to care workers in domiciliary services declined from 7 to 4 % between 2008 and 2012.
- Many participants indicated that the majority of the **wider society** does not regard supporting the old, disabled and the weak as a **“career”**.
- **Role ambiguity** and **role conflicts** are regularly reported as factors that contribute either to **stress** among **social workers** and/or **poor retention** in the workplace.
- The demanding nature of the **work itself**, **heavy workloads**, **poor job satisfaction**, and **unsupportive organisational cultures** contribute to **stress and burnout**

However, job satisfaction was still high for the low wage industry based on satisfaction with the work itself

- Everything else equal, working in either health or long-term care was associated with a relatively higher likelihood to **turn down a better paid job elsewhere**.
- Over 50% of employees in both long-term and (non-medical) health care stated being '**completely satisfied**' or '**very satisfied**'.
 - In **retail trade and hospitality** the share is somewhat **lower** (about 40%), but still high for a low wage industry
- Highest satisfaction levels related to the '**work itself**' and '**opportunity to use initiative**'.
- Some argue that the acceptance of poor working conditions can relate to a concept of **self-sacrifice** adopted by some workers as a way of affirming their themselves, as **placing their values ahead of their own** identity at work where they are perceived, by others and **needs**.