

A National Care Service: what role for tertiary education?

Jane Lethbridge

As well as a National Education Service (NES), the Labour Party is discussing the creation of a National Care Service (NCS). With an ageing population, there is a crisis in social care which overlapping local authority and NHS provision cannot meet, especially under the constant pressure of austerity. Just as the NHS was essential to building a socially equitable society after the Second World War, so today an NCS is as urgently required.

Social care is often used as an administrative term to cover both home and institutional care. It includes physical care but aims to 'enable (older) people to be as independent and active as possible. The delivery of care therefore involves some form of relationship with the older person' (1). Care services for older people and people with disabilities also contribute to a better family life, providing protection and supporting citizenship.

A NCS will have to incorporate these many elements of care in a way which is sensitive and meets the needs of older people and people with disabilities. It is not just a question of delivering physical care but of creating relationships with individuals and carers and involving other members of communities so that those needing care are not left isolated and excluded. This will involve creating basic care services which are free to people at the point of access. It also provides an opportunity to create a wider understanding of how care can be part of many different types of services, for example education, culture and sport. In particular, Tertiary Education (TE) - further, higher, adult and community education - could play an innovative role in helping to address the problems of developing a sustainable workforce as well as pioneering new forms of care with other sectors.

This article outlines how TE could contribute to: developing a sustainable workforce; developing

teaching/training care services; training younger care workers; and applying new technology to improve care.

Developing a sustainable workforce

A care worker plays several roles, which draw from a wide range of skills, including: acting with commitment to an ethic of expert care; developing judgement as a professional and mentor; providing quality services (2). These all present complex demands which are not widely valued, largely because such 'emotional' labour is most often performed by women. So a major problem facing the future of social care is how to create a sustainable care workforce which is well-paid, well-trained, professional and attractive to both young and older workers.

There are 1.34 million care workers in the UK (2016-17) but two million will be needed by 2035. The care workforce has a high rate of turnover (27.8 per cent in 2016-17) but only 2 per cent of jobs have been created annually since 2013. The Department of Health issued the last workforce plan in 2009 (3). The high level of turnover and failure to create new jobs has resulted in inadequate standards of care. The Care Quality Commission (CQC) found that in 2017 19 per cent of adult social care providers required improvement and one per cent were rated as inadequate. Safety is one of the areas where most improvement is needed and this is directly linked to the number and quality of staff.

Education, training and lifelong learning are widely agreed as necessary to meet problems of recruitment and retention across different sectors of care. Educating and training the existing workforce is also seen as essential for developing, enriching

and valuing the experience of care workers. This is particularly important during a period when the needs of service users are changing so rapidly.

The ethos and values which will have to inform a new NCS are: leadership and partnership working; training and continuous professional development; imagination; ways of managing so that care workers are valued; supporting democratic professionalism so that professionalised workers can develop ways of working that build on principles of listening, valuing experience and expertise of clients, creating a shared language, developing new forms of expertise together, sharing a sense of value throughout an institution or organisation (4).

It is assumed that the NCS would deliver publicly-owned care services through local authorities, working within a central government strategy for a long-term care workforce. The ability of TE to work with a new NCS will underpin this development of a successful care workforce strategy. TE can begin to prepare for this by analysing the training and professional qualifications that are currently provided by FE colleges and university Schools of Health. FE colleges in the public and private sector provide Level 1 qualifications for those considering working in social care, Levels 2 and 3 Diplomas in Health and Social Care, Level 4 Diploma in Adult Care, and Level 5 Diploma in Leadership for Health and Social Care for those employed in the care sector. Some courses may be studied on-line. Schools of Health provide social work, nursing education and many other health care medical and professional training.

Many of these courses depend on partnership working between TEC, local authority social services and the NHS. These existing partnerships could be the foundations of a much deeper relationship between TE and the NCS. At the moment, privatised care services train their workers after recruitment but the introduction of a statutory registration of social care workers, rather than the voluntary system which currently exists in England, could provide a more formal structure for social care training. This could start to address emerging needs, such as more specialised knowledge and multi-disciplinary working (5). This in turn could complement the development of a new system of tertiary level further and higher continuing adult education and training, working in partnership with groups of local authorities to deliver training at local level.

Developing education / training care services

Ever since the creation of the NHS in 1948, social care provision has not had the same status as publicly-funded health services. This is reflected in the allocation of resources to acute services versus

social / community care. One way of changing this perception and the allocation of resources would be to build up the education and training of care workers based on the creation of teaching care services and focusing research on these centres with strong links to TE. This would inform a more evidence-based practice, where the TE sector would work in partnership with the Social Care Institute for Excellence (SCIE) and other regulatory and inspection agencies.

Care workers in training would gain experience of care delivery in different settings, similar to other health professionals. TE already contributes to a system of teaching, training and research in social care but the creation of a NCS would provide a framework to strengthen the relationship between service provision and training, making it more responsive to changing types of care needs by developing new ways of delivering care in multi-disciplinary settings. If care workers are exposed to training with health care professionals, this will make them more aware of other possibilities for career development as well as demanding more recognition for care as a specialism. This could inform the development of a more flexible education and training system for health and social care professionals.

Training young care workers

The recruitment of young people into the social care sector is crucial to establishing a sustainable care workforce. TE institutions already have contact with many young people and are a good setting for encouraging them to pursue care as a profession. This would build on the extension of stronger partnerships with care organisations to challenge the image of care as an undervalued activity.

Women workers form the majority of the social care workforce throughout Europe. The low level of participation by men in social services is due to cultural attitudes to men taking a personal caring role because caring in most societies has traditionally been undertaken by women. Although there is a gradual change taking place in relation to childcare, with more men taking caring responsibilities, working with older people or people with disabilities requires a still stronger sense of commitment.

TE delivering media and communications degrees could work collaboratively to develop campaigns and other forms of communications that challenge conventional views of care. This could also be done in a framework of rethinking the pursuit of economic growth so that the goals of a more inclusive society are promoted, with care as a central value.

More practical measures to introduce young people to the nature of care work could be introduced through collaborative training partnerships with TE institutions, including sixth forms and schools. Young people at college and university could then have placements and internships as well as volunteering with different parts of a NCS. This would help to demystify the nature of care work. TE could also facilitate networks of local care mentors.

Applying new technology to improve care

The OECD (2016) identified an increase in demand for high-skilled and low-skilled non-routine jobs (6). High skilled non-routine jobs cover information skills, interpersonal skills and problem solving. Low skilled non-routine jobs cover caring and personal services. Both these types of non-routine occupations are significant for social care services and suggest jobs will continue to be needed in future. A recent report by Price Waterhouse Cooper (PWC) on automation in the UK also concluded that demand for social care jobs would be sustained.

There is a growing awareness that all social care workers need some form of vocational training to develop the skills and expertise necessary to deliver changing types of care services. The promotion of new forms of vocational training will not only raise the status of working in the sector but will also create a workforce which is highly skilled and educated and so make professional carers less vulnerable to job loss. TE could identify this trend as the basis for an expansion of care training.

The use of new technology in the provision of care has the potential to change the nature of care work and to reduce some of the demands for workers but is only at an early stage of development in many organisations. A recent European Social Network report (2017) stressed that some technological innovations may make social service work more attractive by removing the need for individual care workers to provide, for instance, washing and drying (7). There are already examples of new technologies supporting people with disabilities to operate computer assisted technologies that help individuals to move and communicate.

These adaptations of new technologies have implications for the training of social care workers and for the clients themselves. Rather than leave corporations to apply AI to care, a proactive technology sector based in TE could take new opportunities to work with services users, carers and local communities, working with the NCS to develop applications of digital technology to care needs. This would extend the capacity to create new services, requiring additional training for care workers and

giving the NCS a role in regional industrial development strategies.

Conclusion

An effective NCS will depend on a supportive infrastructure of training institutions to deliver training for existing and future care workers. TE already plays a part in this but its potential could be expanded by interpreting its role in a more holistic way. It could become involved in the training of young people, helping to create new training care services and challenging negative images of care. Lastly, its role in helping to apply new technology to care would start to establish a more socially focused and human centred way of using digital technologies.

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