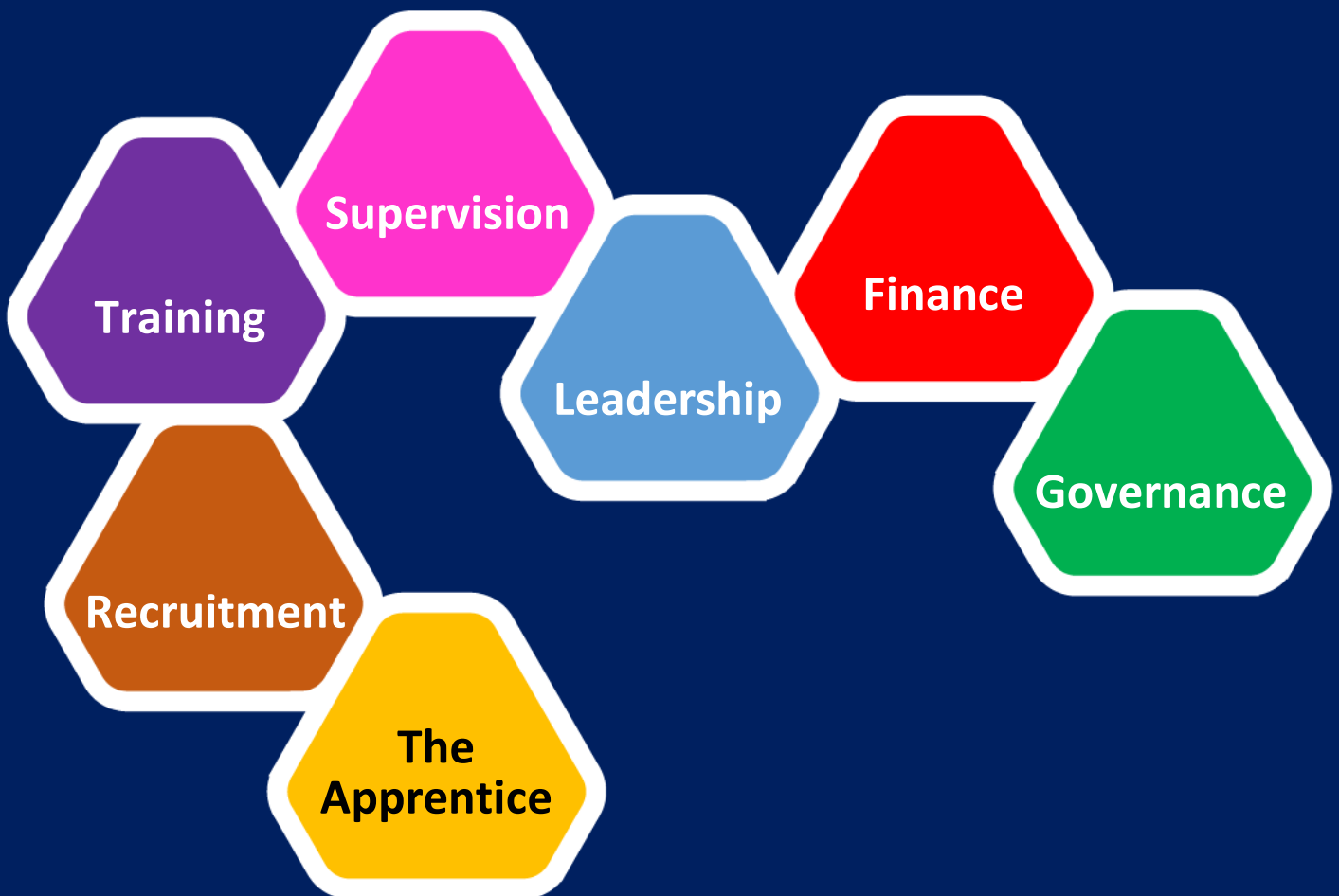


# Developing an Operating Model for a Social Care Apprenticeship Academy



# Developing an Operating Model for a Social Care Apprenticeship Academy

## Executive Summary

This report was commissioned by Health Education England to consider a trend-breaking approach to tackle the current adult social care workforce challenges through the development of an adult social care apprenticeship academy operating model.

West Midlands ADASS has led the development of an operating model through collaboration with key stakeholders involved in the adult social care apprenticeships. Colleagues from local authorities, NHS, education, care providers and care provider associations, training providers, DWP, The Princes' Trust, West Midlands Combined Authority and Colleges, have worked together to produce a 6 domains cluster model that would be required for the creation of a virtual dedicated social care apprenticeship academy.

The 6 domains include the importance of social care in leading this initiative, to raise the profile and status of a social care career, and to do that in collaboration underpinned by partnership governance with the many stakeholders involved in creating and enabling the success of apprenticeships.

Adult social care is commissioned by local authorities and provided mainly by independent providers, with a high proportion of providers classed as Small or Medium Enterprises (SMEs) with less than 250 employees, a turnover less than £25m, and gross assets less than £12.5m. A third of SME's considered exiting the adult social care market in 2022 due to workforce issues and cost pressures (Care England & Hft, 2023). If this loss of 30% SMEs to the NHS and social care system was realised it would add further strain to the Urgent and Emergency Care (UEC) system in the NHS, and significantly impact unpaid carers and families, with further consequences on the UK economy.

The report considered the challenging context for adult social care and the adult social care workforce to provide a case for adopting this trend-breaking initiative. Apprenticeships continue to be an intervention to improve productivity, and adult social care apprenticeships are already contributing to social care improvements, with 28,700 new apprenticeship starts in 2021/22. However, adult social care must compete with large organisations running effective

recruitment campaigns to attract staff from an increasingly competitive workforce context.

The collaboration proposed in the operating model brings together the capacity and gravitas of the anchor organisations across a regional footprint to bring that significant competitive force to bear on a targeted recruitment campaign for new apprentices; a dedicated training and development support initiative that will increase the rate and range of skills development across the sector including the use of technology in care and digitalisation of the sector.

The SME care providers have told us about the challenges for the sector in offering apprenticeships and providing the supervision, coaching, and mentoring, at the same time as trying to keep providing the services to the people they care for. The operating model proposed addresses this issue with the proposal to create an Academy Team that would provide supervision, coaching and support targeted at SMEs.

The benefits of adopting this trend-breaking approach are far reaching and without significant action adult social care will not be able to support people in the next 15 years. To have a strong quality adult social care market requires a strong and sustainable workforce. A regionally co-ordinated adult social care apprenticeship academy using the 6-domain cluster model proposed could raise the status and attractiveness of an adult social care career, improving the recruitment and retention of people with skills and expertise, and provide a strong infrastructure to improve market sustainability and support the local economy and health and care systems.


I would like to thank all colleagues that have contributed towards this important piece of work and look forward to seeing the establishment of dedicated adult social care apprenticeship academies soon. The question is not whether we can afford to do this, but whether we can afford not to do it?

**Peter Fahy**

Project Sponsor

**West Midlands ADASS**

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## Introduction:

'In a busy urban street, there is a small, terraced house. In that house is a woman aged 73 years, Anne, who has survived cancer twice, has kidney dialysis 3 times per week at her local hospital, has long term conditions associated with her cancer treatment that mean she is limited with her mobility, has special nutritional needs, and is vulnerable to infection and illness. Anne is fiercely independent and determined to live on and be there for her 9 grandchildren as they make their way in the world.

Four years ago, Anne fell ill at home and was transported by ambulance to her local Accident and Emergency department. Lying on a trolley for many hours her daughter arrived, and Anne was eventually reviewed by the medical team. This was the start of a year-long episode of admissions and failed discharges, a year in which Anne was assessed by 5 different consultants, experienced cancelled operations, and deterioration in her physical strength due to poor nutritional support. Attempts to get Anne back home were continuously challenged by problems with accessing appropriate care and support in Anne's home.

Eventually Anne was able to return home and has remained happily at home for the past 3 years. Anne has a personal budget and was able to choose the carers that she wanted to support her to live the life she wanted to lead. The carers know Anne and understand her needs and have become a significant part of her life. Anne can flex her care to allow more care and support on dialysis days when she is at her weakest, and on a day when she is feeling stronger, Anne has support to take her out, meet her friends and go shopping. Each year Anne has respite in a residential respite centre for a week near the sea and holiday dialysis is arranged. Anne's 3 daughters all work full-time but with the help of the carers can spend time with their mother and include her in all the family events and outings.'

Anne's story illustrates how access to good adult social care can enable someone to live the life they want despite many health challenges. Without the carers to support, people like Anne risk a cycle of repeated admissions to hospital. The critical support offered by social carers is often overlooked in the headlines about people on trolleys for hours in A&E. Hospitals are easy to visualise and can offer the essential photo opportunity to eager journalists looking for the next headline, whereas in comparison, whether or not, someone like Anne can get

help to get up and washed in time for dialysis will not excite the journalist or sell the papers but could seriously impact her condition and lead to a preventable hospital admission.

Adult social care does not have the public attention and status in the same way as the NHS and this impacts not only the journalistic interest but also the ability of the sector to compete for skilled and unskilled staff from a limited workforce in the UK.

This report proposes an innovative approach to improve the status of social care careers to compete and attract new staff into the sector, to embrace the opportunities of new technology and digitalisation, and to better support existing staff through investment in training and development, and the additional workforce needed.

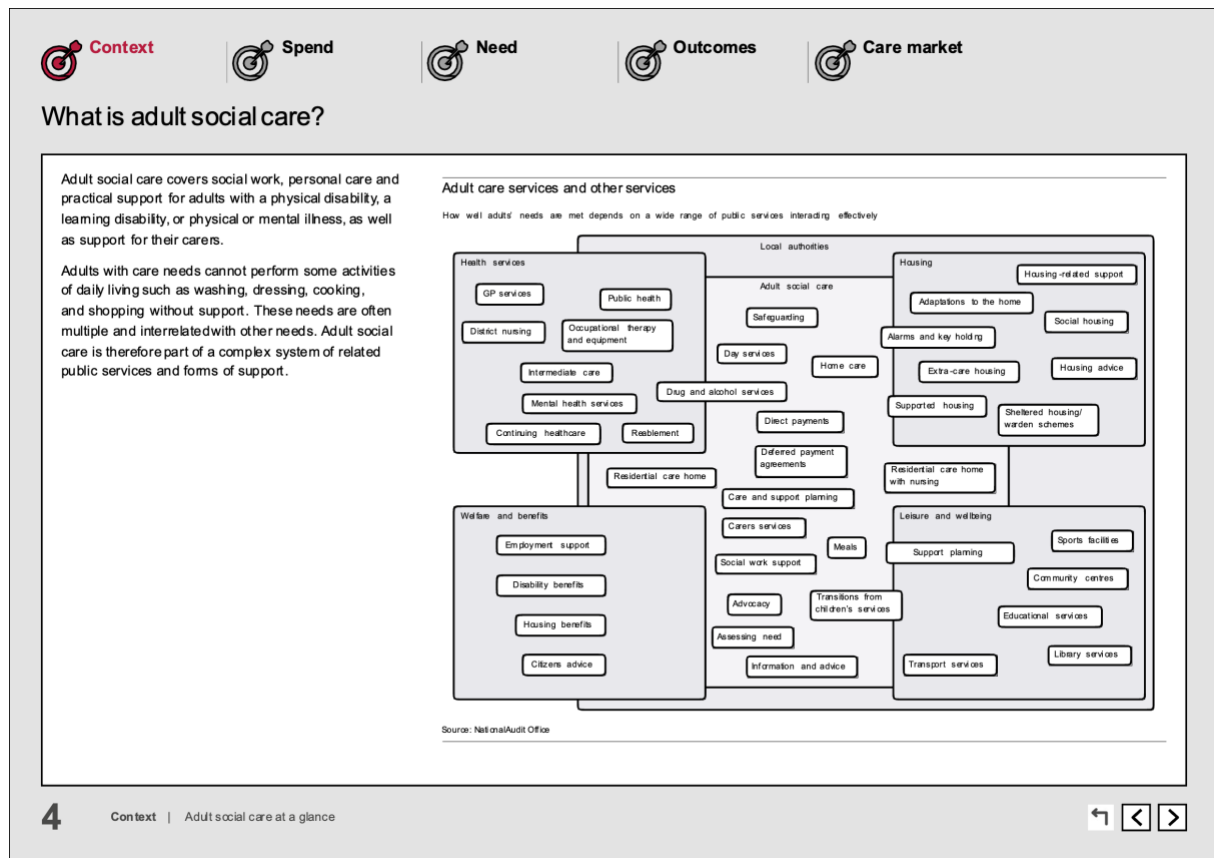
Investment in people and for people in the adult social care sector will have social, economic and health benefits for the population, benefits that are crucial for growth in the economy.

Adult social care in England is a fundamental part of communities and it will touch most people at some point in their lives. The Department of Health and Social Care (DHSC) has overall responsibility for adult social care policy and is accountable to Parliament and the public for the performance of the care system. The Department for Levelling Up, Housing and Communities oversees the distribution of funding to local government. Local authorities are responsible for commissioning care at a local level. It is crucially important to note that local authorities, unlike central government, cannot borrow to finance day to day spending, so must either manage a balanced budget or draw down reserves (money from under-spending in previous years) to ensure their annual spending does not exceed their annual budget. Reserves can only be used once. Care is commissioned from a range of providers, with most care providers being private organisations, providing residential, nursing care and domiciliary care and respite services.

(Department of Health and Social Care , 2021)

Figure 1 sets out the range of public services in adult social care and how those services relate to other public services in supporting individuals within communities.

**Figure 1 What Is Adult Social Care (National Audit Office , 2018 )**



Skills for Care, the strategic workforce development and planning body for adult social care created in 2001, commissioned a project in 2021 to look at the full economic value of adult social care. The pandemic experiences of many highlighted the importance of social care as an essential part of society, helping people to live their lives, but most people may be surprised to hear that adult social care contributes more to the value of the economy than electricity and power and twice that of agriculture (Skills for Care, 2021). It was also noted that whilst adult social care is an important sector across the whole country as a very large employer, it has a relatively bigger share of the value to the economy in the North and the Midlands.

Skills for Care indicated that investment in adult social care workforce would improve the sustainability of the care and support market and the quality of services provided. It noted that investment in the workforce would not only improve the economy but would also improve wellbeing, with estimated additional benefits of £7.9 billion from increased employment opportunities for carers and working age adults, plus wellbeing benefits to carers and family

members and savings to the NHS. Skills for Care estimated that a £6.1 billion additional investment in adult social care would address the current structural imbalances caused by the market failure and provide full economic benefits of £10.7 billion - a return on investment of 175%.

Most of the adult social care is provided by independent small and medium enterprises (SME's; (Skills For Care, 2022 b) offering home-based (domiciliary) care, residential, respite and care home services. SMEs are defined in the UK as small and medium enterprises with less than 250 employees, a turnover less than £25m, and gross assets less than £12.5m. A third of SME's considered exiting the adult social care market in 2022 due to workforce issues and cost pressures (Care England & Hft, 2023). If this loss of 30% SMEs to the NHS and social care system was realised it would add further strain to the Urgent and Emergency Care (UEC) system in the NHS, and significantly impact unpaid carers and families, with further consequences on the UK economy.

This proposal for an adult social care apprenticeship academy, based on collaboration of key stakeholders across a regional footprint, aims to create an infrastructure at scale that would provide support to SMEs in the social care market to fund, recruit, train, and develop their workforce. Many SMEs do not know how to access support from the apprentice Levy to fund training and do not have the infrastructure to understand how they can access the apprenticeship levy or support the recruitment, supervision, and administration needed for apprentices.

In the summer of 2021, the Minister commissioned Health Education England (HEE) to produce a strategic framework for the health and regulated adult social care workforce over the next 15 years, 'Framework 15'.

Framework 15 suggests 5 key actions for health and care systems and recommends using 'trend breakers', significant actions that will help break historic trends and create the momentum and opportunities for a different future now:

- 1) **Keep the people we have** - focus on retention and improved work offer.
- 2) **Developing people:** Fully use and invest in the skills and talents of the current workforce.
- 3) **Significantly grow the pluri-potential and generalist workforce:** expand roles and skills that can be deployed across all sectors and settings.
- 4) **Create new routes into local careers in caring:** work with HEIs and other partners such as care academies and digital/global platforms to create faster, more flexible routes in for a local sustainable workforce.



- 5) **Develop shared solutions to shared problems:** work with social care and other partners to develop shared solutions, so that spend on the workforce is treated as an investment in human capital that contributes to wider economic health and benefits the local population.

*Creating an adult social care apprenticeship academy across a regional footprint is designed as a trend breaker, to stem the flow of staff away from adult social care to other sectors and compete successfully to attract new staff by:*

- *Improving the work offer to existing staff through focused investment in training & development.*
- *Targeted recruitment to increase the workforce and reduce the pressures on existing staff.*
- *Offer a quality assured skills focused training and development pathway in social care that enables staff to move across sectors and settings; increases use of technology; and develops digital skills across the sector.*
- *Combining the expertise and resources of anchor institutions across regions, such as NHS, local authorities, in partnership with training providers and care providers to target recruitment and support of apprentices for SMEs.*
- *Collaboration to provide a strong infrastructure that will improve market sustainability of services, reduce excess costs of agency staff, and crucially support investment in local populations.*

This report describes the case for change with a focus on the challenging context and future for adult social care, and the adult social care workforce. The report considers how apprenticeships can contribute solutions to the current and future challenges in adult social care. The report puts forward a proposed operating model across a regional footprint for an Adult Social Care Apprenticeship Academy. The proposed operating model was developed through engagement with stakeholders across West Midlands.

# Case for Change:

## A Challenging Context and Future for Adult Social Care

Framework 15 suggests that trend breakers are needed if NHS and Social Care is to meet the projected demands for workforce based on UK population forecasts. The demand for adult social care is projected to increase significantly with population projections indicating that the proportion of adults aged 85 and over will double between 2018 and 2043. The number of younger adults needing care due to a disability is also projected to increase and the proportion of people with multiple long-term conditions is anticipated to double between 2015 and 2035 (The Health Foundation , 2022).

The Kings Fund Social Care 360 trend analysis (The Kings Fund , 2023) provides a summary of the key current trends in adult social care. The analysis looks at the change between 2020/21 and 2021/22 as well as the longer-term trends from 2015/16 up to 2021/22:

1. **Requests for Support:** More people, particularly working-age adults, are requesting support. This is a key indicator of demand for adult social care. There has been a 9% increase in demand between 2015/16 and 2021/22.
2. **Receipt of care:** The number of people receiving long-term care has fallen between 2020/21 and 2021/22. This is a key measure to assess how demand for social care is being met. Reasons include 14,000 fewer people in long-term care at beginning of 2021 due to covid related deaths, and local authorities reports of staff shortages reducing service capacity.
3. **Eligibility:** Financial eligibility is tighter and adult social care reform has been put back. This measure will have an impact on families and unpaid carers struggling to support individuals, with wider impact on available workforce and economy.
4. **Spending:** Total expenditure has increased due to the Covid-19 pandemic and is now higher than in 2010/11. The Covid-19 pandemic grants in which local authorities received £3 billion from central government to support their local care markets facing extra costs particularly for staffing was directed at

extra spending, such as PPE, and involved support for providers of services rather than direct expenditure by local authorities on people in need of care.

5. **Costs:** Local authorities are paying more for care home places and home care. The price of residential and nursing care for working-age adults has increased 7 per cent in real terms since 2015/16 and that for older people has increased 21 per cent. The price of home care has increased 13.8 per cent since 2015/16. This is driving increases in the adult social care expenditure referred to in the previous section. Workforce shortages in adult social care services mean that care providers are having to engage agency staff with higher pay costs and VAT charged, driving up the overall cost of care and risking the viability of many care providers.
6. **Capacity:** Over the past decade the total number of care home places has declined slightly in England although the trend has been a higher reduction in residential home places and an increase in nursing home places. The trend also changes when population is considered. In 2012, there were 6.1 residential home places and 5.2 nursing home places for every 100 people aged over 75, but by 2022 this had fallen to 4.8 and 4.6 respectively. Capacity for home care has no recognised measure and this is a significant part of adult social care.
7. **Vacancies:** Between 2020/21 and 2021/22 unemployment fell in England but the social care vacancy rate rose and is the highest since records began. This is a critical indicator for the quality of adult social care services, as higher staff to bed ratios are aligned to Care Quality Commission (CQC) ratings of services. It is also an indicator of the relative attractiveness of social care as a career in an open and competitive jobs market.
8. **Pay:** Care-worker pay continues to rise but struggles to compete with other sectors. Care workers make up around 860,000 of the 1.62 million jobs in the social care sector (other jobs include managers, ancillary and admin staff, jobs for direct payment recipients, nurses, and social workers). Pay in the independent sector, which employs the great majority of staff, is a key factor in the sector's ability to recruit enough staff to meet demand. It also makes up a large proportion of provider costs. Level of pay also correlates with Care Quality Commission quality ratings. Since 2012, care-worker pay has increased by 16% in real terms. However, pay in other sectors has been increasing more quickly. In 2012/13, care workers were paid more than retail sales assistants but by 2019/20 they had been overtaken. Many care workers

would now be paid more in entry-level posts in supermarkets. With the additional benefit of reductions in shopping costs this becomes very attractive to potential workers especially whilst the cost of living is high in UK.

9. **Carers:** Fewer unpaid carers now receive paid support and respite care has also fallen between 2020/21 and 2021/22. The number of carers receiving direct support from local authorities was the same in 2021/22 as it was in 2015/16. The number of people provided with respite care delivered to support their carers has fallen from 57,000 in 2015/16 to 33,000 in 2021/22. Most of the care provided to individuals within communities is done so by unpaid carers, with the latest national census indicating that there are 5 million unpaid carers in England and Wales, approximately 9% of the population with an estimated 4.7% providing 20 hours or more care each week (Carers UK, 2022). The economic contribution of this unpaid care is estimated at £132 billion per year. Without unpaid carers the system would collapse. A typical carer is female, with those in their 50s and 60s most likely to be providing care. Approximately 400,000 carers in the UK are aged over 85 years, and the population of carers aged over 65 years is expected to increase to 1.8million by 2030 (Public Health England , 2021).
10. **Quality:** Quality in adult social care is largely stable but fewer ratings were published during Covid-19. However, this indicator may not be reflecting the challenges that Directors of Adult Social Care recently highlighted about the numbers of provider closure, cessation of trading and contract hand backs impacting a growing number of people (Directors of Adult Social Services (ADASS) , 2022). The pressure on the adult social care sector has also been raised by Care England, the main representative body of small, medium, and large care organisations across England (Care England & Hft, 2023).
11. **Personalisation:** Fewer people receive direct payments. The number of people using direct payments is now lower than in 2015/16 and has fallen for each of the past five years. Overall, just 26.7% of people (38.4% of working-age adults and just 15.5% of older people) drawing on adult social care use direct payments, down from 28.1% in 2015/16. One of the possible reasons for this decline is the difficulty that people are having in recruiting their own care worker (personal assistant (PAs)) with a vacancy rate reported at 13.1% in February 2022.

12. **Satisfaction:** Satisfaction of people using services is edging downward between 2015/16 and 2021/22. This indicator uses local authority survey results of people in receipt of social care services. The Office for National Statistics (ONS) undertook a survey on behalf of the UK government in March 2022 to look at UK levels of public trust and satisfaction in public services including social care. 29% stated that they were satisfied with social care services compared to 69% NHS (Office of National Statistics (ONS) , 2022).

*These trends indicate that without significant trend-breaking action adult social care will not be able to support people in the next 15 years. To have a strong quality care market requires a strong and sustainable workforce. A regionally co-ordinated adult social care apprenticeship academy could deliver this through:*

- *Successfully competing for staff by raising the status and attractiveness of an adult social care career.*
- *Improve the training and development offer.*
- *Expand the range of skills and expertise to enable digitalisation and better use of technology for care.*
- *Support providers to train personal assistants to reverse the trend of falling direct payments.*

# Case for Change:

## Adult Social Care Workforce

Adult social care faces significant workforce challenges that have been evident for some time. Social care is heavily dependent upon workforce and any challenges will also impact on the availability of quality care and support for people. The CQC State of Care 2021/22 report (Care Quality Commission, 2022) identified the following key issues for workforce:

- In many cases, providers are losing the battle to attract and retain enough staff.
- The persistent understaffing across health and social care poses a serious risk to the safety and wellbeing of people who use services.
- More than 9 in 10 NHS leaders have warned of a social care workforce crisis in their area, which they expect to get worse this winter.
- Care homes have found it very difficult to attract and retain registered nurses. We have seen nurses moving to jobs with better pay and conditions in the NHS, and care homes that have had to stop providing nursing care.
- Of the providers who reported workforce pressures having a negative impact, 87% of care home providers and 88% of homecare providers told us they were experiencing recruitment challenges. Over a quarter of care homes that reported workforce pressures told us they were actively not admitting any new residents.
- Only 43% of NHS staff said they could meet all the conflicting demands on their time at work. Ambulance staff continue to report high levels of stress.

The CQC State of Care report highlights the crucial contribution of adult social care to the functioning of health and care systems for individuals when they meet health challenges in life. It also highlights the importance of morale and wellbeing for adult social care staff and the relationship between these factors and the quality of care provided.

The House of Commons Health and Social Care Committee October 2021 – Social care funding and workforce (House of Commons , 2020) stated that the social care sector employs around 1.49 million people in England across 18,500 organisations, a larger workforce than the NHS, but a workforce that the NHS relies on to support people when they are affected by challenges in their lives. This may be in preventing a deterioration in their health and wellbeing, both physically and mentally, and in caring and supporting people before and after hospital treatment. The adult social care workforce demographics in 2021/22 indicate that most workers are female (82%); average age 45 years old; 23% are of Black, Asian, and minority ethnic groups; 84% identified as British; with 7% identified as EU nationality and 9% a non-EU nationality (Skills For Care , 2022).

Skills for Care have been monitoring trends in the social care workforce since 2012/13 with the annual publication of the ‘state of adult social care sector and workforce’ reports (Skills For Care , 2022) and highlighted the following in the latest report 2021/22:

- The total number of posts in adult social care in England (including filled posts and staff vacancies) was 1.79m as at 2021/22 (this was 0.3% higher than in 2020/21).
- The number of filled posts was estimated at 1.62 million and the number of vacant posts was 165,000.
- The number of filled posts has decreased by around 3% (50,000) between 2020/21 and 2021/22; the only annual decrease since records began in 2012/13.
- Over the same period the number of vacant posts has increased (by 55,000 or 52%) which shows that the decrease in filled posts is a result of recruitment and retention difficulties rather than a decrease in demand for care staff.

### **Changes in the previous 12 months (since 2020/21)**

- 1) Between 2020/21 and 2021/22 most of the decrease in filled posts was in the independent sector (down by 45,000). Filled posts in local authorities remained broadly the same (up by around 1,000).
- 2) In residential services, the number of filled posts fell by 13,000 in care only homes (4%) and 15,000 in care homes with nursing (5%).

- 3) For non-residential services, the number of filled posts fell by 19,000 (3%).
- 4) In terms of job roles, most of the decrease in filled posts was for direct care providing roles (down 55,000 and 4%). Registered nurse filled posts also decreased by 4.5% (1,600 posts).

### **Longer term trends (since 2012/13)**

- Since 2012/13, the number of filled posts in adult social care has increased by 120,000 (8%)
- Over the same period, the workforce has moved away from the local authority sector (a decrease of 24%, or 36,000) and towards the independent sector (an increase of 12%, or 135,000).
- The number of filled posts in domiciliary services increased at a faster rate between 2012/13 and 2021/22 (an increase of 120,000 and 27%) than filled posts in residential services which are now at a similar level to 2012/13 after decreasing by 4% in the previous 12 months.
- Registered nurses were one of the only job roles in adult social care to see a significant decrease over the period (down 18,000 filled posts or 36% since 2012/13).

### **Factors affecting turnover were identified as follows**

(Skills For Care, 2022 b):

- Workers who travelled further were more likely to leave.
- Likelihood of leaving decreased as pay levels increased.
- Those under 25 and those over 60 years old were more likely to leave their posts.
- Likelihood of high turnover rates increased if the establishment had high turnover historically.
- Turnover decreased with higher levels of experience working in the sector.
- Likelihood of leaving decreased with higher levels of experience in role.
- Workers on zero-hours contracts were more likely to leave their posts.
- Turnover decreased if workers had a higher number of contracted hours.
- Likelihood of leaving decreased if workers had fewer sickness days.
- Likelihood of leaving decreased if workers had more training.



## In summary, adult social care workforce challenges are:

- **High vacancy rates:** Skills for Care, the workforce development and planning body for adult social care in England, estimates an average of 6.8% of roles in adult social care were vacant in 2020/21, equivalent to approximately 105,000 vacancies. The estimated vacancy rate for May 2022 was 10.3%.
- **Rising demand:** demand for social care is rising and this is expected to continue. This is projected to lead to an increase in demand for social care staff.
- **High turnover:** Skills for Care estimates the turnover rate of directly employed staff working in adult social care was 28.5% in 2020/21, equivalent to approximately 410,000 leavers over the year.
- Concerns around **low staff morale and burnout**, which the Covid-19 pandemic has likely exacerbated.
- Limited opportunities for **career progression** and little standardisation of training and qualifications.
- **Low pay:** care worker pay is among the lowest in the economy in general and is falling behind other sectors such as retail.

(House of Commons , 2020)

Whilst adult social care is not the only sector to face workforce challenges, it is the sector that faces significant competition for recruitment and retention due to the relatively low pay comparisons with other sectors and the capacity of local government to improve on that pay without further Government intervention (The Kings Fund , 2022). The Kings Fund survey carried out on minimum rates of pay comparisons between care providers and 10 largest supermarkets in June 2022, found that care providers paid the national minimum wage whereas the supermarkets all paid above the minimum wage. Additionally, supermarkets were offering discounts on shopping as additional benefits for staff, which may be a significant attraction during the cost-of-living challenges facing UK currently. Ten years ago, there was little difference between the wage of a carer and a supermarket employee, but with the added workforce challenges the public sector is not able to keep pace with the private sector on pay, and hence struggling to solve the workforce challenges with pay.

**The Health and Social Care Committee (House of Commons, 2020) recommended actions to address the adult social care workforce challenges:**

- Improving the level of recognition afforded to social care workers
- Sustainable funding settlement for social care pay
- Parity with NHS workers
- Improvement in employment conditions including reducing the over-reliance on zero-rated contracts and the provision of sick pay
- Alignment of training between NHS and social care and establishing a clear career path
- Transitional arrangements to ensure social care workers can be recruited from overseas.

Baroness Cavendish (Cavendish, 2021) stated, 'For too long, the social care workforce has been seen as a last resort to manage decline. I believe we should be much more ambitious, seeing it as an innovative, person-centred cadre who do not simply carry out "basic" tasks but also build stronger relationships with individuals, family and neighbour networks which improve outcomes. This would, in turn, raise the job satisfaction, respect and status of the workforce and in some cases, pay.'

***This insight into the social care workforce provides a focus for a regionally co-ordinated adult social care apprenticeship model to improve recruitment and retention in adult social care providers:***

- *Focus and support with local recruitment and retention initiatives.*
- *Target reduction in zero-hour contracts with more sustainable offers of employment and training, particularly in home care services.*
- *Support providers with in-reach expertise and support for training and development*
- *Support providers with wellbeing input for staff.*

# What can an Apprenticeship Model contribute to Adult Social Care, Workforce Challenges, and the NHS?

Apprenticeships can be traced back to medieval crafts guilds in the Middle Ages with the 1st national apprenticeship scheme introduced in 1563 by the Statute of Artificers which set standards of the number of apprentices that each Master could take and the length of time to complete an apprenticeship. The Act was repealed 251 years later as the popularity of apprenticeships declined in the early 19<sup>th</sup> Century due to poor conditions in factories and the perceived exploitation of young apprentices. However, apprenticeships continued and expanded in the early 1900's and grew post World Wars until 1960s when it was estimated 30% boys leaving school became apprentices.

Criticism of apprenticeships in late 1960s was followed by decline in apprenticeships as not deemed to meet industry requirements and it wasn't until 1993 that the Modern Apprenticeship scheme was introduced with an apprentice counting as a paid employee and contracted using a written agreement between the employer and the apprentice, leading to a level 3 qualification (equivalent to A level). In 2004 there was a further rebrand of the Modern Apprenticeship to establish different levels as Advanced and Intermediate Apprenticeships. Between 2009/2010 and 2010/2011 apprenticeship starts doubled to over half a million (Davies, 2015).

Apprenticeships continue to be a focus of UK Government policy to improve productivity by increasing the skills available in the workforce, however, apprenticeships have undergone substantial reform in addition to how they are funded. From 2017, all UK employers in the public and private sector with a pay bill of over £3 million have had to contribute to the Apprenticeship Levy (0.5% of their annual pay bill). A CIPD survey (CIPD, 2022) showed that 28% of organisations pay the Apprenticeship Levy, the majority made up of larger employers. The Levy was introduced to try to stop the long-term decline in employer investment in training as well as to boost the number of apprenticeships. CIPD survey found that 46% of levy-payers' expenditure on training had either decreased or remained unchanged. When investigating whether the levy had boosted the number of apprenticeships, CIPD reported that since the Apprenticeship Levy was introduced apprenticeship starts have fallen with a decline in the number of apprenticeships declining mainly in the under 25s.

Apprenticeships are used as a way to boost productivity, but the decline in the apprenticeship starts for young people is a concern that the current approach is not achieving that aim. There is also evidence that starts amongst apprentices in the most deprived 20% of neighbourhoods in England fell by nearly half between 2015/16 and 2019/20 (Centre for Economics and Business Research, 2021). This will be of particular interest to Integrated Care Boards (ICB's) which have responsibilities in statute to improve the health inequalities in their areas with a specific focus on the most deprived 20% population. ICBs which target improvements in apprenticeship starts with the most deprived populations could potentially make significant gains in at least 3 of the 7 domains of deprivation, namely on income; education, skills, and training; and employment.

Health, public services, and care sector accounts for approximately 25% of all apprenticeship starts (Foley, 2021) and adult social care is included in that sector definition. NHS and local authorities are considered as anchor organisations within their geographical areas, large public sector organisations that are unlikely to relocate and hence have a significant stake in the community. Local Government Association 'Leading Places' project is an example of the potential impact that anchor organisations can have on their communities using their assets, procurement, spending power, workforce, and training to advance the welfare of the populations they serve. Adult social care apprenticeships supported and funded by NHS and local authorities may therefore be a potential building block in the creation of a successful, resilient, and sustainable health and care system.

The different apprenticeship levels in adult social care are defined in the Skills for Care Apprenticeships Report for 21/22 (Skills For Care , 2023 ):

**Apprenticeships** are paid jobs with training designed to bring the apprentice to full capability in a specific occupation by the end.

**Intermediate apprenticeships** are jobs in occupations with training needed at Level 2, which is the equivalent of grade C GCSEs.

**Advanced apprenticeships** are jobs in occupations with training needed at Level 3, which is equivalent to A-level.

**Higher apprenticeships** are jobs in occupations with training needed at levels 4 to 7 and which are equivalent to a foundation degree and above such as a professional qualification.

**Degree apprenticeships** are jobs in occupations with training needed at levels 6 and 7 (equivalent to full bachelor's and master's degrees).

Skills For Care Apprenticeships Report 21/22 (Skills For Care , 2023 ) details all the data on social care apprenticeships and this report will not seek to replicate that information. The report is therefore added as an appendix to this report for ease of access for the reader. The key findings in the report are summarised as follows:

### **Apprenticeship starts**

- There were around 28,700 adult social care apprenticeship starts in 2021/22, which was 15% lower than in 2020/21. Across all apprenticeships, the overall number of starts increased by 9%.
- Employers of the Lead Adult Care Worker apprenticeship standard (level 3) received around 12,080 starts, Adult Care Worker (level 2) employers received 9,800 starts, the Leader in Adult Care apprenticeship (level 5) received 3,880 starts and the Lead Practitioner in Adult Care apprenticeship received 2,020 (level 4) starts.
- There were around 740 starts in the Social Worker degree apprenticeship (level 6) in 2021/22, which made up 8% of all degree level apprenticeship starts across Health and Social Care.
- The standards Lead Adult Care Worker and Adult Care Worker ranked 4th and 5th in terms of intermediate/advanced level starts in 2021/22 out of all apprenticeships.

### **Apprenticeship achievements & retention rates**

- There were around 24,990 leavers from adult social care apprenticeships in 2020/21, of which 53.5% completed their course, and of these 97.1% passed the end point assessment. This retention rate of adult social care apprenticeships (53.5%) was slightly lower than that of all apprenticeships (58.8%). Therefore, a greater proportion of people drop out of adult social care apprenticeships. The pass rate was like all apprenticeships.
- Over three quarters (82%) of adult social care achievements in 2021/22 were from the standards Adult Care Worker and Lead Adult Care Worker.

### **Demographic trends**

- The proportion of adult social care apprenticeship starts aged under 25 has decreased from 28% in 2015/16 to 20% in 2021/22.

- The proportion of adult social care apprenticeship starts that identified as male has not changed from 16% in 2015/16.
- The proportion of adult social care apprenticeship starts that identified as having learning difficulties or disabilities has increased from 11% in 2015/16 to 16% in 2021/22.
- The age profile of the healthcare apprenticeships was much older than the overall age profile of apprenticeships. The proportion of apprenticeships who were aged 25 or over was 80% for healthcare compared to under half (47%) for all apprenticeships.

### **Apprentice Pay & Conditions**

- Apprentice care workers had the same median £9.50 hourly rate as non-apprentice workers
- 36% adult social care apprentices were on zero-hour contracts
- Care worker apprentices had a lower average number of sickness days compared to those not studying for an apprenticeship, with 6.4 days and 9.0 days respectively.

### **Apprenticeship Levy Funding**

- Around half (53%) of adult social care apprenticeships were supported by levy funds in 2021/22. However, this was a much smaller reliance than for all apprenticeships where around two-thirds (65%) were supported by levy funding.
- The social worker degree apprentice had by far the highest proportion of adult social care starts supported by the levy at 98%.

Organisations want to understand the costs and benefits of apprenticeships to determine whether supporting and investing in apprenticeships is a solution to the workforce challenges. The St Martin's Group (Centre for Economics and Business Research, 2021) has estimated the present value to businesses of an apprentice during their training period for those beginning their qualification in 2020/2021.

The report focused on the value of employing an apprentice in the 2020/2021 academic year. To do this, economic modelling was used alongside the outputs

from the YouGov survey of HR decision makers. Within this, apprentice wage rates, on- and off-the-job training costs (including line manager time), subsidies available and additional expenses have been incorporated. Using this data alongside estimates for the average apprentice's productive contribution in a typical year, it has been possible to estimate the present value to businesses of an apprentice during their training period as follows:

productive output (£33,759) + apprentice subsidies (£1,040) - apprentice wages (£17,278), training costs (£6,965) and additional expenses (£8,060) = **employer gains of £2,496**

In addition to monetary value, employers will also want to ensure that employing apprentices aligns to their wider goals and associated benefits. The Department for Education 2018/2019 Apprenticeship Evaluation noted that most employers who offered apprenticeships reported subsequent improvements in retention rates, engagement, morale, and ability to attract good staff. The St Martin's Group has also noted benefits through qualitative research with employer members including the NHS.

This section has reviewed the current data and literature on social care and apprenticeships. The evidence suggests that investing in an apprentice is beneficial in monetary terms and in wider organisational goals. Apprenticeships in adult social care are a significant contribution towards the wider health and public service workforce challenges in England. The data provides an opportunity to understand better how to target actions to improve the apprenticeships which in turn will improve and increase the adult social care workforce.

*This data indicates areas that an adult social care apprenticeship model could:*

- ***Target reduction in zero-hour contracts with more sustainable offers of employment and training.***
- ***Care worker apprentices had lower sickness levels than non-apprentices; hence increasing numbers of apprentices could influence a reduction in sickness levels in the adult social care workforce.***
- ***Health and Social Care anchor institutions across regions could increase the number of apprenticeships supported by levy funding from 53% to potentially 65% level of all apprenticeships.***
- ***Increase the apprenticeship completion rate from 53.5% through improved support.***
- ***Increase the number of adult social care apprenticeship starts by at least 15%.***
- ***Health and Social Care anchor institutions in ICBs could target apprenticeships at population groups that will improve the inequalities that exist in their communities.***

Within the West Midlands there are examples of local authorities and health working hard to support adult social care apprenticeships, with innovations from training and care providers to improve the opportunities for people in their areas. These contributions will be discussed in the next section which describes how stakeholders came together in the West Midlands to develop a model for Adult Social Care Apprenticeship Academy.



# Learning from current practice across West Midlands

Over the last 3 months stakeholders from across West Midlands have come together to consider how they can work collaboratively to create a dedicated adult social care apprenticeship model. There are apprenticeship schemes available for roles within adult social care and there are apprenticeship models and approaches for all types of apprentices, but there is not a social care apprenticeship focused model like that for NHS apprenticeships.

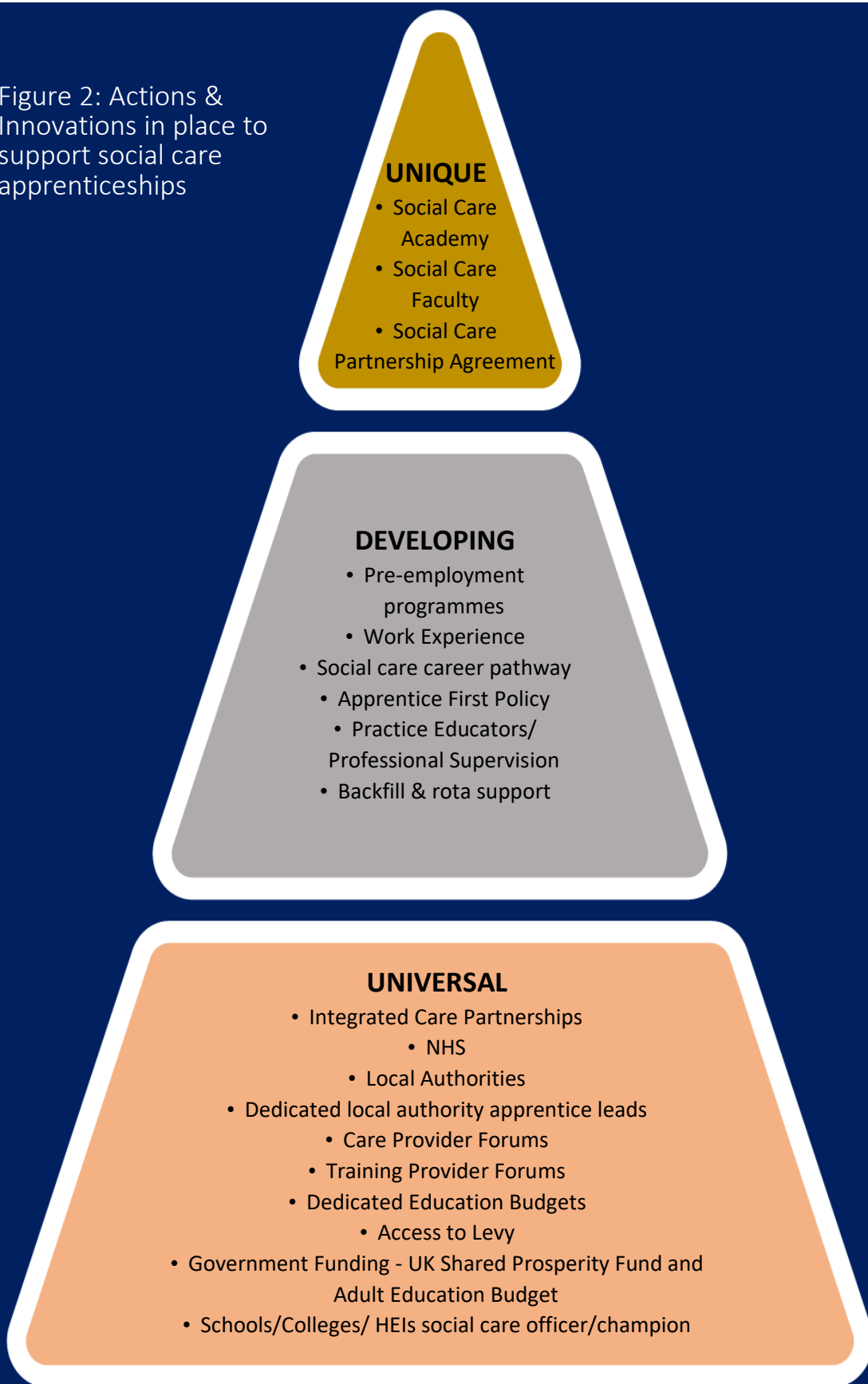
With the very real challenges facing the adult social care workforce, West Midlands colleagues have come together to co-ordinate their expertise and resources and consider a model that could be used not only in the West Midlands but in other areas.

Colleagues from Health Education England (HEE); West Midlands ADASS; 6 ICBs; 14 Councils; Care providers and Care Associations; WM ADASS Care Provider Forum; Training providers; WMADASS professional networks for social work and OT; WM SDMC Chairs / CNO Office; Schools, Colleges, Universities, WM Teaching Partnership; Skills for Care; DWP; The Prince's Trust; WM Employers, WM Combined Authority have engaged in workshops and have come together to form the West Midlands Adult Social Care Apprenticeship Academy Advisory Group.

The Advisory Group worked with all stakeholders to understand what arrangements are in place across each area to support apprenticeships and specifically for adult social care. It became clear that there was much variation, with examples of good practice in different areas for different aspects of the apprenticeship process.

Figure 2 illustrates what actions & innovations have been described by the members of the Advisory Group as in place and that could be built upon to develop a dedicated social care apprenticeship academy. The pyramid shows actions & innovations in place across most areas (universal); what actions & innovations are in development; and what actions & innovations are developing in specific (unique) areas either within West Midlands or nationally.

Figure 2: Actions & Innovations in place to support social care apprenticeships



Unique innovations include the Health and Social Care Academies that have been developed in Blackpool, Durham, Leeds, and Warrington. These are for all NHS and social care workforce and are not specific to apprenticeships.

Within West Midlands innovations are developing with the newly created Herefordshire & Worcestershire Social Care Faculty, which is part of the Herefordshire & Worcestershire ICS Health and Care Academy and led by the ICS. The faculty is for the whole social care workforce and is not targeted at apprentices or the social care workers in SME care providers.

Staffordshire Integrated Care Partnership has taken a collaborative approach to develop a Social Care Workforce Strategy (Staffordshire Social Care Workforce Partnership , 2023) The strategy reviews the current social care workforce data and trends, reviews challenges and risks, hears from stakeholders, and provides a focus for action and outcomes. The detailed strategy is included in the appendices for information. One of the actions is to scope a social care academy for the area, and there are other actions that will also improve the apprenticeships for adult and children's social care.

Actions that are in development across West Midlands include initiatives to connect with pre-employment schemes that exist with Department of Work and Pensions (DWP) and The Prince's Trust. These schemes provide an opportunity to develop a pipeline for recruitment and provide up to 6-months support for new apprentices. Both DWP and The Prince's Trust will prepare potential apprentices with essential skills needed to become an apprentice. This is a significant intervention that would increase the number of young people able to take part in social care apprenticeships, as well as tackling the inequalities in access to employment and training in the region.

The work experience offer isn't consistent across the board and many organisations are still finding their way with the work experience programme (WEX) following the pandemic. The UK Shared Prosperity Fund is another potential source of funding for apprenticeship initiatives as one of the aims is to increase life chances within deprived areas which includes boosting economic productivity, pay and jobs (Department for Levelling Up, Housing & Communities , 2022). The Adult Education Budget is also available to employers to source training for their employees i.e. English, maths, sector related skills – tend to be short courses but accredited if assessment undertaken (Education and Skills Funding Agency , 2023) .

Shropshire Council has developed an example of a social care career pathway from entry level to level 7 to help raise the status of the social care career and raise awareness of the career pathway (available in the Resource Pack attached in appendices). The work includes apprenticeship champions who can share their career stories. Shropshire Council also has an Apprenticeship First Policy to

encourage the development and training of new and existing staff. This Apprenticeship First model is looked at in more depth in the next section.

Within social care, supervision is carried out by Practice Educators for social workers. There are gaps in supervision for social care nurses and social care workers with varying initiatives across the West Midlands to offer supervision. There is opportunity within a new collaboration for a social care apprenticeship academy to identify and co-ordinate suitable peer supervision and support. Coaching and mentoring, including legacy mentoring, is needed to be social care focused and some examples indicate that this model could work to support social care providers with their apprentices if co-ordinated to support a larger footprint.

Universal strengths that are in place to support a social care academy approach include the anchor institutions, NHS, and local authorities, who are Levy paying organisations, and who also have dedicated education and training budgets. There is the potential to create ring-fenced social care apprenticeship levy to support more apprenticeships with social care providers.

Each local authority has a dedicated local authority apprenticeship lead for all apprenticeships, and their expertise will be invaluable in working with social care apprenticeship academy lead. Whilst these apprenticeship leads are currently focused on social workers and in-house local authority apprenticeships, they will have valuable expertise and insight that could be applied across social care apprenticeships for area.

There are care provider and training provider forums already engaged and in place, operating at regional and local authority level. They are key stakeholders and partners with considerable knowledge and expertise that can contribute towards the success of a dedicated social care apprenticeship academy.

Whilst NHS and local authorities have the infrastructure to commission training providers for apprenticeships, most independent care providers do not have the infrastructure and are therefore dependent upon the offers from training providers.

There is a potential for the anchor institutions to support independent care providers with their commissioning of training providers. Some local authorities, such as Shropshire Council commission approved apprenticeship training providers using a procurement framework or dynamic purchasing system. There is potential to open frameworks to care providers to support them in offering more apprenticeships; examples of open frameworks include the YPO or the Crown Commercial Service (both free to access) (YPO ) and (Crown Commercial Service ).The next section looks at a case study in one of the local authorities which has adopted an apprenticeship first approach. The case study is organised

within the 6 key parts of the apprenticeship process as suggested by the advisory group.

# Shropshire Apprenticeship First Model Case Study

Shropshire Council have developed an apprenticeship first model which has improved recruitment and retention within the local authority.

Shropshire Council has an Apprenticeship Policy that sets out the scope and commitment of the Council to apprenticeship training:

Shropshire Council is committed to optimising the benefits that Apprenticeships bring to the organisation, using the apprenticeship standards as a way of unlocking talent within existing staff and new recruits whilst ensuring that we have a workforce equipped with the skills needed now and in the future. Shropshire Council set up Upskill Shropshire to manage and lead apprenticeships from application to completion, working with appropriate training providers. Upskill Shropshire utilises a bespoke Dynamic Purchasing System for approved Apprenticeship Training Providers who will offer high quality learning and development opportunities and will lie at the heart of the strategic approach to grow and develop the skills and workforce for the future.

This policy sits within the context of Shropshire Council's overall Workforce Strategy and is driven by the whole organisation. It will support current members of staff who are seeking to access career and skills development opportunities and attract new talent through the recruitment of apprentices to the Council. In addition, it compliments and enhances our partnerships with several external organisations and aims to promote the benefits of apprenticeships to influence and support local businesses in all sectors to take on apprentices via Levy Transfer opportunities.

Shropshire Council will use Upskill Shropshire to offer access to a comprehensive programme of learning upon which it can build a skilled and flexible workforce.

Apprenticeship training should complement the job role undertaken and benefit both the individual and the organisation.

Shropshire Council has an “Apprenticeships First” approach to training. Apprenticeships are the training route of choice for the organisation, and they should, wherever possible, extend across all areas of service delivery within Shropshire Council.

Both employees on apprenticeships and their line manager will have responsibility for the apprenticeship journey, throughout the whole programme. The line manager needs to ensure that the apprentice has ample opportunity to access development in line with their apprenticeship programme throughout the duration of the course and adhere to the Off The Job rule as set out in the Department for Education (DFE) Apprenticeship Levy Funding Rules for Employers (<https://www.gov.uk/guidance/apprenticeship-funding-rules>)

## **Recruitment**

Shropshire Council supports apprenticeship recruitment via its Apprenticeship First policy; new vacancies, where relevant are considered for apprenticeship positions to support talent and career development for people of all ages. Shropshire Council, across its corporate services advocates that apprentices will be paid above national minimum wage for their age and be able to access all benefit opportunities available to staff. Apprentices at Shropshire Council are offered a minimum contract of 21 months (apprenticeship duration dependent) which is optimal time to undertake and complete a Level 2/3 apprenticeship. Upskill Shropshire encourage, where possible, cohort recruitment meaning that more than 1 apprentice is recruited at once to the same role. Cohort recruitment encourages retention on programme and within the job role and increases the likelihood of apprentices staying on post completion of the apprenticeship.

### **Cohort Recruitment Example:**

In 2019, the Revenues and Benefits team appointed 6 apprentices to undertake the Revenues and Benefits Practitioner Level 4 apprenticeship. The Apprentices started to work within the office environment but the global pandemic in March 2020 forced them to work in an “at home” setting whilst they were still

embedding themselves into the team and learning the regulatory requirements of Revenues and Benefits. The team continued to meet daily via a virtual platform and the training provider quickly turned around the face-to-face training to wholly virtual, adding in 1:1 support sessions for all of the apprentices with regular tracking. Initially, the apprentices struggled to adjust to this new method of working and learning but working together as a cohort, sharing best practice, learning methods, challenges and solutions attending regional networking sessions, five of the six apprentices completed the apprenticeship within the remit of their fixed term contract (24 months). Following the completion of the apprenticeship the Revenues and Benefits team were able to retain 3 apprentices in technical roles within the team; the other 3 apprentices are still retained within Shropshire Council. One apprentice now works as an Employment Coach, encouraging others to undertake careers and overcoming barriers and two of the apprentices now work in a finance role, utilising transferrable skills and knowledge which they gained within their apprenticeship. [Click here](#) (Shropshire Council )to hear more from Shropshire Council's Revenues and Benefits Apprentices.

Some roles, at the point of the recruitment, are not offered as an apprenticeship post but it is detailed in the job description, they may be required to undertake an appropriate apprenticeship to enable them access to industry required qualifications; for example, OFSTED requires all staff working with child residential settings to have achieved a Level 3 diploma within 2 years of them starting their employment. This apprentice first approach is elevating the status and morale for apprentices which is an approach that the Social Care Apprenticeship Advisory Group supported.

## **Training**

Shropshire Council utilises Apprenticeship Levy and hosts its own framework of Apprenticeship Training Providers (approved by DFE) so the organisation can build up robust relationships with training providers and ensure that there is consistency in delivery, clear communication of learner progress and quality service delivery. Shropshire Council has utilised to the Apprenticeship Levy to develop bespoke inhouse training programmes available for staff in Leadership and Management Training. The Leadership Development Framework hosts a range of apprenticeships to encourage advanced management capabilities, development within strategic roles to drive development and transformation within the organisation and more recently, coaching training for anyone within the organisation to encourage a coaching-led, supportive environment.



Chris Hiron, a Residential Childcare Worker completed his Level 4 Children, Young People and Families Practitioner apprenticeship in 2022 and was quick to undertake the Coaching Professional Level 5 as he could see the benefit which this has had for development within his role but also to support his service users. [Chris explains more in this video case study](#) (Shropshire Council ). There is no limit for the number of apprenticeships an individual can undertake, and they can continue to utilise apprenticeships at all levels to enhance their knowledge, skills, and behaviours in a range of occupational subjects relevant to their job role as it develops. Shropshire Council uses its capacity and capability as an anchor organisation in the community to offer Apprenticeship Levy Transfer opportunities for non-levy paying employers to support apprenticeship vacancy creation within the county. Shropshire Council has supported apprentices based within private sector, hospitality, marketing, private care and voluntary, community and social enterprise (VCSE) sector organisations, enabling 21 apprentices to access vital training to enhance their role. Click [here](#) (Shropshire Council, 2022) to hear Kate MacDonald, Organisational Development Business Partner at Shropshire Council, talking about Apprenticeship Levy Transfers and why they are beneficial to organisations.

## Supervision

At the point of application to undertake or recruit an apprentice, Shropshire Council requests that the apprentice has an additional workplace mentor to support them through their apprenticeship in addition to the required line manager and training provider. The Apprenticeship First Policy determines the support level which line managers/workplace mentors should give to apprentices. Within certain apprenticeships i.e., social work, the apprentice is required to have a practice educator in place to support workplace professional development alongside the apprenticeship standard.

Where a practice educator isn't formally required to be in place, a workplace mentor can provide the same level of "on the job" expertise. In a LinkedIn blog, David Moss (Moss, 2023)) details the importance of workplace mentors in the delivery of an apprenticeship, stating that they provide 4 key elements:

1. Guidance and Support – enabling the apprentice to navigate their role and overcome challenges/barriers they may face.
2. Share knowledge and expertise – a good mentor would be someone who has been in the industry for many years and has a wealth of expertise – although it doesn't say it in the blog, they may have been a previous apprentice.

3. Offer feedback and encouragement – they can provide valuable feedback, identify areas of improvement, or where support may be needed. They can also feedback where the apprentice is excelling – encouragement, feedback and support can increase success and retention.
4. Build confidence – apprentices can increase their confidence and feel more comfortable within executing their role.

The Level 4 Learning and Skills Mentor Apprenticeship Standard can support workplace mentors, line managers and others within a supportive role to support new staff undertaking apprenticeships and development within their career.

From a Shropshire Council perspective, we have found that many of our apprenticeship training providers offer short courses on mentoring for line managers of apprentices as part of induction training.

This approach to support and coaching for the apprentice is seen as crucial to guide the apprentice through to completion of the apprenticeship. Learning from this approach has been considered for the development of the Apprenticeship Academy model as has been an area in which training and care providers requested more support.

## **Governance**

Shropshire Council's apprenticeship process is determined by the Apprenticeship First policy. HR Business Partners work internally with Senior Leads and recruiting line managers to determine where apprenticeships can be utilised. There is strategic sign off for any major decisions by the Apprenticeship First Board i.e., procurement, apprenticeship levy transfers. Shropshire Council has a robust process in place for access to the Apprenticeship Levy which determines commitment and development need which requires an application and a business case. Shropshire Council have embedded a process into the recruitment system which requires managers to select the reasons why a new post might not be an apprenticeship; this will enable the organisation to determine where knowledge gaps may be, provide challenge where apprenticeships could be used and ensure that recruiting managers are well equipped to make succession and workforce planning decisions.

## **Leadership**

The Assistant Director for Workforce is the project sponsor for the Apprenticeship Levy. The whole organisation is dedicated to utilising Apprenticeships via the Apprenticeship First Policy. The relevant Portfolio Holder has responsibility for the apprenticeship levy and is invested in

delivery. Shropshire Council has developed a Leadership Development Framework via Apprenticeships to enable the development of improved leadership culture within the organisation.

The learning from the creation of a whole organisation approach towards apprenticeships is being shared within Social Care Apprenticeship Academy advisory group to support the cultural development needed to make the academy model a success.

**Case Study Example: Innovation in creating apprenticeship in children's social work:**

The children's social work service was already investing in social work development programmes, such as Step Up and Frontline to grow own staff and expertise. However, both programmes required a 2:1 degree to access and children's services recognised the value of making the career more accessible. Apprenticeship recruitment in social work, particularly values the experience of the wider children's workforce who are perhaps unable to access social work training through other routes. There is a value in different skills, not just academic skills. Nationally, it's difficult to recruit and retain social workers and locally there is a gap in the availability of social workers with competition for other roles and with other organisations. The apprenticeship route enables us to overcome some of these barriers.

Shropshire People's Directorate decided to recruit apprentices who are technically in their own team and are managed across both children's and adults social work hubs but placed throughout the service area. The apprentices are an additional resource to the service area and take on some of the capacity – it's a very busy, in-demand service so this is needed. The apprentices bring fresh ideas and learning to the workplace and service; as they are constantly focused on learning and a reflective headspace, they can bring challenge and innovation to the team. As the apprentices are engaged in learning, they bring enthusiasm, challenge, and interest. The social work apprentices are also in a paid post throughout the 3 years whilst they complete their degree. The service actively encourages learners to ask questions and express curiosity about the way in which tasks are done, to help them make sense of a complex service area. In March 2023, the first cohort of 15 Social Work Apprentices successfully completed their apprenticeship programme with the majority moving into full time posts to undertake their Assessed and Supported Year in Employment (ASYE).

Using the learning from the collaborative work with stakeholders to identify the actions and innovations already in place for social care apprenticeships, it is noted that whilst there are few Health and Social Care Academies in existence nationally, there are currently no dedicated adult social care apprenticeship academies working to target and support the adult social care market providers. The literature reviewed in the earlier sections of this report highlighted the significant gap in support and infrastructure for adult social care providers, particularly SMEs providers and home care providers. These care providers are a critical part of the health and care system, and the Urgent and Emergency care pathway to support people home from hospital or to avoid admission into hospital.

There is much to be learned from the work that has already been done to create health and social care academies and the more local work of creating a Social Care faculty in Hereford and Worcestershire, and the significant work completed by Staffordshire Social Care Workforce Partnership.

Using the 6 key parts to the apprenticeship process and the advice and learning from the West Midlands Advisory Group, an outline operating model is proposed for the development of an adult social care apprenticeship academy.

# Operating Model for a dedicated Adult Social Care Apprenticeship Academy:

The Social Care Apprenticeship Academy Operating Model has been developed with key stakeholders through an Advisory Group in the West Midlands. The Advisory Group has suggested that any operating model will need to build on good practice that exists across a region that the model is applied to and critically supports a collaborative governance approach moving forward.

The Advisory Group recommended that investment would be needed to provide key components for a dedicated adult social care apprenticeship academy. Whilst there are existing resources already supporting apprenticeships these tend to be for the whole range of apprenticeships and not dedicated resource for adult social care apprenticeships. There is significant competition for new apprentices from highly organised private sector apprenticeship schemes and support. The ambition of a dedicated adult social care apprenticeship academy is to bring the weight of support and resources from all stakeholders together across a region to be able to raise the profile of adult social care careers and offer a quality training and development path for new and existing members of staff.

It was proposed that the operating model would initially operate as a virtual adult social care apprenticeship academy bringing together existing resources in a collaborative network and supported by additional resources working centrally to focus on an improved offer for social care apprenticeships and to support the large number of SME care providers to recruit and train apprentices.

This section sets out the proposed operating model for a dedicated adult social care apprenticeship academy. It also describes the infrastructure needed to achieve this within an estimated 18 months, and the ask of leaders across stakeholders in supporting, investing, and creating the culture for success.

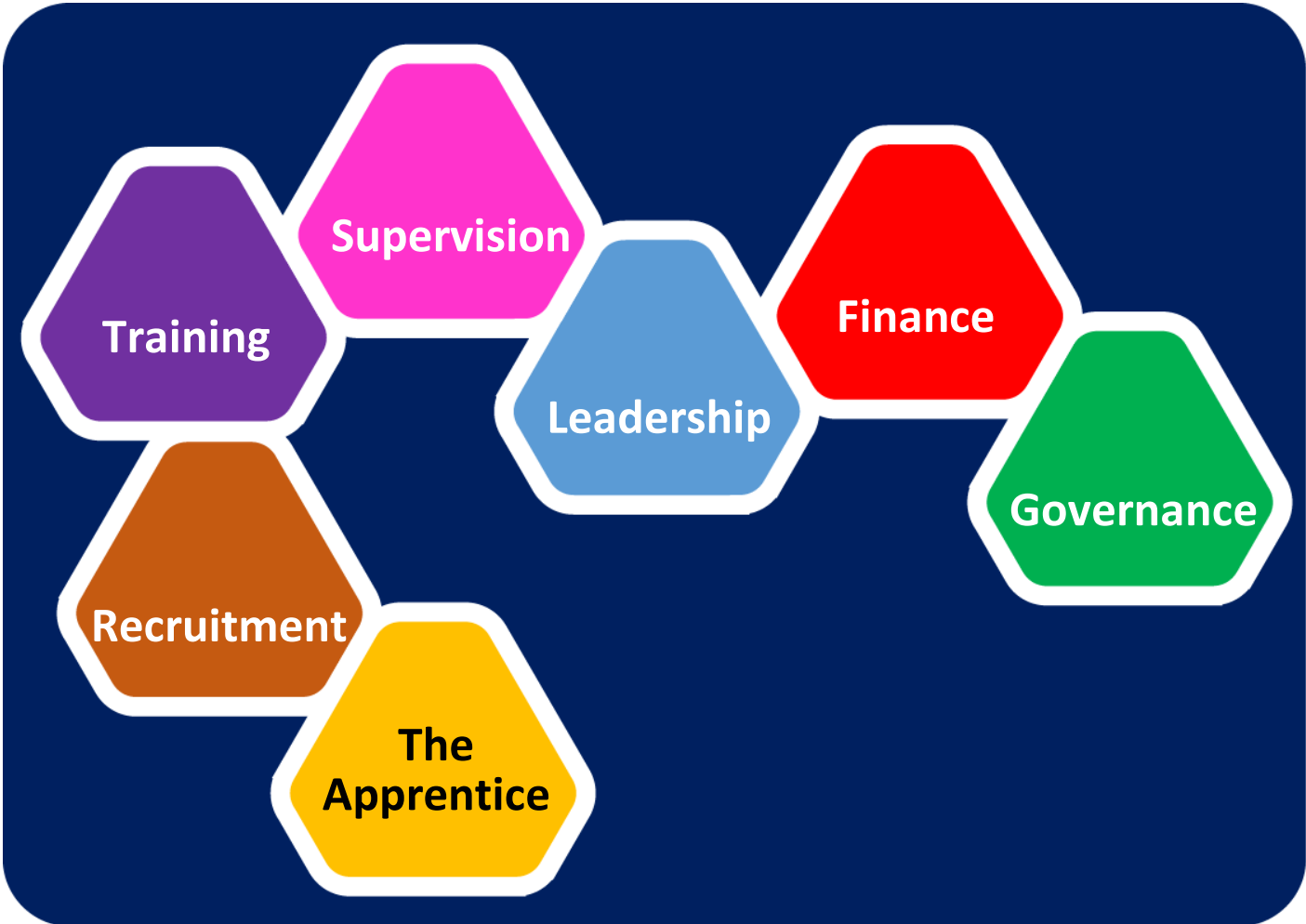
The ambition will be to support organisations across a region to increase the resilience and sustainability of the adult social care workforce and thus the adult social care system and health system for the population.

## **An Adult Social Care Apprenticeship Academy will offer organisations across a Region:**

- Targeted recruitment.
- Support for accessing training funds and funds to cover off-the job training, particularly for SME care providers.
- Quality assurance of training provision.
- Access to training provider frameworks.
- Supervision and coaching support.
- A well-qualified, highly skilled, and motivated workforce that meets the needs of existing and new service models.
- Attracting talented people of all ages, apprenticeships can be undertaken by people from 16 years of age until retirement age.
- Greater staff retention through increased engagement and motivation, enhancement, and recognition of skills.
- Improved productivity and performance, ultimately benefiting citizens and service delivery.
- A long-term, ongoing solution to developing skilled staff, apprenticeships can be used as a route of progression.
- A way to engage local communities and boost local economy, encouraging local people into local organisations, working with local training providers.
- Enable the social care offer of personalised care and support.
- Support the health and care economy, particularly Urgent and Emergency Care pathway into and out of hospital.
- Support the health and care economy recovery.

The dedicated Social Care Apprenticeship Academy Operating Model proposed is a cluster model representing the 6 key domains required to establish an apprenticeship academy, as shown in figure 3, with the apprentice at the centre of the model. This is to reflect an Apprentice First model, capturing the good practice from existing local apprenticeship schemes. The model is designed to enable local flexibility whilst offering a blueprint of the key domains needed to provide an effective apprenticeship academy.

**Figure 3 Proposed Operating Model of a Social Care Apprenticeship Academy**





## **The Apprentice First Approach:**

The operating model proposed would have the Apprentice at the centre of the social care apprenticeship academy. The aim would be to incorporate the Apprentice First approach as a partnership agreement within the collaborative across a region.

The Apprentice First approach would optimise the benefits that apprenticeships bring to the organisations in the region, using the apprenticeship standards as a way of unlocking talent within existing staff and new recruits whilst ensuring a workforce equipped with the skills needed now and in the future.

The Upskill Hub would be part of the apprenticeship academy to manage and lead apprenticeships from application to completion, working with appropriate training providers. The Upskill Hub would consider a framework of training providers to offer high quality learning and development opportunities and will lie at the heart of the strategic approach to grow and develop the skills and workforce for the future.

This Apprentice First approach would be set within an overall social care apprenticeship workforce strategy and driven by the whole collaboration. It will support current members of staff who are seeking to access career and skills development opportunities and attract new talent through the recruitment of apprentices to adult social care.

The Apprentice First approach compliments and enhances partnerships between organisations and aims to promote the benefits of apprenticeships to influence and support local businesses in all sectors to take on apprentices via Levy Transfer opportunities.



The Upskill Hub will offer access for organisations in the region to a comprehensive programme of learning upon which it can build a skilled and flexible workforce.

Apprenticeships will be the training route of choice for the collaborative organisations in the adult social care academy.

The Upskill Hub will support employees on apprenticeships and their line manager throughout the apprenticeship journey, throughout the whole programme.

This approach will ensure that apprentices have the support they need to complete their apprenticeships and to encourage work-life balance and support for wellbeing.



**Leadership** of a social care apprenticeship academy should be led by leaders in social care. The key aims of the creation of a social care apprenticeship academy would be to raise the status of social care careers and to ensure that social care can compete in a highly competitive recruitment market.

To achieve this, the social care apprenticeship academy will bring together in collaboration leaders across the sector in all stakeholders. It will be important that the anchor institutions within each area lead this development and provide their capacity and infrastructure to support the SME's in attracting, training, and retaining social care apprentices.

Leaders considered to be essential to engage included DASS's; Elected Members; ICBs; Commissioners; Business Development; HR; Quality Assurance; Finance; Levy Leads; Apprenticeship Leads; Care Providers & Care Associations; Training Providers.

There are excellent examples of leadership from the work that has been achieved in developing a Social Care Workforce Strategy through collaboration in Staffordshire.

Building on this example, leaders of social care can bring together all stakeholders in a collaborative to create an adult social care apprenticeship strategy for their area. This would provide clear direction of travel for the Partnership Board of the new adult social care apprenticeship academy and allow regular review of the actions and measurable outcomes to tackle tricky issues facing the sector including:

- Recognition that adult social care is a specialist workforce that needs care and attention.
- That without adult social care workforce the health and care systems cannot adequately perform their duties in supporting individuals.
- Pay is a factor and apprenticeships salaries could be raised to be commensurate with the role.

- Training and development time should be a priority to develop the new skills and expertise needed for a quality and resilient care market.
- Supporting an apprenticeship academy co-ordinator role to collaborate across the multiple partners and rules & regulations on behalf of the SME Care Provider(s)
- Creation of supervision capacity within the sector to support the SME Care Providers
- Investment in wrap around support to new entrants either new to work or new to the sector to support pre-employment readiness e.g. DBS, The Care Certificate, Reference checks; discretionary financial support for uniforms, travel, technology etc; support for existing or previously undiagnosed learning difficulties or long term conditions; ongoing mentoring
- Collaboration across partners to enable apprentices to work together in a group for peer learning and innovation sharing.



**Governance** for a dedicated social care apprenticeship academy would need to be a new entity and one that supports existing governance of all stakeholders whilst enabling the collaboration between partners. Collaboration of key stakeholders is crucial for the success of the adult social care apprenticeship academy, and it is suggested a Partnership Board would need to be established with a dedicated Chair appointed and representation from all stakeholders. The governance would be through a partnership agreement with local accountability into each local authority and other stakeholder governance.

During the 18-month development and implementation phase the Partnership Board would be supported by a dedicated Programme Director and a Programme Management Office (PMO), to manage the implementation using a programme management approach. Once the apprenticeship academy is developed, the academy could be hosted by an organisation or developed as an independent academy with a dedicated team of staff in place of the programme office.

Existing governance to be considered in any new academy governance would be the Department of Education Rules for Employers, Employer Provider, and Provider, organisations; ESFA and ESFA Local Managers; and Apprenticeship Levy Leads – Public and Private Sector. Governance around training and quality assurance would also need to take account of existing arrangements, such as the Institute for Apprenticeships and Technical Education (external assurance); Care Provider Employers; The Apprentice; Training Provider procurement; and Commissioners.

The proposed Academy Team would bring the necessary capacity into the Partnership to implement the academy operating model over 18 months, with oversight and direction from the Partnership Board. In addition, the apprenticeship academy would bring together existing and new resources to provide an academy team to support the apprenticeship process from

recruitment through to completion. The Academy Team could consist of the following:

- Programme Director & PMO
- Social Care Apprenticeship Co-ordinator
- Recruitment team to collaborate with employers, training providers, levy organisations, and the ESFA; and to co-ordinate pre-employment schemes.
- Communications and engagement
- Knowledge hub analysts (BI)
- Finance support & Finance advisors
- Upskill Hub: Training and support co-ordinators; Practice Educators/ Peer Supervision; coaches & mentors (including legacy mentors)
- Quality assessors
- Administration



**Recruitment** within the model would focus on an Apprentice First approach, with employers asked to consider all vacancies potentially where an apprenticeship can be offered. All Partnership organisations would be asked to consider equal staff benefits and opportunities for apprentices. Effectiveness of recruitment processes will be monitored using data analysed by the academy data hub to enable swift interventions to target recruitment as needed.

Key employers for recruitment of apprentices are care providers and local authorities. Key partners required for successful recruitment to apprenticeships will be:

- Schools - Careers Leads
- Colleges - Course Tutors
- Universities - Deans of Faculty
- Care Providers and Associations
- Local Authorities – Apprenticeship Leads and Levy Leads / Brokers ; Skills Leads
- DWP - Local Managers and Job Coaches; The Princes Trust

Recruitment programmes already in place should be included within the scope of the operating model, such as:

- Care Provider recruitment programmes
- College recruitment programmes
- Local Authority Recruitment initiatives
- Apprenticeships.gov.uk and DHSC National Social Care Recruitment campaign

- Employment / Recruitment websites

Communities to target for recruitment:

- School/ College students and leavers
- Young People (16 – 30)
- Working Age Adults\* (Data analysis shows most apprentices are over 25)
- Mature and Retired Workers
- Regulated Professionals – Social Worker, Nurse, Occupational Therapist, Care Manager
- Hyper-local communities (most social care workers live within 3 miles of work)



## Supervision

The advisory group suggested that experienced care workers/ regulated professionals were key to good supervision for apprenticeships. Care associations and local authorities were considered as organisations that could support the academy in this way.

Examples of good practice are available across the region and the group suggested that the academy approach would enable sharing of good practice. The practice educator model in social work was given as an example.

The advisory group noted that SME care providers have limited access and availability for supervision, and this is within a current context of reduced opportunity of apprenticeship placements as care providers exit the market, deregister, hand back contracts, deliver notice of eviction to social care residents. This will have to be a challenge that the academy model tackles.

Provision of supervision within a social care apprenticeship academy is necessary to retain apprentices and enable provider staff to focus on frontline delivery.

The supervision offer within the academy would be via a supervision and support team and operate under a tripartite agreement with the apprentice, training provider and employer.

The responsibilities of the apprentice, the line manager and the supervisor are set out in the table below. To reduce the burden on SMEs the line manager responsibilities could be supported by other supervision and coaching roles held in the apprenticeship academy for this purpose.



**Tripartite Supervision Model for Apprenticeships – showing responsibilities that can be shared and supported through apprenticeship academy**

<b>Apprentice</b>	<b>Line Manager</b>	<b>Supervisor</b>
Make a positive commitment and contribution to their own learning and development	Follow the processes, to engage with current employees or to recruit to new apprenticeship vacancies	Support the apprentice and employer within the apprenticeship journey by providing support, mentorship, coaching and advice.
Complete the Apprenticeship to the required standard and within agreed timeframe.	To provide apprenticeship support and commitment within tripartite agreement, including off the job training.	This function would place a particular emphasis on supporting preparation for assignments and review against standards.
Engage on a regular basis with the training provider; advising any issues at early stage	Plan appropriate work to develop the required skills and knowledge.	Support liaison between employer/apprentice/training provider.
To meet all deadlines for work submissions and to meet regularly with their assessor and manager	Plan induction to the apprenticeship programme.	Support regular progress meetings.
Actively engage and reflect with line manager & raise any issues at early stage.	Provide informal coaching, guidance, and feedback.	
To develop occupational competence, a professional attitude and meet the expectations and performance measures	Discuss the progress of the employee's apprenticeships with them on a regular basis and provide suitable supervision throughout their training and employment.	





## Training:

Key stakeholders for adult social care apprenticeship training are the training provider organisations, colleges, universities, and the Levy fund organisations. There are a range of existing training programmes available, but SMEs advised that they have challenges with training and this impacts the number of apprenticeships that they can offer.

The dedicated social care apprenticeship academy will provide a team to support SMEs to identify quality training providers and to access funding and supervision for training apprentices.

Some of the anchor institutions commission training through a framework and can offer capacity and expertise to support local SMEs to access training.

Currently the quality assurance of training schemes involves the commissioner; Levy lead; ESFA partner; Department of Education. The academy team will include dedicated virtual network of quality assurance checkers to assist with quality and to create a database of outcomes from training providers. An Apprenticeship Coordinator would provide a key interface between care providers and training providers. The academy could also develop a network of advice and support to access levy funding for training.

The Academy Team would:

- Review existing training programmes to identify any gaps in training to support adult social care career pathways.
- Offer quality assurance checks and database of training providers.
- Offer additional targeted resource to support training of apprentices with specific focus on SME care providers.
- Provide a coordinator role/ interface between care providers and training providers & levy fund organisations.
- Supervision and coaching/mentoring capacity.



## Finance:

Access to funding for training apprenticeships is a key barrier for SME care providers and is impacting on the ability for the sector to recruit enough apprenticeships that are needed to provide a quality and resilient care market.

Working in collaboration in a dedicated adult social care apprenticeship academy structure, finance leads, levy leads, care providers and training providers can share good practice and innovative approaches to enable better access to training funds particularly for SME care providers. The apprenticeship academy would bring together the expertise across the region to support providers to access funding from the levy funds, the UK Shared Prosperity Fund, the Adult Education Budget, and any other sources of potential funding for recruitment, retention, training and backfill support.

The aim of an Apprenticeship Academy dedicated to social care will be to draw on the expertise within key partners and stakeholders to access and target funding for apprenticeships and training. The social care providers who are not eligible for apprenticeship levy funding are the providers who will need support to offer attractive pay and conditions if they are to compete with other sectors for the available workforce. Using the local authorities and NHS organisations as anchor institutions that can use their assets and resources to target the most challenging roles and areas for recruitment.

The Academy Team will also be able to offer support in completing business cases for apprenticeships and in supporting dialogue with key stakeholders to encourage apprenticeships in adult social care. There is evidence of clear cost benefit to recruiting successful apprentices into adult social care as a way of reducing the high turnover rate and associated costs. Skills for Care report that each leaver costs £3642 to replace<sup>3</sup>.

# Funding a Social Care Academy Approach:

A funding model is required to establish a dedicated adult social care apprenticeship academy. Each area would want to consider the cost-benefit of the provision of a dedicated adult social-care apprenticeship academy.

A cost-benefit analysis would consider the inclusion of the following costs:

a) Current costs:

1. agency social care staff
2. sickness
3. recruitment costs
4. non-completion of apprenticeships
5. training & development costs
6. indirect costs to NHS and social care of social care market failures
7. Costs to informal carers

b) New costs (estimates per annum):

1. Partnership Board & Chair - £80k
2. Programme Management Office during implementation (18 month cost) - £250k
3. Dedicated Academy Team - £500k

The benefits set out in the next section would need to be considered against these costs.

Skills For Care estimates a 175% return on investment in adult social care. Local authorities are paying more for care home places and home care. The price of residential and nursing care for working-age adults has increased 7 per cent in real terms since 2015/16 and that for older people has increased 21 per cent. The price of home care has increased 13.8 per cent since 2015/16. This is driving increases in the adult social care expenditure referred to in the previous section. Workforce shortages in adult social care services mean that care providers are having to engage agency staff with higher pay costs and VAT charged, driving up the overall cost of care and risking the viability of many care providers.

# Benefits of A Dedicated Adult Social Care Apprenticeship Academy Model:

From the review of the literature, policies, and experiences considered within this project, the creation of a dedicated adult social care apprenticeship academy would offer a significant trend breaker, bringing key stakeholders together in collaboration to provide capacity and gravitas to the challenge of advocating for social care careers and competing in a highly competitive workforce market. The trends in social care indicate that without significant action adult social care will not be able to support people in the next 15 years. To have a strong quality care market requires a strong and sustainable workforce. A regionally co-ordinated adult social care apprenticeship academy could deliver the following outcomes:

- ***Improved work offers through focused investment in training & development.***
- ***Targeted recruitment to increase the workforce and reduce the pressures on existing staff.***
- ***Quality assured skills focused training and development pathway in social care that enables staff to move across sectors and settings; increases use of technology; and develops digital skills across the sector.***
- ***Strong collaboration of expertise and resources of anchor institutions across regions, such as NHS, local authorities, universities in partnership with training providers and care providers to target recruitment and support of apprentices for SMEs.***
- ***Targeted apprenticeships at population groups to improve inequalities in communities.***
- ***Strong infrastructure to improve market sustainability of services and reduce excess costs of agency staff.***
- ***Raise the status and attractiveness of an adult social care career.***
- ***Training of personal assistants to reverse the trend of falling direct payments.***
- ***Reduction in zero-hour contracts with more sustainable offers of employment and training, particularly in home care services.***
- ***In-reach expertise and support for training and development within social care providers.***

- *Support for providers on wellbeing input for staff.*
- *Reduction in sickness levels.*
- *Increase the number of apprenticeships supported by levy funding from 53% to potentially 65% level of all apprenticeships.*
- *Increase the apprenticeship completion rate from 53.5% through improved support.*
- *Increase the number of adult social care apprenticeship starts by at least 15%.*

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# Appendices

Apprenticeships in Adult Social Care 2021/22: Skills for Care analysis of Education and Skills Funding Agency data

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Resource Pack - Created by Upskill Shropshire

[Career Pathways: Apprenticeships in Social Care](#)

[Guide to the Apprenticeship Levy and Apprenticeships in Social Care](#)

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# Developing an Operating Model for a Social Care Apprenticeship Academy

