



Professionalisation of the long-term care workforce in the UK: Unintended consequences and policy tensions

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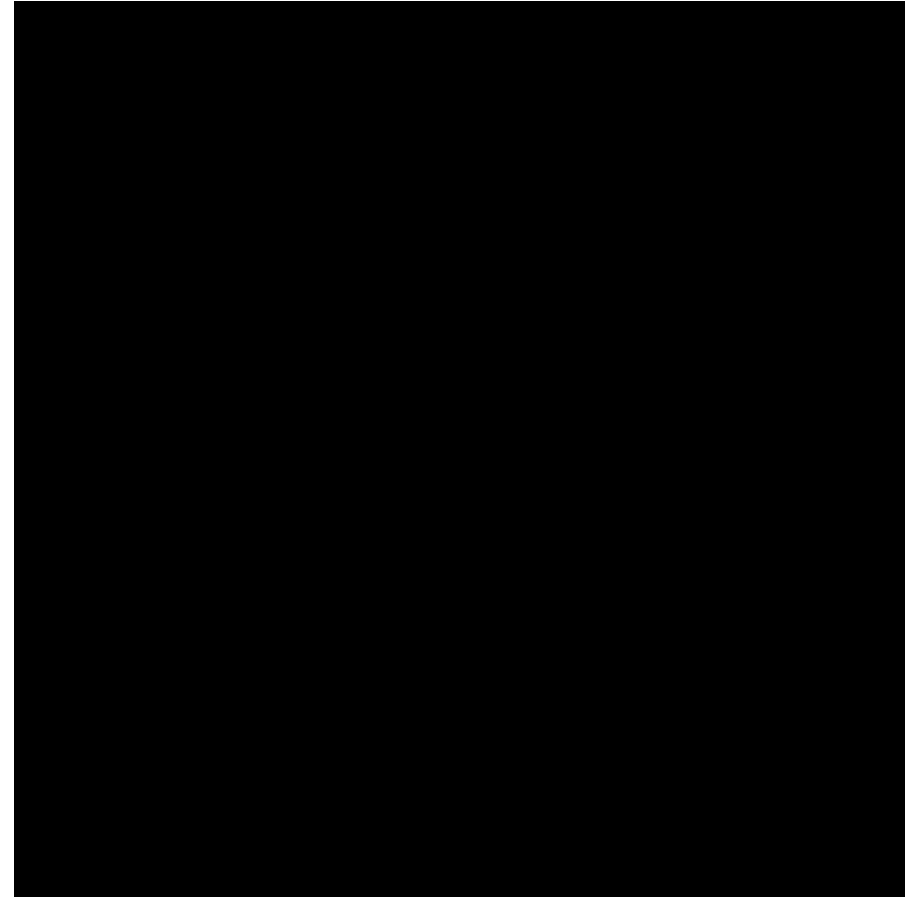
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The long-term care workforce

- Large, majority female, older workforce,
- Diverse occupations from regulated professions to direct care roles.

Direct roles:

- Poor terms and conditions: zero-hours contracts, only statutory leaves, benefits and pensions
- Poverty (Allen et al 2022),
- Recruitment and retention challenges, high level of turnover (Skills for Care 2023),
- Migrant workers seen as the solution to challenges until recently.



The policy context

- Long-term care (LTC) is referred to as social care
- Long-term care, vocational education and health are devolved policy areas - different approaches and divergent reforms in the four nations: England, Wales, Scotland and Northern Ireland
- Regulation and enforcement by public bodies at national level
- Decentralised system: funding through local authorities
- Mixed economy of LTC: local authorities commission but do not typically provide publicly funded services.
- Fees paid to service providers affect the pay of all workers.

The research study

Centre for Care: Research Group on Care Workforce Change

Inquiry: Understanding the policy drivers of the adult LTC workforce change

- What are the key policy reforms?
- What are the workforce implications of these policies?
- What is the relationship between the key policy reforms (tensions and synergies)?

Research questions about professionalisation

1. How is professionalisation conceptualised?
2. What are the workforce implications (intended and unintended)?
3. What is its relationship with other policy drivers of workforce change (e.g., the integration of health and social care)?



Research methods

- Literature and policy review (2023)
- Emerging findings were discussed at the Centre for Care's Voice Forum (Sep 2023).
- Stakeholder consultation. Trade unions, older people's charities, commissioners, sector organisations and researchers from Universities and think tanks. Representing the UK's four nations. The same 28 stakeholders at all stages.
- Interviews (8), roundtable discussions (2), a prioritisation workshop (Cowan et al., 2021) and foresight activities (2) (OECD, n.d.). (July 2023-March 24)
- Audio recording, text transcribed and analysed thematically.



Theoretical context

Professional work

Who is a professional? Caring professions: The performance of necessary and skillful but often mundane work that is crucial to the accomplishment of daily life (Hugman 2014). Knowledge, skills, behaviours and the ethic of care (Hugman 2014, Tronto 1993).

LTC workforce in liberal welfare states

Outsourcing and complex contractual relationships in LTC - networked organisations (Rubery et al. 2010). Implications for the workforce, including workforce development.

Policy conflict

Policy conflicts in social care policymaking, e.g., conflict between personalisation and integration of health and long-term care (Needham and Hall 2023).



Mechanisms of professionalising the LTC workforce

1. Registration and professional regulation
2. Compulsory training/certification
3. Continuous professional development/learning
4. Career progression
5. Pay, terms and conditions of employment

(Hayes et al. 2019, Hemmings et al. 2022)



Questions:

- Are improved pay, terms and conditions (job and employment quality) part of the professionalisation agenda or separate, 'fair pay' policies?
- What is the best mix of mechanisms and how to implement them?
- Is 'professionalisation' an explicit/aim of LTC policy reforms? Stated aims: to protect the public, improve service quality, etc.

Professionalisation in the four UK nations

Scotland, Wales and Northern Ireland:

- A combination of compulsory registration, minimum level of training/certification, national induction framework and continuous development
- Some form of pay uplift

England:

- Care Certificate: 12-week induction training. Not a legal requirement on employers, not a qualification.
- Proposals for career path and skills passport (DHSC 2023)
- General Election (July 2024) manifesto promise to establish a National Care Service (career path, pay bands, improved terms).
- Previously committed funding was cut (Aug 2024)

Caveat: Personal Assistants (PAs) not covered by any of these practices in any of the four nations

Stakeholder views: unintended consequences of professionalisation

- Care workers, especially older ones, have left LTC jobs to avoid compulsory training and registration (Scotland and Wales).
- Training and registration increases existing inequalities among care workers: who can afford to pay?
- More data and more independent evaluation is needed to assess these consequences.



Stakeholder views: policy tensions I

Professionalisation and personalisation: training of Personal Assistants (PAs)

Personalisation:

Soft-skills (communication) and orientation to co-production of care.

There's a shift that takes away from the training – from medical skills towards soft skills – what the person wants. (Roundtable 1, pt 6)

Professionalisation

Care workers' knowledge, qualifications and decision-making autonomy.

Some people [who draw on social care] may see this as a threat, ... but there is evidence that training around person-centred care can be really beneficial (Roundtable 1, pt 8)



Stakeholder views: policy tensions II

Professionalisation and personalisation: registration of PAs

For registration:

PAs are often self-employed, some local authorities are trying to play catch up in terms of what this means ... around regulation, standards, quality assurance.

[They] are now looking to develop platforms to connect self-employed workers to standardise ... and implement quality assurance systems for them. (Roundtable 2, pt 18)

Against registration:

On what basis could you say to a working age adult with a disability, 'you can only employ someone from a register?' I mean, how could that ever make any sense?

(Interview, pt 16)



Stakeholder views: the aims of professionalisation

Improve pay,
terms and
conditions of
employment

Improve
safeguarding

Care workers'
autonomy

You are just a care worker, you have call the office, you have to talk to the manager, the GP, the social worker.' They can't make any decisions. (Roundtable 2, pt 13)

Improve training
and support for
care workers

Voice and
representation

Recognise
existing skills

Our workforce is extremely highly skilled. In a hospital setting we would get a nurse putting the medication out, in a care setting we train our staff to do this. It's the same task. (Roundtable 1, pt 4)

Stakeholder views: recognition of the care workforce

Tactical use of professionalization:

Professionalisation would be raising the value of the workforce, but in this country value is linked to qualifications (Roundtable 1, pt 4).

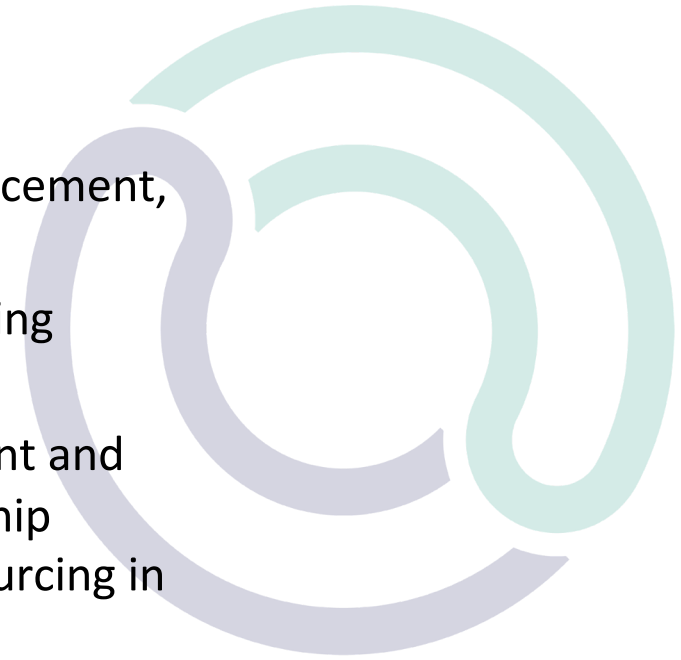
Recognition and esteem cannot be achieved through professionalisation:

In Scotland we've deluded ourselves thinking that if you get a registered, qualified and regulated workforce ... they should have the respect ... but unless you accompany [that] with a re-conception of the value of the social care workforce, you have all the obligations but none of the privileges, all the responsibilities but none of the rights. We see an inability to treat social care workers with respect and autonomy that we bestow on their colleagues in the National Hospital Service. (Roundtable 2, pt 11)



Discussion and conclusions

- Comments reflected different functions of LTC, e.g., health enhancement, safety and comfort for the individual, supporting independence.
- Unintended consequences: implementing professionalization during 'workforce crisis'
- Networked' organisations in LTC - focus on workforce development and job quality are steps towards the standard employment relationship (Rubery and Unwin 2011) - compensating for the effects of outsourcing in public services.
- Difficulties in achieving recognition of the long-term care workforce. Can recognition be based on the ethic of care - responsibility for another person's life?
- What about care workers' autonomy?
- Policy conflict between professionalisation and personalisation. Trade-offs? Different approaches in for different groups of individuals drawing on care?

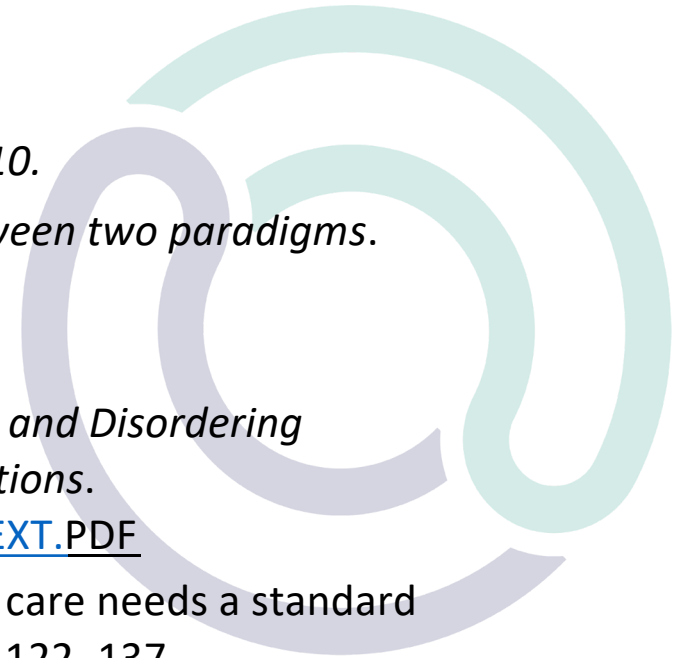


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