

NIHR Policy Research Unit in Health and Social Care Workforce: Programme of Work

March 2024

NIHR206121(01): Evaluating the Implementation of Apprenticeships in Health and Social Care	2
NIHR206121(02): Career Development in Adult Social Care	4
NIHR206121(03): NHS Careers Across Occupations	6
NIHR206121(04): New Roles in Health and Social Care	8
NIHR206121(05): Widening Participation in the Healthcare Workforce.....	10
NIHR206121(06): The Social Care Workforce: Recruitment, Retention and Care User Health Outcomes	12
NIHR206121(07): The Management of Sickness Absence by NHS Trusts	14

NIHR Policy Research Unit in Health and Social Care Workforce

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NIHR206121(01): Evaluating the Implementation of Apprenticeships in Health and Social Care

Principal Investigator: [Kalpa Kharicha](#) | [Project page](#)

Background

Apprenticeships allow people of all ages to earn while they learn and gain the skills they need for their career. They are an important way to train and develop staff in health and social care. The NHSE Long Term Workforce Plan (LTWP) and the DHSC paper 'Putting People at the Heart of Care (PPHC) (2021) aim to make high quality apprenticeships available in health and social care.

Health and social care employers face some shared but also different challenges in introducing and managing apprenticeships in their workplaces. Funding trainees to cover all costs and placements can be problematic in both sectors, with scope for them to work together to deliver training.

For some apprenticeships the standards and qualifications can be the same whether completed in health or in social care. This can lead to people completing their apprenticeship and then moving from social care to healthcare or vice versa, with the employer losing their investment in the apprentices' training.

Aims and objectives

This project aims to look at the similarities and differences between the health and social care sectors in how they are carrying out this apprenticeship agenda.

- We will look at the take-up and distribution of apprenticeships across the health and social care workforce, the employer apprenticeship aims, and how apprenticeships are helping in both sectors.
- We will look at whether and how health and social care employers deliberately plan the spread and management of apprenticeships across their workforces, the challenges they face, and how they aim to overcome them.
- We will look at the personal characteristics of apprentices, their ambitions and experiences of the apprenticeship programme.
- We will look at the NHS Trusts using apprenticeships, and whether the aims of the organisation are being met, as well as those of the people involved and those of the services offered.

Methods

- We will hold a Roundtable with key informants to discuss existing information on the number of apprenticeships taken-up and those completed in both sectors.
- We will look at patterns of apprenticeships in different regions, types of employer and apprenticeship standards, supported by data from the Institute of Fiscal Studies (IFS).
- We will survey leaders of apprenticeship programmes in both sectors to understand their planning and approach to apprenticeships.
- We will look at case studies, talking to health and social care employers, looking at their organisation's approach and at the involvement and experiences of all stakeholders, including apprentices themselves.

These case studies will focus on apprenticeships unique to each sector - for example in social care, the social worker apprenticeship and in health care, the medical degree apprenticeship. They will also cover those apprenticeships that cut across both health and social care, for example for Nurses, and various Allied Health Professions.

Timeframe

March 2024 – March 2026

Funding

NIHR Policy Research Programme

Policy relevance

Apprenticeships are seen as a realistic training model for a very varied group of people from different social and economic backgrounds. This is important for contributing to the development of an inclusive workforce.

Apprenticeships from Level 2 to Degree Level, can form the basis for improved career pathways. They are seen not only as helping to attract people into employment in health and social care but also for retaining the workforce. Using apprenticeships to progress into various registered professional roles also provides both sectors with a 'grow-your-own' approach to address ongoing staff shortages, in certain occupations in health and social care.

This study will look at whether and how these aims can be met. If they are met, we will look at whether there is scope to explore and share 'good' practice on their achievement. When challenges are faced, we will examine how they have been addressed.

The findings will be relevant to senior organisational managers with a responsibility for training and staff development, regional and other managers who often provide practical support for apprenticeship programmes, and higher education institutes providing apprenticeship programmes, as well as employee's representative bodies services.

Dissemination

The main output from this study will be a report of findings. All participants will receive a copy of the summary and recommendations. The full report will be published online on the Unit's website. With an interest in apprenticeships, we will ensure that the report is sent to and discussed with the Department for Education. We will also prepare further outputs, working with local partners (including Applied Research Collaboration South London and Making Research Count) and national stakeholders with a view to spreading the word to managers and others with training responsibilities. This will include the convening of workshops and webinars for apprenticeship leads in health and social care providers, to reflect on the findings. We will present findings at academic conferences and publish at least one article in a peer reviewed journal.

NIHR206121(02): Career Development in Adult Social Care

Principal Investigator: [Nicole Steils](#) | [Project page](#)

Background

The social care sector faces challenges attracting workers and retaining them, leading to high staff turnover and vacancy rates, which can lead to problems with the continuity and quality of the care services provided.

There are over 50 different vocational qualifications at different levels in social care. However, it is sometimes difficult for employers across the social care sector to provide the training and development necessary to support people in their work roles. The number of people starting apprenticeships in social care has fallen markedly in recent years.

More generally, those who need care are growing in number and their care needs are often more complex. This means that social care workers need to develop their skills, and this can be supported by clear routes for their career development.

The government white paper *Putting People at the Heart of Care (PPHC) (2021)* proposes a knowledge and skills framework on which to build a 'universal' career structure for the social care workforce.

Aims and objectives

This project aims to explore the current state of career development and progression in the social care workforce.

- We aim to look at the steps being taken at the integrated care system level in order to support social care employers in developing career opportunities for their staff.
- We will consider the extent to which social care providers and national strategic leaders are addressing these career goals, both in terms of developing individuals within established roles and supporting them to progress through new career pathways.
- We will look at the challenges faced by social care providers in developing career opportunities, how these challenges are being addressed and the career aspirations of social care workers from diverse backgrounds.
- We will look at whether and how career opportunities in social care impacts recruitment, retention and quality of care.

Methods

- We will use Roundtable discussions with social care providers to explore whether and how they aim to develop the careers of their staff.
- We will carry out a series of expert interviews to map current national, regional and system initiatives to develop career development policies and practices.
- We will hold a national online survey of social care workers. It will ask them about their career goals and aspirations and their current experiences of career development. We will also ask them about any challenges they face in achieving those goals.
- We will look at and review available documents that focus on the role of Integrated Care Systems (ICSs) and how they support and develop career opportunities for social care employees. This review will form the basis of four ICS case studies that will explore career development amongst care providers in different care settings and regional areas.

Timeframe

February 2024 – February 2026

Funding

NIHR Policy Research Programme

Policy relevance

Development and career opportunities for employees is an important way to address the challenges of recruiting and retaining staff. It also enables both employers and employees to build on existing knowledge and skills to meet the growing scale and complexity of care needs.

This project has been designed to address policy makers at different levels of the social care system. It is directly linked to national developments through the PPHC white paper and its attempts to develop a sector-wide framework for knowledge and skills.

By partly rooting the study in ICS case studies, we can address policy developments at this level. This ICS focus will also allow us to engage with policy makers and practitioners aiming to design and implement training and development opportunities for their staff.

The success and take-up of these career opportunities may rest on whether they are in line with and reflect the aspirations of the workforce itself.

Dissemination

The main output from this study will be a report of findings. All participants will receive a copy of the summary and recommendations. The full report will be published online on the Unit's website. We will also prepare further outputs, working with local partners (Applied Research Collaboration South London, and Making Research Count) and national stakeholders, particularly Skills for Care, and social care provider networks. We will present findings at academic conferences and publish at least one article in a peer reviewed journal.

NIHR206121(03): NHS Careers Across Occupations

Principal Investigator: [Elaine Kelly](#) | [Project page](#)

Background

The NHS Acute and Community sectors employ more than 1.4 million people, making the NHS the largest employer in England. Just over half (52%) of those employees are professionally qualified clinical staff. The remainder either provide support to clinical staff in care delivery (32%) or NHS infrastructure support (including estates and management) (16%).

Career progression in the NHS can take two forms. The first is progression within careers (for example, moving from a Band 5 to a Band 6 nurse), the second is moving between occupations (for example, from a health care support worker to an administrator). There is little evidence on the types of movement between occupations in the NHS, on either the clinical or non-clinical side. The exception is for nursing, where we know it is relatively common to train as a nurse after working as a healthcare support worker.

Understanding these patterns of progression through NHS careers could help inform workforce planning and assist in policy design, for example to improve staff retention or diversity. Widening access to quality work is one way the NHS can operate as an “anchor institution”, strategically managing their resources to address local social and economic priorities, reducing health inequalities and delivering social value to local communities. This study will help to quantify the extent to which the NHS is operating in this way.

Aims

We will look at career progression with a focus on moves between different occupations within the NHS. This will complement work already published by the Policy Research Unit (PRU) on progression within occupations. The results will allow the PRU and DHSC to assess whether to prioritise further quantitative and/or qualitative work on career progression and in which areas.

Specifically, there are three workstreams:

1. We will look at how many staff move, and between which occupations (clinical and non-clinical). This will include the extent to which the frequency of these occupational transitions vary by individual staff characteristics (e.g. age, sex, ethnicity), by Trust, and by geographical area. This descriptive analysis will help identify areas of focus for future research within and beyond this project.
2. We will look at the mechanisms that drive these moves including Trust-specific policies, changes in external environments (e.g. housing costs), and changes in individual circumstances (e.g. parenthood, illness/disability).
3. We will look at how individual and collective workforce outcomes (retention, future within-occupation progression, diversity and pay gaps) are affected by cross-occupational mobility. We will consider whether likely motivators of occupational transitions are associated with pay growth, changes in working conditions, such as schedule flexibility, or relocations. We will explore with PRU colleagues at Kings how this work could be enhanced by accompanying qualitative measures on perceptions and motivations for inter-occupational transitions.

Method

All analysis will be expressed in terms of numbers (quantitative), using descriptive and statistical method. We will use the NHS Electronic Staff Record (ESR) from 2012 to 2021, or the latest available data if updated.

For workstreams 2 and 3, we aim to understand what drives choices to change occupation, and how those choices affect future employment outcomes (e.g. retention and wages). Where it is not possible to establish causal relationships, we will document the patterns or associations. The ESR only covers the Acute/Community and community sectors, therefore we will only consider career progression within that sector. We will explore additional qualitative work with our colleagues at Kings PRU. This might address gaps in the information available, to allow us to explore an issue or aspect in greater detail.

Timeframe

January 2024 – July 2025

Funding

NIHR Policy Research Programme

Policy relevance

Career progression is important for staff, recognising skill development and often comes with increased pay. The size and diversity of the NHS as an employer means that career moves across occupations can be a valuable option, making the NHS more attractive as an employer. These career moves may also be linked to retention of NHS staff and a vital route to securing a pipeline of staff, with the necessary advanced skills and experience for the NHS of the future.

Knowledge of the direction, size and means by which these career progression pathways occur, is crucial. Also important is an understanding of opportunities open to NHS employees, who move across occupations in the NHS, including improved pay and conditions and any contribution this makes to improved workforce outcomes or unintended consequences.

Dissemination

Reports will be shared on the Institute for Fiscal Studies (IFS) website and social media. We will hold a webinar enabling stakeholders and interested members of the public to contribute their views and ask questions. The findings from the project might form the basis for academic work, to be disseminated at academic seminars and conferences.

NIHR206121(04): New Roles in Health and Social Care

Principal Investigator: [Annette Boaz](#) | [Project page](#)

Background

In health and social care there is increasing interest in new work roles that can change how existing tasks and responsibilities are distributed. The NHSE Long-Term Workforce Plan (LTWP) distinguishes two sets of new roles in healthcare. One is designed to support other healthcare professionals, including nursing and physician associates and advanced practitioners. The other is designed to further the development of more personalised care. This includes care co-ordinator roles, health and wellbeing coaches, social prescribing link workers, and peer support workers.

Aims and objectives

This project will build on the Policy Research Unit's (PRU) evaluation of the new Nursing Associate (NA) role in both health and social care.

- We will examine the nature of the new roles and the scale of their adoption.
- We will assess whether some are taken up with greater ease and why.
- We will consider why and how such roles have been introduced and managed.
- We will examine potential consequences for stakeholders including the postholder themselves, their managers, co-workers and people who use services.

Methodology

There are new, widely trialled national roles which can take many forms. However, there is also scope to examine whether health and social care commissioners and providers seek to re-design and develop new roles locally.

- We will map new roles to compile the new roles directory.
- We will purposefully select various new roles (likely to be about six). Some will cut across both health and social care and others will be found exclusively in their respective contexts. With each role, case studies will be conducted, involving interviews and focus groups with organisational managers; postholders and their co-workers; and people who use services.
- We will hold co-production design events with people who use services.
- We will interview expert policymakers and practitioners to look at current patterns in take up and the nature of roles in health and social care.

Timeframe

January 2024 – June 2026

Funding

NIHR Policy Research Programme

Policy relevance

New and enhanced work roles figure prominently in both the social care reform White Paper, Putting People at the Heart of Care (PPHC) and the NHSE Long Term Workplan (LTWP). New roles can be a way of addressing staffing shortages, providing development and upskilling opportunities, reducing pressures on registered staff and improving care quality. In spanning health and social care,

there might well be important differences in whether and how new roles are adopted in the respective sectors, but also some shared learning about the related processes.

The proposed project will provide national policy makers with an evidence-base on the take-up and impact of new roles. It will provide fuller information about the form these roles take, and how challenges to their introduction might be addressed. The study will be of use to providers, commissioners and people who use services.

Dissemination

The main outputs from this study will be a report of findings and a directory of new roles. All participants will receive a copy of the summary and recommendations. The full report will be published online on the Unit's website. We will also prepare further outputs throughout the project, working with PPIE representatives, local partners (Applied Research Collaboration South London and Making Research Count) and national stakeholders. We will present findings at academic conferences and publish at least one article in a peer reviewed journal.

NIHR206121(05): Widening Participation in the Healthcare

Workforce

Principal Investigator: [Kritika Samsi](#) | [Project page](#)

Background

NHSE wants an inclusive and diverse workforce. Trusts have been encouraged and supported to include different groups into their workforce so that it reflects the cultural, social and economic make-up of the communities they serve. This is seen as an important policy goal. The NHS Equality, Diversity, and Inclusion (EDI) Improvement Plan notes that, 'A diverse workforce that is representative of the communities it serves is critical to addressing the population health inequalities in those communities'.

NHS Trusts are being seen as 'anchor institutions', where they can strategically manage their resources to respond to local priorities and reduce health inequalities. They act as key employers in local communities and are highlighted in the NHSE Long Term Workforce Plan (LTWP). Along with NHS Trusts, the LTWP also views Integrated Care Systems (ICS) as playing a lead role in future widening participation work.

Aims

This project aims to examine the use and development of the Widening Participation (WP) programme in NHSE, framed by the idea of an NHS anchor institution and within the context of the central role played by ICSs. We will scope the nature of ICSs WP programmes in terms of their focus and the foundations that support them.

We aim to examine the several initiatives that the ICSs have developed, focusing specifically on groups in society they have identified as being under-represented and challenged in the labour market:

- We will look at the provision of supported employment programmes for young people with learning disabilities.
- We will look at the provision of employability support for those often marginalised in the labour market. For example, those 'Not in education, employment, and training (NEETs), people with lived experience of homelessness and military veterans.
- We will look at the development of pathways for school and college students to enter the NHS workforce, for example through work experience, 'T' levels and internships.

Methodology

In Phase 1 of the study:

- We will review the forward plans of all ICSs to map whether and how they propose to take the EDI agenda forward.
- We will hold Roundtable(s) to include national and regional experts and those from representative bodies of the diverse groups addressed in the study.

In Phase 2 of the study:

- We will select four ICSs and their healthcare providers reflecting region, socio-economic conditions, and demographics, but also differences and similarities, in their forward plans as they relate to our three streams.
- Two of these case studies will be identified for follow up.

- We will collect data through focus groups and interviews with key stakeholders in the respective case study sites.

Timeframe

April 2024 – April 2026

Funder

NIHR Policy Research Programme

Policy relevance

Widening Participation enshrines a key policy principle underlying the NHS, that the workforce should reflect the socio-economic and culturally diverse population it serves. This is designed to positively impact on its capacity to address health inequalities.

The WP agenda also addresses the NHS recruitment challenge. Many of the groups covered can provide new and potentially reliable sources of labour into the NHS workforce, bringing with them a range of talents.

The ICS framing of this study ensures that policy makers, practitioners and health and social care providers become an important audience for its findings.

Representatives from the various marginalised groups within the labour market, who stand to improve their quality of life from access to NHS employment, will also have an interest in the study's findings.

Dissemination

The main output from this study will be a report of findings. All participants will receive a copy of the summary and recommendations. The full report will be published online on the Unit's website. We will also prepare further outputs, working with local partners (Applied Research Collaboration South London and Making Research Count) and national stakeholders, particularly representative and independent sector organisations for these marginalised socio-economic groups. We will present findings at academic conferences and publish at least one article in a peer reviewed journal. We will organise feedback events involving those with lived experience of the labour market exclusion covered in the study.

NIHR206121(06): The Social Care Workforce: Recruitment, Retention and Care User Health Outcomes

Principal Investigator: [George Stoye](#) | [Project page](#)

Background

The social care sector employs an estimated 1.6 million people in England alone. Problems with retention and recruitment are well documented. However, there is little evidence on the actual causes of these problems, or the impact staff turnover and shortages have on people who use services.

Improved understanding of the causes and consequences of staff decisions to join and leave social care would help policymakers to improve recruitment and retention. Previous work has documented other jobs that workers take when leaving the social care sector, including roles in the NHS. It is also commonly reported that social care workers leave the sector to take better paid jobs in the retail sector.

This work will provide new evidence on the impact of job opportunities outside of social care. It will also look at what this means for people who use social care services.

Aims

We aim to explore how changes in alternative job prospects affect retention and recruitment outcomes in the social care sector.

1. In particular, we will look at the impact of:
 - a. changes in the local availability of retail jobs
 - b. wider changes in potential pay and vacancies in other local jobs
 - c. changes in job opportunities within the NHS
2. We will use the results from (1) to estimate the impact of changes in social care labour supply on the health outcomes and levels of satisfaction of people who use care services.

Method

We will use the Adult Social Care Workforce Dataset. It has linked employee-employer information on over 750,000 social care workers employed in 20,000 care locations across England.

We will combine this information with other publicly available data and the Electronic Staff Record (ESR) to measure NHS employment opportunities and the links between NHS jobs and the social care workforce in England.

We will look at outside job prospects for potential social care workers to identify the impact of these factors on their employment decisions.

- We will use survey data to study the impact of changes in wages and job vacancies outside of social care, in roles that social care workers commonly move to. In particular, we will use the UK Labour Force Survey and the Annual Survey of Hours and Earnings to document the jobs that social care workers move to and calculate how many who leave the social care move to each industry.
- We will study how changes in wages outside social care impact social care worker numbers. We will also explore online vacancies or business information from the Office for National Statistics (ONS) to look at outside opportunities for social care workers.
- We will look at how NHS jobs vary in different geographical areas to study how social care staff numbers change and look at common local trends.

- We will study how any changes in the social care workforce impacts outcomes for people who use services.

To do this, we will study the health outcomes of nursing home residents. We will look at A&E arrivals in the Hospital Episode Statistics (HES) as well as care quality outcomes from Adult Social Care Survey (ASCS). We will explore using ONS death rates to examine the impacts on mortality, as well as Care Quality Commission (CQC) inspection ratings and other relevant information.

Timeframe

January 2024 – December 2025

Funding

NIHR Policy Research Programme. Funding also from the British Academy (Postdoctoral Fellowship Scheme) and the ESRC (through the ESRC Centre for Microeconomic Analysis of Public Policy at IFS).

Policy relevance

Policy makers do not currently set pay in the adult social care sector, but the local government settlement does fund a large share of social care, so has a real influence. We aim to provide evidence that feeds into decisions made regarding the sector, including funding and regulation. This work will also be of interest to adult social care providers, local authorities, and other relevant bodies, such as Skills for Care.

Dissemination

Outputs include two or three papers (aimed at high-quality economics or medical journals) studying the various influences described in aims 1 and 2. These will be published between 2024 and 2026, alongside presentations at academic conferences.

We will produce shorter pieces to summarise key findings for a policy audience. These will be shared on the Policy Research Unit (PRU) and Institute for Fiscal Studies (IFS) websites and print and broadcast media as well as social media.

NIHR206121(07): The Management of Sickness Absence by NHS Trusts

Principal Investigator: [Caroline Norrie](#) | [Project page](#)

Background

A recent paper by the Nuffield Trust noted a rise in the number of days NHS staff were taking off work due to illness. The reported rate of sickness absence for NHS staff across 2022 was 29% higher than in 2019 with anxiety, stress and depression making up a quarter of the cases (25.5%).

The scale of sickness absence is further highlighted by recent studies tracking the negative impact of the Covid pandemic on the wellbeing of healthcare staff. Evidence suggests that employee decisions to leave acute healthcare are related to a recent period of sickness absence. The NHSE Long Term Workforce Plan (LTWP) points to evidence on the positive impact staff well-being policies can have on employees' quality of (working) life. They also impact productivity, engagement, commitment and the quality of care delivered.

Aims

The proposed study aims to look at Trusts in terms of their pattern and level of sickness absence and to undertake in-depth studies in selected Trusts to explore similarities and differences in their management of sickness absence.

Figures suggest some variation in sickness absence depending on region, staff occupation, care setting, and individual Trust. This suggests the value of exploring organisation specific factors and whether they influence sickness absences and what choices NHS employers make in managing them.

- We will look at how and why Trusts vary in their rates and patterns of sickness absence.
- We will consider the policy and practice choices made by Trusts to manage sickness absence.
- We will look at the systems developed and used by Trusts.
- We will consider the impact of policies and practices to manage staff sickness absence and worker well-being, on various employee and patient outcomes.

Methodology

- We will use publicly available data looking at each Trust. We will categorise and group them by their sickness absence profile (e.g. the distribution and levels of sickness absence across their workforce).
- We will identify case studies sites in three to five Trusts from each of the high, medium and low sickness absence rate Trusts (a possible maximum of 15 Trusts), looking at why these variations exist.
- We will map policies and practices used to manage sickness absence and staff wellbeing in each case study Trust, looking at how and why they were used.

- We will gather the views of different stakeholders, (e.g. senior trust and ward managers, employees from different occupational groups), through interview, focus groups and data from different sources.
- We will look at different approaches to the management of sickness absence and its impact on employee and patient outcomes (for example staff turnover and expenditure on agency staff).

Timeframe

September 2024 – February 2026

Funding

NIHR Policy Research Programme

Policy relevance

Sickness absence results in many lost working days, undermining NHS capacity to address current service demands and the backlog of demand since the Covid pandemic. There are also cost consequences from staff sickness absence, with the increased use of agency staff. As noted, sickness absence is often an indicator of deeper well-being issues and an early warning sign for staff departure, leading to reduced staffing levels, undermining continuity of care and adding yet further cost. Thus, identifying factors influencing good practice in supporting employee well-being and the management of sickness absence is of importance.

Dissemination

The main output from this study will be a report of findings. All participants will receive a copy of the summary and recommendations. The full report will be published online on the Unit's website. We will also prepare further outputs, working with local partners (Applied Research Collaboration South London and Making Research Count) and national stakeholders, particularly those with an interest in occupational health. We will present findings at academic conferences and publish at least one article in a peer reviewed journal.

NIHR Policy Research Unit in Health and Social Care Workforce

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[*March 2024 Unit news item about this work programme*](#)

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