

Values and the workforce: the expectations of people with lived experience



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Foreword

As a member of Think Local Act Personal's National Co-Production Advisory Group I was pleased to be involved in the development of the Care Workforce Pathway, working closely with colleagues from the Department of Health and Social Care and Skills for Care. Being on the Expert Consultation Group for the Pathway meant I was able to share my personal experience of drawing on both social care and health services, and from being an unpaid carer for a relative with dementia. As a member of TLAP's project group I helped design the workshops we ran with people who draw on care and support and unpaid carers to hear their views on the values they expect to see in their care workers. It was all co-produced and I enjoyed helping facilitate the three online workshops.

As a result of all this work a set of values statements has been included in the Pathway. They act as a golden thread, reinforcing the importance of working in ways which uphold person-centred care and support and co-production. This was a real achievement. Whilst recruiting and retaining people to work in social care with the right knowledge, skills and behaviours and creating a proper career pathway is a positive step forward, unless people working in care hold the right values, those of us who draw on care and support people won't feel the difference.

In the report we describe how we approached this important work. It lists the value statements; summarises the findings from the desk top review of existing evidence which informed our methodology; and goes on to discuss the full range of values that people felt were important and how these were ranked. The findings reinforce what we already know. Essentially that the foundation of good quality personalised care and support are relationships based on trust, where care workers interact with the person they are supporting in ways which are sensitive to a person's life; never fixed and ever changing.

During the workshops we also discussed the barriers that are largely outside the control of individual workers, whether these stem from how services are commissioned or organisational culture and practices. That care workers themselves must be valued and better rewarded shone through what people with lived experience had to say.

It is important to say that the report is not just documentary record of what we did. There are a number of recommendations made, aimed at continuing to make progress on developing and supporting the workforce. Crucial amongst these is making sure that policy and implementation rests firmly on co-production: with people who draw on care and support in all its variety; unpaid carers; organisations that provide services and support; and those that work in and for them. Only in this way will we step closer to a workforce that is able to ensure everyone has the care and support they need to live their life their way.

Jennifer Pearl, National Co-production Advisory Group

1. Introduction

The Department of Health and Social Care (DHSC) requested that Think Local Act Personal (TLAP), as part of its grant funded work programme, undertake activity to support the development of the **Care Workforce Pathway** (subsequently referred to in this report as the Pathway).

The Pathway is a framework which sets out the knowledge, skills, behaviours and values that people working in social care need to have in order to provide good person-centred care and support. It is also intended to provide a career structure, initially focused on roles that involve the provision and oversight of direct care as a first step to developing this approach more widely across the social care workforce.

The purpose and focus of TLAP's work was to convene people who draw on care and support and establish their understanding and views on the values people working in social care should have in order to provide good personalised care and support.

The results of this work were fed back to the DHSC and a series of values statements were included in the Pathway published in January 2024. Having the views of people who draw on care and support at the heart of DHSC policy is a significant achievement. The seven value statements are shown below.

Respect

Treat me, the people around me and where I live with respect. Respect my values and my choices about the life I want to lead, and respect your role to value and uphold my goals

See the whole person

Be curious and listen carefully to understand the unique person I am with strengths, abilities and aspirations. Make plans and decisions about me, with me

Honest, trustworthy and reliable

Be honest, trustworthy and reliable so you turn up when you say you will and provide the care and support we have agreed. Be discreet and confidential to build up a trusting relationship between us

Kind, compassionate and empathetic

Be kind, compassionate and empathetic so you can see things from my point of view, with concern for what matters to me, my wellbeing and health

Courageous and principled

Show strength, courage and commitment to speak out if something isn't right or could be better, and to step back when I am exercising my choice and control. Act according to principles of human rights, equity and inclusion and in line with my personalised care and support plan

Flexible, open and learning

Be reflective, open and non-judgmental so we can learn and adapt how we work together in the longer term

Proud and positive

Take pride in your work and have a friendly, positive and proactive attitude so we can enjoy spending time together

In this report we outline the approach we took to the work, describe and discuss the key outputs, highlight areas that require further consideration, and make some recommendations for developing the social care workforce in ways which support the development of person-centred care and support, based on choice and control and co-production.

2. Context

Having the right workforce is indispensable to achieving better social care. Simply put, good care depends on good workers. This means investing in the over 1.5 million people currently estimated to be working in social care¹, and in order to recruit and retain the extra workers required to meet the growing need for care and support amongst the population.

¹ <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-size-and-structure-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

From a TLAP perspective, our driving force is to support the creation of conditions for forms of personalised care and support which afford people genuine choice and control, in line with the ambitions and duties of the Care Act 2014 and reforms in the People at the Heart of Care White Paper¹ and subsequent Next Steps². A good marker of progress will be that more people experience support closer to the expectations set out in TLAP's Making it Real³ which describes what good personalised care and support looks like from the perspective of people who draw on care and support.

Making it Real, the people who support me.....

- I am supported by people who see me as a unique person with strengths, abilities and aspirations
- I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want
- I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health
- I have considerate support delivered by competent people

A word on values

Values are often talked about but can feel spongy and intangible. They can also be taken for granted, appearing straightforward and non-controversial. The reality is more complex and some of the implications of this are explored later in the report. At their heart they are based on beliefs about what we think is right or wrong. For people who draw on care and support, receiving their support from workers who have the right skills, knowledge and training is important, but if they don't hold the right values, people are unlikely to experience good person-centred care and support. Values translate into behaviour, and that's what people experience in their care and support, day to day. This is why they are so important.

3. What we did and how we did it

The approach we took to identifying the sorts of values people who draw on care and support would like to experience was founded on co-production, built into every stage. The work was steered by a project group including people with lived experience (see Annex 1 for members).

1 <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

2 <https://www.gov.uk/government/publications/adult-social-care-system-reform-next-steps-to-put-people-at-the-heart-of-care/next-steps-to-put-people-at-the-heart-of-care>

3 https://www.thinklocalactpersonal.org.uk/_assets/MakingItReal/TLAP-Making-it-Real-report.pdf

TLAP was also represented on the DHSC External Consultation Group for the Pathway. The bulk of the work was undertaken between June and September 2023, the main stages of which are summarised below. More detail can be found in the method statement.

Desk top review

An independent research and evaluation consultant was commissioned by TLAP to undertake a desk top review of existing available resources that related to workforce values. The review was co-designed with the input of members of TLAP's National Co-Production Advisory Group (NCAG) and framed around the following questions.

- What evidence exists?
- How was it produced?
- How are 'values' defined?
- What are the values?
- Who are the values for?

The desk top review was supplemented with a series of interviews with seven people from across the social care sector. The aim was to explore views on values in more detail and to put the call for evidence out through their networks. Further detail on the findings from the desk top review can be found in section four of the report.

Workshops with people with lived experience

Forty people with lived experience of social care took part in three consecutive online workshops. There was a more or less even split between those drawing on care and support of various types and unpaid carers, although there was some blurring as some people identified as both. The broad content of the workshops is shown below.

Workshop 1

Initial exploration of workforce values

Workshop 2

Developing a long list of values, prioritising them and identifying the barriers that get in the way

Workshop 3

Exploring the behaviours underpinning values and ways of valuing the workforce

Working with people who by and large had not met each other before and had very different experiences and aptitudes for online working was both challenging and creative. We made sure to seek feedback from participants as we went along in order to improve how the sessions worked. Most people fed back that they had found the experience of taking part positive and productive. There was a strongly expressed desire that what they said would be taken seriously and acted upon.

Leading this work was a productive experience for TLAP and brought contact with a diverse range of people with lived experience of social care. We are pleased that a good number of those involved have continued to support other areas of TLAP's work.

Whilst some of those taking part had direct experience of a spouse or older relative living in care home we were unsuccessful in directly involving an older person living in a care home. To plug this gap an additional separate session was held with some older people living in a care home which yielded valuable insights. Four organisations also ran their own sessions with people they support using a 'facilitator's guide' to ensure a consistent approach was taken.

The rich conversations that took place provided the raw material for producing the value statements. These were generated through analysis undertaken by the same consultant who undertook the desk top review. The highest rated values were clustered into a number of themes and then distilled into the single set of values statements that reflected what people felt was most important. The findings from the external sessions were built into the analysis of the workshops to check for consistency across key themes.

Other issues that came from the workshops – on the barriers to realising the values in practice and the importance of valuing the workforce – are discussed later in the report.

As an additional exercise, members of the values project team spent time mapping the top-rated values against the behaviours in the draft Pathway. This concluded that most of the values identified by people were universal in nature in that they should be a 'golden thread' running through all the roles in the Pathway and associated behaviours. We therefore recommended that working in person-centred ways and in co-production with people should be clearly stated as an overarching behaviour across all the roles, which was accepted.

4. Setting the scene – findings from the desk review

The call for evidence for the desk top review invited submissions that explored workforce values from the perspective of, and co-produced with, people who draw on care and support. It also included interviews with seven people in different roles across the social care sector to explore key themes on values in more detail. This process generated a long list of over 80 references including academic articles and reports, blogs, website resources and signposting to a range of national standards and organisational values.

Review of these submissions showed that values were described in a wide range of contexts for many different audiences in and across social care. This included:

- Values as international and national standards, such as the National Association of Social Workers, which had six core values
- Values in the regulatory and professional space, such as the four values of the Care Quality Commission (CQC)
- Organisational values including those for local authorities or local care providers
- Workforce values such as those noted by Skills for Care and Inspired for Care's long list of values
- Values of people who draw upon care and support, such as those identified by Disability Research on Independent Living and Learning (DRILL) report 'See Me as a Human Being'.

The analysis did not systematically segment values according to protected characteristics under the Equalities Act, but the references did consider the experiences of specific groups and/or working in particular contexts. This included values from the perspective of unpaid carers and for people who require best interest decision making, along with other materials that explored different contexts of care giving such as sex and intimacy for older people in care homes.

The examples of co-produced values submitted to the desk top review tended to take place at individual care plan level rather than service level or related to practice around values-based recruitment rather than care worker behaviour. For example, York University defined a set of values to support workforce recruitment, co-produced by people who drew upon care and support. This work highlighted five key values including the workforce seeing the whole person, showing kindness, having an

open and learning attitude, a commitment to human rights (as opposed to knowledge of specific cultural or other contexts) and valuing the caring role.

Despite these examples, the overarching finding was that few resources met the full brief of being workforce values from the perspective of, and co-produced with, people who draw on care and support.

The analysis also suggested that there was a set of dependencies or structural conditions that needed to be in place for values-based behaviour to occur. For example, the review suggested that the list of values needed to be translated by someone who can navigate contradictions/nuance in the real world and that workplace culture/ job roles can prevent or hinder values-based practice. For the latter, these tensions and dependences are categorised under the broad headings in the table below and illustrated with quotes taken from the interviews with people from across the sector.

Tension	Illustrative quote
Commissioning & markets	"The conditions need to be right for values to be achievable. A lot of concern that yes, providers can do this and recruit the people with the right values who are very compassionate and then they have a 15-min appointment which is counterproductive."
Regulation	"The CQC want people to be safe and to receive person-centred care and there's no suggestion that sometimes can conflict; that if you're super safe you might not be being person-centred."
Leadership	"[Research shows that] compassionate leadership improves outcomes in the health service."
Culture	"Findings suggest that staff are not being valued, and that this may be implicit within the core person-centred culture: their devaluing seen as part of the job and something to be put up with."

The review even presented an arch challenge that the workforce needed to put aside their own values when working with others and adopt those of the individuals they work with. Finally, the desk top review emphasised how the workforce needs to feel valued in order to deliver the best outcomes for people they support. This was a topic explored in the workshops.

5. What we found (findings and insight)

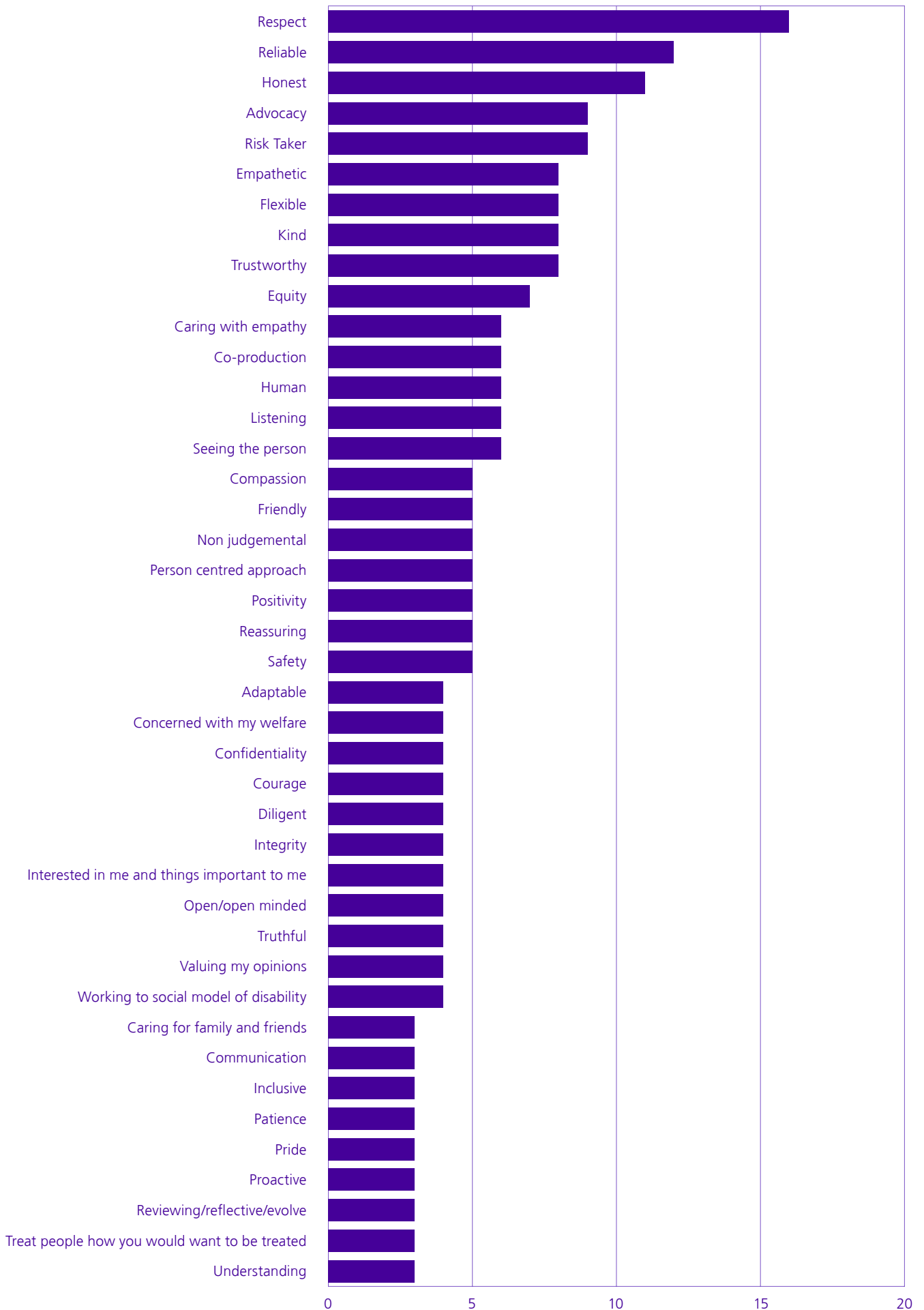
In this section we describe the main outputs from the workshops which informed the development of the value statements now in the Pathway and explore some of the wider issues that came from the discussions.

Values people rated

In the word cloud below you can see the values that people identified as important. The bar chart on the following page shows which values were rated most highly.

The three top rated values were **respect**, **reliability** and **honesty**. These seem straightforward and universal, in that you would expect them to be upheld across the board by workers in all settings and circumstances. It also shows that people's basic expectations are quite modest. Both of these diagrams show the long list of values that emerged through the workshops. Many of these themes overlap, such as 'caring with empathy' and 'empathy.'





Analysing the values

As already noted, the workshops produced a long list of values, many of which overlapped with each other. There was similar overlap between the behaviours that underpinned each value. For example 'to listen' was both a marker of respect and a value in its own right.

Given this situation, the next step was to cluster the long list of values that emerged through the workshops (as presented in the word cloud and bar chart) into overarching themes. These themes were then used to underpin the values statements.

The carers' dimension

At the first two workshops, unpaid carers shared their views and experiences, exploring what they regarded as important to them as carers and also what they hoped for in relation to the people they care for and about. Overall, there was strong alignment between the views of the unpaid carers and those drawing on care and support with no areas of strong divergence. Two aspects stood out as of particular importance to unpaid carers. They were that carers want their knowledge and role to be respected and valued as the primary person in the lives of the person they care for and about. Following from this, they expect that care workers listen to and take seriously their views in a non-defensive way.

Whilst not surfaced or explored in the workshops, we know that there are occasions when there can be tension or disagreement between the carer and cared for. This reinforces the point made later about the requirement placed on care workers to be sensitive to context and able to manage relationships.

Values into behaviour

Time was spent looking at the sorts of behaviours people thought should flow from the values. As with the values themselves, the general sense was that people with lived experience do not have unreasonably high expectation; more a case of 'see and treat' me as you would wish to be treated yourself. This is not to say that there are no challenges to achieving this consistently in practice.

Below you can see the links people made between some of the highly-rated values and the behaviours they expected to see.

Respect

- Listening
- Treating our home with care
- Language
- Kept in the loop about what is going on
- Respectful of space and personal questions

Reliable

- Turn up on time
- Being consistent
- Being transparent – e.g. I am going to be late
- Don't make promises you can't keep
- Manage expectations and be clear when things change

“People are easier to trust if they turn up on time, you can be more open, less reserved”

Honest

- Tell the truth
- Congruence – being forthcoming
- Being up front and not putting awkward conversations off
- No hidden agenda – being up front about expectations
- Open if there is an issue

“Trusting somebody with your ‘life’”

Advocacy

- Check that information is correct before passing on
- Check assumptions
- Whistle blowing – duty to report wrong doing

Risk taker

- Positive safety promoting ways of responding to perceived risk are crucial
- Someone who doesn't insist on avoiding mitigation - able to do risk assessment and enable people. Trained to take risks

“To promote independence and autonomy a certain amount of risk might be encouraged”

Empathetic

- Active listening
- Kind
- Not sympathy or patronising
- Demonstrate understanding

“Dealing with the problem of what’s in front of you before dealing with the paperwork”

Flexible

- Not working to a script – being open to each person’s needs and preferences
- Using common sense
- Going the extra mile
- Staying until the shift ends/the task is complete

“Doing what’s best for the person, not what they want to do”

Kind

- The 6 C’s: care, compassion, competence, communication, courage, & commitment
- Being able to listen and let me talk about what’s bothering me (even if it doesn’t seem important)
- Being kind means considering the other person’s needs and being sensitive to them, while adapting constantly to see if it is an appropriate response

“People [receiving care and support] do not expect kindness... We are setting the bar too low”

Equity

- Treating people as humans
- Human rights
- How can participants of care get their voice heard?
- Work for inclusion and the person being part of their community

“The idea of treating others as you want to be treated doesn’t work for me – you have to treat people as they want to be treated”

Co-production

- Listens and acknowledges my input
- Solving problems together
- Involved from inception to evaluation and improvement
- Involve all in shared decision making

“I see the triangle of care – person at the top, carer and professional at the other points. Each with opinions, thoughts worthy of consideration”

Human

- Being authentic
- Being yourself at work
- Connecting as two individuals
- Not seeing the caring role as a list of tasks, but as a person who needs support

“People rather than processes”

Listening

- The person who is providing care and support actually caring about what the person who is receiving care says
- Having the time to have a conversation. Need to be able and willing to listen to the person
- Listening is more than just words. Its about body language
- Understand what they're saying, respond and reflect on what's being said and retain the information for later

“Putting one's own needs, thoughts, impressions to one side to focus on the cared for person”

Seeing the person

- Using the correct pronouns
- Not doing what the provider wants to do – listening and being directed by the person.
- Asking the person, not defining the person by their needs/condition
- Getting to know the wider family network
- Noticing moods

“Seeing the person as a person with strengths, needs and preferences”

The values digested

Whilst a clear pattern emerged of the values that people regarded as most important, there are some areas of nuance which help deepen our understanding of the ways in which values play out in practice.

Definition and meaning

Whilst definitions of what counts as a value, compared to a behaviour, knowledge or skill can be defined in the abstract using dictionary type definitions, during the workshop conversations they proved difficult to neatly distinguish and the boundaries sometimes felt quite fluid. This suggests that whilst you need to codify and categorise for the purposes of a developing a framework such as the Pathway, we should retain a flexible view in order so due regard is taken of how people see and experience the world as this is not a text book exercise.

The importance of context and relationships

People recognised that some of the values could sometimes feel in tension with each other. A common example cited was that people wanted to be kept safe, but on occasions felt it appropriate that their worker(s) pushed them a little and encouraged them to do something that didn't come naturally ('risk taker'). This was seen as a fine line to tread. People were clear that what was appropriate might vary depending on how they were feeling at any given time; sometimes it was okay to be actively encouraged to step outside of their comfort zone, other times not.

This illustrates the high degree of empathy, insight and skill required by care workers in their everyday interaction with the people they support. To be at their most effective and personalised, they must be sensitive to the context and respond to what is in front of them at the time. This does not mean that care plans are not needed and that workers should make it up as they go along. It does reaffirm what we already know, that positive and trusting relationships are at the heart of good care and support. Care workers need to be experts in 'managing the moment'. Many of course are, but not everyone, and all operate within constraints that make it difficult if not impossible to achieve this consistently as we discuss in the next section.

There is another important aspect which relates back to the fundamentals of all forms of care and support. People want to be able to trust the people that support them and feel they have their back. Advocacy was one of the higher rated values. There was however some important qualification in that people felt that speaking up for the person should be based on agreement rather than the worker taking it upon them self without reference to the person. Much therefore depends on workers being able to work with and alongside the people they support in the context of an ongoing relationship. Even in cases

where contact may be brief (for example telephone contact requesting advice) the need for positive values to be demonstrated in the interaction remains important.

6. Barriers to realising values

During the workshop discussions barriers were identified that people felt get in the way of workers with the right set of values always being able to do the right thing. First and foremost care workers are not free agents. They work for organisations (with the notable exception of personal assistants directly employed by people) and are bound by organisational rules and constraints. Care and support organisations themselves operate within a care market; some commissioned by local authorities and/or health, with many subject to regulation by the Care Quality Commission. In the box below you can see some of the barriers that people identified as constraining workers.

The infographic consists of eight purple icons arranged in a 4x2 grid, each with a corresponding text label below it. The icons are: 1. Two interlocking gears (Systems and processes), 2. Three stylized human figures (Use/lack of co-production), 3. Three overlapping documents (Red tape and bureaucracy), 4. A person with a question mark (Workers being unsupported), 5. A person at a computer screen (Training: lack of, tick box or just online), 6. A bar chart with an upward arrow (Resourcing and financial pressures), 7. Two speech bubbles (Cultural competence), 8. A clock face with a hand (Workers being rushed /not having time).

- Systems and processes**
- Use/lack of co-production**
- Red tape and bureaucracy**
- Workers being unsupported**
- Training: lack of, tick box or just online**
- Resourcing and financial pressures**
- Cultural competence**
- Workers being rushed /not having time**

7. Valuing the value of the workforce

People were at pains to point out that whilst they personally expected to value the people supporting them, there needs to be a much greater onus on creating the conditions across the sector where the social care workforce is properly recognised, supported and rewarded. In the diagram below you can see what people said.

“Ensure rotas are reasonable and given in advance”

“Saying thank you, acknowledging things done well”

“Protection for whistleblowers”

“Facilitate social gatherings for workers”

“Blue light card”

“Regular 1:1 supervision / process to hear concerns”

“No 12 hour shifts”

“Recognising different skill levels”

“Training refreshers”

“Being able to use your direct payment to buy your carer a tea or coffee when out”

“Time away from the caring setting should be paid for. Training time should be paid”

“Career development”

“There shouldn't be variability across the country”

“No cutting corners – actually meet minimum staffing levels”

“Rights of employment or workers' rights”

8. Areas for further consideration

Self-assessment

As a result of this work, we have been able to express in clear straightforward language the sorts of values which, if upheld, should assist the shift to person-centred care and support that has now been accepted policy for over two decades. These values are not the answer on their own but should be seen as an indispensable ingredient and a valuable resource in their own right which organisations and the workforce can and should make use of.

Embedding the practice of co-production

It is positive that the practice leader role within the Pathway includes co-production as a specific behaviour. We suggested that a similar requirement be added to all the roles but understand this was felt would be too high an expectation at this stage of the Pathway's development. In terms of ongoing development it is crucial that workers in all roles and settings are equipped and comfortable with working in co-productive ways with the people they support, as well as having an understanding of co-production within services and at the strategic level. We have indicated to the DHSC that TLAP could play a role in achieving this.

When seeking to implement and expand the scope of the Pathway it is important that steps are taken to ensure that people who draw on care and support and unpaid carers are fully involved in the process.

As mentioned earlier in the report, we were not successful in recruiting any older people living in care homes to be part of the workshops. This may partly have been a consequence of having to set up the workshops quickly. Notwithstanding, our reflection is that it is a perhaps more an indicator of a wider issue that extends beyond TLAP and this particular piece of work. We sense there is a need to develop across the care and support sector ways of directly engaging with this cohort of people who represent a sizeable proportion of adults who draw on care and support. This should help with developing the Pathway and more generally.

Flexible development of the Pathway

Whilst consistency is a legitimate goal that should not mean imposing one size fit all solutions. TLAP has a particular concern to ensure that the needs and views of the estimated 69,000 people employing their own staff (personal assistants¹) are heard in expanding the scope of the Pathway and any further initiatives for workforce development. It will also be important to consider those parts of the care and support sector that are not regulated by the CQC but are an indispensable part of the care and support fabric which is expected to grow.

Workforce strategy

As you might expect the people we talked to were clear in their view that the social care workforce must be valued more and that there are a good number of barriers that currently get in the way of these values translating into practice. There are not many quick fixes and tackling

¹ <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

these issues will depend on sustained investment in developing the social care workforce over time. Skills for Care have recently launched a Workforce Strategy, which marks a pivotal moment for social care. We anticipate working with Skills for Care to bring their recommendations to life, to ensure a workforce that is rooted in strong values and that is truly valued.

Values and Making it Real

TLAP's Making it Real describes what good quality care and support looks like from the perspective of people who draw on care and support and is widely seen as a credible resource to assist organisations to get better at personalisation through co-production. There is now an opportunity to link the values with Making it Real and we are considering how best to do this. As part of this we shall explore the linkages with the Care Quality Commission's (CQC) Single Assessment Framework (SAF), as a sub-set of the Making it Real I statements have been incorporated within the SAF now being rolled out. As a further piece of work, in 2024 we are going to be working with the CQC to co-produce a set of I statements to match the Well-Led domain in the SAF. This will provide a further opportunity for us to link the values work.

Unpaid carers

There was a high degree of alignment between what unpaid carers and people who draw on care and support had to say. What unpaid carers particularly wanted was for their role to be positively acknowledged by workers and their opinions respected and taken into account.

9. Moving forward

Based on the work that we have undertaken there are a number of areas that we recommend are followed up in support of developing and implementing the Pathway and to assist wider efforts to improve and transform social care.

1. We encourage all care and support organisations and representative bodies (including those representing the workforce) to consider the values statements in the Pathway and compare them against their own stated values to identify whether there are areas that would benefit from being more closely aligned with the values statements. This review process should always involve people with lived experience including unpaid carers. This recommendation is in line with the DHSC's own recommendation made when publishing the Pathway.

2. The DHSC and Skills for Care, together with other sector bodies and groupings, should consider how to invest in the design and implementation of training and learning development opportunities so that all workers in all roles and levels grow in their confidence and capability to work in co-production. TLAP can assist with this.
3. The DHSC and Skills for Care should ensure that further development of the Pathway fully involves people who draw on care and support (including unpaid carers) and representatives of the workforce. This should extend to including direct payment holders who directly employ personal assistants and personal assistants in their own right. Particular attention is also required to ensure that the voice of older people living in care homes is heard.
4. We will work with Skills for Care to bring the recommendations in their Workforce Strategy to life. By working together, we can ensure a workforce that embodies the values people seek.
5. TLAP will collaborate with the CQC to see how the values statements can be best aligned with forthcoming work between TLAP and CQC to develop Well-Led Statements to enhance the existing Making it Real.
6. Developing the Pathway and all other workforce developments should explicitly recognise the value and role of unpaid carers. The training and development implications of this should be identified and planned for.

10. Conclusion

Working with the DHSC and Skills for Care has been a positive and productive experience in support of the values aspect of the Pathway. We welcome the fact that the co-produced values statements were added as an essential core underpinning of the Pathway. Those people with lived experience who came together at short notice willingly shared their experience and gave their views on what mattered most to them. The process reinforced and highlighted that increasing the knowledge, skills and behaviours of the workforce take you only so far if not rooted in the sorts of values that support person-centred care and support and a commitment to co-production. As the Pathway is implemented and expanded, crucial to its success will be the full involvement of people who draw on care and support (including unpaid carers) together with all parts of the social care workforce. TLAP can use its convening power across care and support, along with its ability to gather the views of people with lived experience, to help shape a social care workforce that is truly person-centred.

Annex 1: Members of the Workforce Values Project Group

Ian McCreath, TLAP Director
Tim Parkin, TLAP Head of Policy
Jennifer Pearl, NCAG member
Keara O'Connor, TLAP, Head of Project Management Office
Vici Richardson, Chief Executive, Disability North
Martin Walker, TLAP Associate Policy Advisor Self-Directed Support

Acknowledgements

Everyone who gave their time to take part in the workshops and the facilitators

Everyone who agreed to be interviewed as part of desk top review and/or responded to the call for evidence

Paula Sardinha and Caroline Waugh from NCAG who helped co-design the workshops

Alex Martyr from Skills for Care who explained the intricacies of the Care Workforce Pathway and much more besides to members of the project group

Katie Weeks, our main collaborator at the Department for Health and Social Care

Linda Jackson, independent research and evaluation consultant for undertaking the desk top review and analysis of the workshops and external sessions

Jazz Browne from Nubian Life, Florence Little, Stay up Late, Kim Arnold from Choice Support and Mark Thornton from Making Spaces who set up and reported on discussions with people drawing on their support and services

Charles Taylor, Owner of Shipston Lodge care home who arranged for us to meet with some people living there

Mark Wilberforce, Reader in Social Care, University of York and the 'Curious about Care Experts-by-Experience Panel' who freely shared their co-produced work on values based recruitment.