A Workforce Strategy

for Adult Social Care in England

July 2024

Contents

1. Foreword

'We all want to live in the place we call home, with the people and things that we love, in communities where we look out for one another, doing the things that matter to us'

Social Care Future[1]

Partners have come together across adult social care to develop this Workforce Strategy because social care is important for all of us. It is important to the 10 million people it impacts (including those who draw on paid and unpaid care, the workforce and unpaid carers)[2]. It is important for the effective functioning of the NHS. It is important for our economy and contributes almost £60 billion to the economy in England every year - much more than the £28.4 billion cost of social care in England.

And the workforce is central to social care.

All of us rely on the people who work in social care with the right values to provide the care and support that we need, often at critical times in our lives. The commitment, care, skill and kindness that people working in social care show is visible every day to the people who draw on social care and their families, but it is not always as well understood or recognised as it deserves to be. Through Skills for Care's Adult Social Care Workforce Data Set[3], we know that this results in capacity gaps, with 131,000 vacancies in 2023-24 and more than a quarter of people leaving their jobs in social care each year.

We also know from the data that we are likely to need an extra 540,000 posts in adult social care by 2040 if we look at changing demographics. Added to the vacancies that we have today, we could need more than 650,000 more people working in adult social care. This is a wonderful opportunity for hundreds of thousands of people to work in excellent roles – we have to make sure they are excellent.

[1] https://socialcarefuture.org.uk

[2] Department of Health and Social Care, People at the Heart of Care: Adult Social Care Reform White Paper, CP 560, December 2021, p 10: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061870/people-at-the-heart-of-care-asc-reform-accessiblewith-correction-slip.pdf [accessed 14 June 2024]

[3] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Adult-Social-Care-Workforce-Data-Set/Adult-Social-Care-Workforce-Data-Set.aspx

And it is not just numbers – our needs are changing too. More of us are expected to have dementia in the future, mental ill-health, multiple health issues - and more people with learning disability and autism are living into old age.

Partners in the Workforce Strategy have come together now because this is urgent. We must change things to make sure that, over the next 15 years, there are enough people working in social care with the right training, skills, qualifications and pay to meet the changing and increasing needs of our population - and that those people are valued in their roles. Making social care more attractive as a place to work in an increasingly competitive global labour market is going to be even more important in the future.[4] [5] That is why this Strategy is focusing on the changing shape of care, the changing shape of education and the changing shape of work – all of these need to be considered together.

This Workforce Strategy, even if implemented in full, needs to be accompanied by transformation in social care. This means more and better prevention, more of a focus on transforming social care through new models, science and technology. We have choices to make as a society about the degree to which we support people so that their lives are "healthy, independent and enjoyable" for as long as possible.[6]

This is the backdrop against which we write this Strategy. There is an impetus for change that cannot wait, and we need to build on the work already started, including the planned investment in support to develop the workforce in the White Paper 'People at the Heart of Care – adult social care reform'[7], the Association of Directors of Adult Social Services (ADASS) Roadmap[8], the Church of England's 'Reimagining Care' Commission[9] and 'A National Care Service for All' by the Fabian Society[10].

This Strategy is not intended to be a shopping list from the sector to the Government. There are some areas where we can only make progress with the help of central government mandate or investment - but there is also a strong commitment from all the organisations represented in the steering group to work together to make change happen. We have coalesced to deliver this vision and strategy and the same unity of purpose will be needed to deliver the Strategy. We look forward to working with the new Government on the next phase and the adoption and implementation of this Strategy.

The exact cost of the Workforce Strategy depends on how ambitious we are, the order we tackle recommendations, and how well we implement them. We have prioritised costing 'big-ticket items' and assume existing workforce development budgets will cover the rest.

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[4] https://assets.publishing.service.gov.uk/media/6674096b64e554df3bd0dbc6/chief-medical-officers-annual-report-2023-web-accessible.pdf Page 30.

[5] https://pubmed.ncbi.nlm.nih.gov/12292274/

[6] https://assets.publishing.service.gov.uk/media/6674096b64e554df3bd0dbc6/chief-medical-officers-annual-report-2023-web-accessible.pdf Page 5

[7] https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper

[8] https://www.adass.org.uk/documents/time-to-act-a-roadmap-to-reform-care-and-support-in-england/

[9] https://www.churchofengland.org/about/archbishops-commissions/reimagining-care-commission

[10] https://fabians.org.uk/a-national-care-service-for-all/

We need a relationship between the social care sector and government, founded on mutual respect and a desire to improve outcomes for people drawing on services and the 1.6m people working in the sector. In social care, where no one body owns all the levers, uniting around this shared vision and Strategy becomes even more important.

This Workforce Strategy seeks to strike a balance between urgency and hope. It acknowledges the challenges but focuses on building a better future for social care. We owe it to people being supported today and to future generations who will draw on social care to get this right.

Professor Oonagh Smyth and Sir David Pearson
Co-chairs of the Workforce Strategy Steering Group.

2. Executive summary

This Workforce Strategy was developed by Skills for Care in collaboration with the adult social care sector – including people who draw on care and support. It seeks to set out where we are now, the drivers and case for change, and where we want to make changes to build the workforce of the future.

Where we are now

There is no single entity with all the levers for change in adult social care. It is a complex system with influence spread across several groups - and that is why we need a strategy. Several bodies own the levers of change in adult social care: national government; local government and integrated care systems (ICSs); care providers; the Care Quality Commission (CQC) and workforce support bodies like Skills for Care.

Social care is important for people, for communities and for the economy. It enables people to live well and contributes £60 billion to England's economy each year.

Demographic changes mean that it is likely that the adult social care workforce will need to grow. We are living for longer – and the number of people aged over 65 is expected to grow by almost a third in the next decade. This means we may need 540,000 new social care posts by 2040. The number of people aged 18-64 with a learning disability, mental health need[11] or a physical disability is also projected to increase over this period. By the time a person is aged 75, they are 60% more likely to possess two or more significant conditions. This figure increases to 75% for those between the ages of 85 and 89 years old.[12]

We are in a globally competitive labour market. Demographic changes are happening around the world. Countries we currently recruit from will need to keep more of their own workers – and we may face international competition for our own workers.

We cannot currently attract or keep enough people. In 2023-24, there were 131,000 vacancies on any given day – a vacancy rate of 8.3%, which was around three times the average for the economy. Over a quarter of people leave their jobs in care each year and around a third of them leave the sector altogether. 29% of our workforce – around 440,000 people – are over 55 and could retire in the next decade. Simply put, we don't have enough people in adult social care today and we are going to need more tomorrow.

[11] https://assets.publishing.service.gov.uk/media/65562ff2d03a8d000d07faa6/chief-medical-officers-annual-report-2023-web-accessible.pdf page 8

[12] https://www.institute.global/insights/public-services/moving-from-cure-to-prevention-could-save-the-nhs-billions-a-plan-to-protect-britain

The drivers and case for change

The shape of care is changing

Changing needs mean we will increasingly need an integrated workforce focusing on personalisation, prevention and wellbeing. We will require new, different roles and skills to meet those changing needs. We can expect more care to be delivered in the community, by personal assistants – and in coastal and rural areas, where we will need more care workers.

The shape of work is changing

People have different expectations of work after the COVID-19 pandemic. We hear that people want more purpose and flexibility. We need to make the most of the benefits of working in adult social care so that we can compete in the labour market. And crucially, working in adult social care must be rewarding and paid fairly.

The shape of education is changing

We need to adapt to new trends in education – including more use of technology and bite-sized 'microlearning', a greater focus on soft skills like critical thinking, communication and teamwork, and more opportunities for lifelong learning.

Where we need to get to

This Strategy sets out our direction for the short and longer term, as well as pragmatic action to be taken in the short to medium term to address current workforce challenges. Those actions fall into three priority areas.

- Government to lead joined up, consistent action on pay and terms and conditions over a number of years with local government, employers and unions. This will make sure we can compete in an increasingly competitive market where we have already seen the number of people with a British nationality in the workforce decrease by 70,000 over the last two years.[13]
- To keep investing, consistently, in training and clear career pathways to equip social care workers for exceptional care in a changing world.
- A legislative basis for a workforce strategy, similar to the Health and Care Act requirement[14] on the Secretary of State to: "at least once every five years, publish a report describing the system in place for assessing and meeting the workforce needs of the health service in England." This is not a 'nice to have' - it is fundamental.

The full set of commitments and recommendations from this Workforce Strategy are set out in the recommendations and commitments section.

[13] www.skillsforcare.org.uk/sizeof

[14] https://www.legislation.gov.uk/ukpga/2022/31/contents

We have costed the recommendations wherever we can – and have tried to make them as cost-neutral as possible. However, it has not been possible to definitively cost all recommendations, due to variability from factors including the level of ambition in implementing the Strategy, the approach to prioritisation, the effectiveness and efficiency of implementation, and unknown central government costs.

Some actions will have a more immediate impact on workforce capacity, such as pay or international recruitment. Others, such as supporting career pathways and professionalisation, will take longer to make an impact but need to start at once so that, when we need people, we have them and we keep them.

None of this will happen consistently, and with the laser-like focus that it will need, without the infrastructure to support it. We are recommending, as a steering group, that we have one body outside of government - but directed by and supported by government - to lead the implementation of this Strategy and further iterations.

3. Summary of recommendations and commitments

This Strategy sets out the reasons behind the case for change. Under each subject area, it then puts forward the existing commitments of Skills for Care and partner organisations, and recommendations for future action.

For ease of viewing, we have summarised the recommendations and commitments - the full detail can be found in the recommendations and commitments section of this Strategy.

Attract and retain

- **Joined-up, consistent action on pay.** Central government (lead) with local government, unions and employers. (2024)
- **Consider the modelling in this Strategy in the Fair Cost of Care exercise.** (2025, ongoing). Central government with the Department of Health and Social Care (DHSC) and local government. We have modelled and costed three options for improving pay in the recommendations and commitments section.
- **A transition plan to increase domestic recruitment and reduce international recruitment**. Government departments/bodies and the sector. (Ongoing)
- **Continued funding to support ethical international recruitment.** DHSC. (Ongoing)
- **Review the application of ethical recruitment.** DHSC and Home Office. (By March 2025)
- **Regulator encouraging recruitment and retention plans.** Commitment – Care Quality Commission (CQC).
- **A 10-year attraction plan focusing on men, younger people and people with technical skills.** Cross-sector partnership, sponsored by Department for Work and Pensions (DWP) and DHSC. (By summer 2025)
- **Support for individual employers**. The Local Government Association (LGA). (Start 2024)
- **A national programme to attract graduates and career changers.** DHSC. (From 2025)
- **Attract more social workers and occupational therapists with a clearer pathway and financial support for students.** DHSC; DfE; Social Work England (SWE); the British Association of Social Workers (BASW); the Royal College of Occupational Therapists (RCOT) and Skills for Care.
- **Attract more registered nurses and nursing associates to social care and offer attractive career pathways to retain them.** DHSC; Council of Deans of Health; Universities; ICSs. (From 2025)
- **A People Promise for social care.** Skills for Care, commissioned by DHSC. (Scoping 2025, launch 2026)
- **Scope retention pilots in five ICS areas.** DHSC; Skills for Care and stakeholders. (2026-27)

- **Regulator support for workforce wellbeing and equality, diversity and inclusion.** CQC.
- **Create Workforce Strategy employer champions.** Commitment - Skills for Care and provider representatives.
- **Retain more internationally educated registered nurses working in social care through pathways, support and regulation.** Nursing and Midwifery Council (NMC); CQC; DHSC.
- **Implement the Social Care Workforce Race Equality Standard (SC-WRES).** Skills for Care and partners (commitment); DHSC; Ministry of Housing, Communities and Local Government; Department for Education (DfE) and CQC. (From 2024)
- **Improve wellbeing through guidance, training, NHS Health Checks, regulation and awareness-raising.** Sector and health organisations (2024, 2025, ongoing); DHSC (2025); CQC (From 2025).

Train

- **Regulator to signpost to what good looks like in learning development.** Commitment - CQC and Skills for Care. (2024, ongoing)
- **Expand skills through the Care Workforce Pathway.** DHSC and Skills for Care. (Starting 2024)
- **Continue funding to support delegated health tasks.** DHSC with the sector. (From 2024)
- **Continue funding for new skills.** DHSC. (Annual)
- **Develop Leaders through a framework for Directors of Adult Social Services** (commitment - Skills for Care and Association of Directors of Adult Social Services (ADASS) and partners) **and continue investment in the leadership programme for regulated professionals** (DHSC). (2025)
- **Streamline and communicate mandatory training requirements.** Commitment - Skills for Care and CQC. (2025)
- **Continue the Care Certificate and support uptake.** DHSC. (From 2024)
- **Ensure level three competence for direct care staff.** DHSC and Skills for Care. (2025, ongoing)
- **Overhaul social care apprenticeships.** Expert partners, commissioned by DfE. (2025)
- **Ensure high-quality training in functional skills, digital, data and technology and AI.** Skills for Care, CQC, Care Provider Alliance (CPA) (commitment, 2024); Association of Colleges (AoC), Association of Employment and Learning Providers (AELP) (2025).
- **A three-year funding plan for training.** DHSC. (From 2024)
- **Invest in training and developing social workers.** DHSC/DfE with sector partners and local authorities. (2025)
- **Invest in training and developing occupational therapists.** DHSC with sector partners; local authorities.
- **Invest in training and developing registered nurses working in social care.** DHSC; sector partners; Council of the Deans of Health (CoDH); National Institute for Health and Care Research (NICE); NMC; CQC. (From 2025)

- **Develop managers through support, education and potential registration.** DHSC; Skills for Care; CQC. (From 2025)

Transform

- **Mandate workforce planning and strategy.** Central government. (2024)
- **Create a responsibility for a central workforce body for the development and implementation of this and future workforce plans.** Central government. (2024)
- **Investigate workforce registration.** Commitment - Adult Social Care Workforce Strategy Delivery Board. (Scope in 2025)
- **Attract workers to social care in coastal and rural areas.** ICSs and local partners. (Scope in 2025)
- **Support ICS workforce planning.** Skills for Care; local government; NHS Employers and partners. (Scope in 2025)
- **Research on new roles for social care.** Think Tanks, National Institute for Health and Care Research (NIHR) or DHSC. (2026)
- **Expand digital skills training.** Digitising Social Care and partners (DiSC). (2025)
- **Pilot a new care technologist role.** Commitment - Skills for Care and partners. (2025)
- **Evaluation of current research priorities and funding in adult social care.** DHSC. (From 2025)
- **Adult Social Care to be prioritised by NICE.** NICE. (From 2025)

4. Context

Social care is important for us all and the workforce is central to social care. This is a vital sector, adding £60 billion to the English economy each year. We are all living longer – which is, of course, a good news story – and the need for adult social care in England is estimated to significantly grow as a result.

In the 2022 report 'A Gloriously Ordinary Life' published by the House of Lords Committee on Adult Social Care, the question of why we should care about adult social care is asked. "Our answer is blunt: it concerns all of us because at some point in our lives, we are all likely to support someone we care about, or to draw on care ourselves."

The number of people aged 65 and above is set to increase from 10.5 million to 13.8 million in England by 2035 - an increase of around 32%.[15] The number of people with dementia is expected to rise by 43% by 2040 (from 982,000 today to 1.4m). The number of people aged 18-64 with a learning disability, mental health need[16] or a physical disability is also projected to increase over this period. By the time a person is aged 75, they are 60% more likely to possess two or more significant conditions. This figure increases to 75% for those between the ages of 85 and 89 years old.[17] A 2024 Healthwatch report highlights that social care support can be transformative for disabled people – but as many as 1.5 million working-age disabled people in England may not be getting the care they're eligible for.[18] We need a greater focus on living more healthy and happy years. We can do more now to prevent loneliness, isolation and escalating needs.

Our projections show that, if the number of adult social care posts grows proportionally to the projected number of people aged 65 and over in the population between 2023 and 2040, an increase of 29% (540,000 extra new posts) would be required by 2040. We currently employ 5% of the total workforce in England and this will need to increase.

But demographic changes are happening globally, not just in England. Some of our immediate neighbours are facing even more pronounced trends in their population having a proportionately older structure. At the same time, countries that we have typically recruited from, such as the Philippines, are seeing a change in the ratio of older people to working age people. We would expect to see those countries wanting to keep their own working age population and we might expect other countries to try to attract the working age population from the UK. We are going to have to recruit and retain more of our domestic workforce and make the roles more attractive so that they remain in the country.

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[15] The 'Projecting Older People Population Information System' (POPPI) uses figures taken from the Office for National Statistics to project forward the population aged 65 and over from 2020 to 2035.

[16] https://assets.publishing.service.gov.uk/media/65562ff2d03a8d000d07faa6/chief-medical-officers-annual-report-2023-web-accessible.pdf page 8

[17] https://www.institute.global/insights/public-services/moving-from-cure-to-prevention-could-save-the-nhs-billions-a-plan-to-protect-britain

[18] https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20240715%20Missing%20Millions%20Report%20on%20Unmet%20Social%20Care%20Needs%20Final_0.pdf

While we recruit many people into social care - 400,000 started roles in the independent and local authority sectors in 2023-24 – 330,000 also left their roles. Much of this turnover is estimated to be attributable to churn, with staff moving between roles in the sector, 59% of starters were recruited from within the sector and 41% from outside the sector. This contributes significantly to overall recruitment challenges and a vacancy rate which is consistently almost three times the national average (8.3% or 131,000 vacancies on any given day in 2023-24). And the vacancy rate is worse for personal assistants, registered nurses, social workers and occupational therapists, which are all core roles.[19]

29% of our workforce is aged over 55, which means that they could retire in the next 10 years. This equates to 440,000 posts.

We don't have enough people in adult social care today and we are going to need more tomorrow. That is why we need a Workforce Strategy.

This Strategy was developed by Skills for Care in collaboration with the entire adult social care sector – including people who draw on care and support – as well as colleagues from the health and education sectors. It reflects the input of thousands of stakeholders. It is truly a sector-owned strategy, and we are incredibly grateful to everyone who contributed their time and insights. The Strategy builds on current legislation and previous policy to set out a vision for the social care workforce for the next 15 years, making evidence-based recommendations and commitments to attract, retain, train and transform the workforce.

We need a Workforce Strategy because, from a workforce perspective, there are several bodies that own the levers of change in adult social care, bring considerable expertise and experience, and need to be working together collaboratively if we want to build the workforce of the future:

- **Government**: This process cannot commit Government to action because it was not mandated by Government, but there are several recommendations for national government which we hope will make their way into plans.
- **Local government and integrated care systems (ICSs)**: Representatives from local government and ICSs have been involved in the process, including representatives such as the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS), who will be key to supporting the recommendations in the Strategy to be adopted. The ADASS 2024 Spring Survey deemed a fully-funded, long-term workforce plan the top priority for social care reform after the election. They advocate for improved pay, conditions, wellbeing, and training for staff as part of this plan.
- **Providers**: Representatives from care providers and across the workforce have been involved throughout the process and they will continue to support others to implement Strategy recommendations.
- **Care Quality Commission (CQC)**: The CQC is a named participant and supporter of this Strategy development and publication, demonstrating an interest in enabling workforce improvements because they consistently highlight workforce issues.[20]

[19] 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

[20] https://www.cqc.org.uk/publications/major-report/state-care.

- **Workforce support bodies**: Skills for Care is the workforce development and planning body for social care and has a key role to play in convening, implementing and supporting the Workforce Strategy.

This Strategy is a starting point because we must acknowledge the uncertainty and commit to repeating the process as we learn more and as the context changes. The modelling and analysis should be treated as strategic insights to inform actions, policy choices and recommendations.

Skills for Care and all the partners involved in the Steering Group are deeply committed to supporting the implementation of the recommendations in this document and to lead a transformation in adult social care.

It is worth noting that final production of the Strategy took place in spring/summer 2024, ahead of the July 2024 general election. While some commitments can be delivered without a government mandate, recommendations are intended as our best advice to Government on helping establish fair, sustainable and essential measures to maintain the social care services that so many in this country depend on.

We took a pragmatic approach in terms of what we could model and made some assumptions. We can model current workforce supply and need trends (including vacancies and upcoming retirements) and model the impact of changes like better pay and use of technology on staffing levels. However, it is difficult to predict future unmet need or the impact of social care policy changes, and so the modelling that we can do is limited until we fill the gaps in data with central and local government and the wider sector.

It is important to recognise the interdependence between this Strategy and the NHS Long Term Workforce Plan.[21] This recognised that people's careers can span health and social care and that social care sector staff are critical to the overall provision of NHS services and care. Acknowledging this interdependency, if we want to tackle NHS challenges, then capacity must increase across both health and care. The NHS plan is based on access to social care services staying broadly in line with current levels or improving. That needs to be more than an assumption we make with our fingers crossed – it needs to be put into a plan so that we can make sure that it happens.

[21] https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/

At a glance: organisations in social care in England

There are many different organisations involved in social care in England, shown in the image below:

5. Drivers of change in care, work and education

We have reviewed the trends in the provision of adult social care in recent years and set out some assumptions here. They look at three essential elements of a workforce strategy – the shape of care, the shape of work and the shape of education.

As part of the strategy development, a sub-group of the Steering Group explored service assumptions for the next 15 years, supported by The King's Fund. The full summary of this thinking can be found in the Service Assumptions report.[22]

The shape of care

Given changing needs, we would expect integration between health and social care and the ambitions of the Care Act to remain important. This means that we will need an integrated workforce that focuses on personalisation, prevention and wellbeing.

Prevention and hospital avoidance were priorities for everyone we spoke to, and particularly for people with experience drawing on care and support. People working in social care have a key role in prevention, including avoiding people going into hospital. If policy makers do not focus on primary prevention and public health, it is likely that the need for the social care workforce will grow as needs increase and independence reduces. This is likely to mean that people working in social care will need the skills and time to support people before their needs escalate and we will need new skills, roles and ways of working.

Integration: The aim of integrated care is to join up health and care services for individuals and carers and to deliver care that meets people's personal needs. From a workforce perspective, this is likely to mean we need more people in particular roles (registered nurses, nursing associates and occupational therapists, for example), joint training, integrated teams, developing more clinical skills in social care and rewarding those skills and career development pathways between health and social care. It will mean building cultures where people working in social care are valued for their unique strengths, where we promote collaboration over competition and our leaders champion integration and collaboration.

We might need different roles and skills to support people with their mental health. We are seeing a growth in the number of people with mental ill-health and a call for legislative reform which would lead to changes in statutory responsibilities for health and social care organisations. This needs to be factored into workforce development as we might need new roles, more roles or different skills.

[22] https://www.skillsforcare.org.uk/Workforce-Strategy/resources/Supporting-resources/Service-Assumptions-Report.pdf

We are likely to need different roles and skills in technology. Demand for social care is increasing, with a projected need for an extra 540,000 posts by 2040. Advancements like AI-powered care are re-shaping care. We need to adapt to developments (including technology-enabled care and AI) which is likely to mean new skills and new roles.

We will need new and different roles and skills as needs change. In 2016, 18% of the population was over 65, and this is projected to reach 26% by 2066 (an increase of 8.6 million people, roughly the equivalent of London today). People over 85 will double to 4% by 2041 (just after the end of this Strategy) and treble by 2066.[23] Two-thirds of over-65s will have multiple health conditions and a third will have mental health needs.[24] The number of people with dementia is expected to rise by 43% by 2040 (from 982,000 today to 1.4m by 2040).[25] The population of adults with a learning disability in England is 956,000[26] today and that is projected to grow.[27] It is estimated that 30% of people with Down's Syndrome over 50 will develop dementia, increasing the need for social care. All of this is likely to mean an increasing need for bespoke skills.

We can expect a greater proportion of future need to be met in the community. Since 2015-16, more people are being supported at home and local authorities are spending more on community services as a proportion of their social care spend. There has been a decline in nursing beds and successive policy positions by ADASS suggest that, while there may or may not be a continued decline in the use of care home beds, it is reasonable to assume that a greater proportion of future additional need will be met in the community.

We will need more personal assistants. Despite personal budgets being in existence since 1997 and encouragement in the Care Act for increased choice and control, personal budgets are levelling off and the use of personal assistants has not grown, despite a growth in the overall workforce. We might anticipate that the expectation of people having choice and control will continue and the need for personal assistants will continue. Many actions which will impact on the number of personal assistants sit outside the scope of this Strategy (encouraging uptake of personal budgets, supporting commissioners and others to understand direct payments better, showcasing the use of direct payments and their impacts) but will be important if we are to see more personal assistants enter the workforce.

We might need more people working in social care if charging reform goes ahead. If charging reform changes the balance of responsibility in paying for care and leads to more state-funded social care, we will need more staff (such as social workers) to undertake the growth in complex care and finance assessments that will

[23] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13

[24] https://evidence.nihr.ac.uk/alert/multi-morbidity-predicted-to-increase-in-the-uk-over-the-next-20-years/

[25] https://www.alzheimers.org.uk/news/2024-05-10/soaring-dementia-care-costs-uk-42-billion accessed 15 June

[26] https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/how-common-learning-disability

[27] https://www.pansi.org.uk/

be needed as part of the Care Act requirements. The impact of this on the workforce will depend on how the reforms are implemented.

The system depends on unpaid carers. There are around 4.7 million unpaid carers in England[28] - around 9% of the population (although many estimate this to be higher). Although unpaid carers are outside of the scope of this Strategy, they are vital in supporting the care system. If unpaid carers were not supporting their family and friends, it would have significant personal, economic and workforce implications.

The shape of work

Expectations of work are changing. People providing social care support want more time to care, build relationships, learn and live. In the next few years, we will see a spike in the number of 18 year-olds in England that will not be seen again for decades.[29] They will be the most racially and ethnically diverse generation in history - motivated by purpose, passion and pride and with salary and work/life balance being seen as equally important. While attracting and keeping a highly engaged workforce is getting harder, social care can meet these needs, offering a huge opportunity for the sector.

The shape of education

We are seeing some trends in education that we must be ready for, including:

Tech infusion: technology will become a bigger part of teaching and learning.[30] Online learning is likely to continue to grow. Artificial intelligence might personalise learning experiences, show student strengths and weaknesses and even provide targeted support.

Focus on soft skills: while core subjects are still important, more emphasis is being placed on developing critical thinking, communication and teamwork skills.[31]

Microlearning: bite-sized learning chunks are gaining traction.[32]

Lifelong learning on the rise: the need to constantly adapt and learn new skills is becoming a reality. We would expect to see more opportunities for ongoing education throughout a person's life.[33]

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[28] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021#:~:text=1.-,Main%20points,over%2C%20in%20each%20country%20respectively.

[29] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/2014basednationalpopulationprojectionstableofcontents

[30] https://technews180.com/blog/edtech-trends-2024/

[31] https://www.oecd.org/education/2030-project/

[32] https://elearningindustry.com/the-rise-of-microlearning-transforming-the-way-people-learn

[33] https://ilcuk.org.uk/wp-content/uploads/2024/02/Final-copy-lifelong-learning-report.pdf

6. The workforce in adult social care today

Staffing and vacancy rates

The social care workforce has grown by 210,000 (14%, or an average of 19,000 a year) since 2012. But, if we need to recruit an extra 540,000 posts by 2040, that equates to an average of 36,000 new posts every year from 2025 – and more than that over the next 10 years, when the over-65 population is forecast to grow more sharply. This does not consider the high turnover rate, which was 28.3% across the sector in 2022-23 and even higher for under-20s and registered nurses at 54% and 32.6% respectively. It also does not consider a high vacancy rate of 8.3% in 2023-24 (which is even higher for registered managers, nurses and care workers) which makes filling these positions even harder. This strains existing staff and affects the quality of care provided.[34]

Chart 5. Adult social care vacancy rate in comparison to the NHS and the wider economy 2023/24

Source: Skills for Care estimates, NHS England and ONS: Vacancies and jobs in the UK

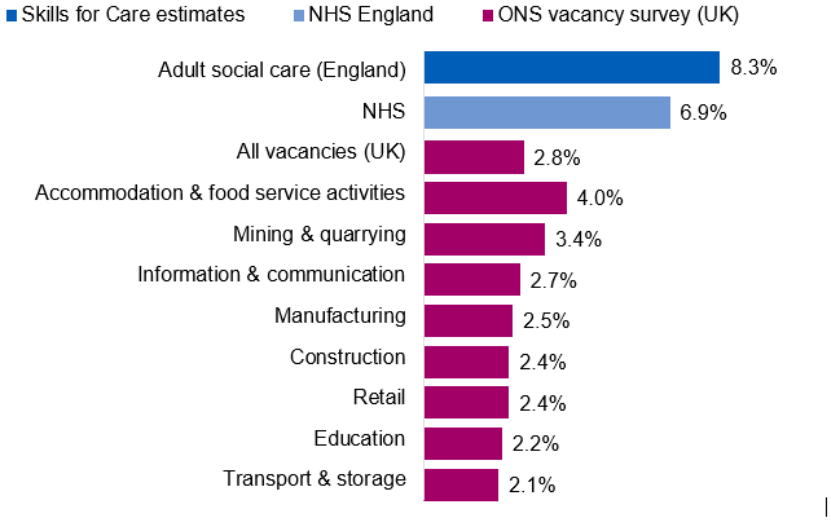

Figure 2: Estimated vacancy rate by sector, 2023-24. Source: Skills for Care estimates, NHS Digital, ONS Vacancies Survey.

Demographics of the workforce

The adult social care workforce lacks gender and age diversity. In 2022-23, the workforce gender split was 81% female and 19% male. We need to encourage more men into social care. Average age was 45, with 29% aged over 55, potentially nearing retirement. While diverse ethnicity exists, it is not reflected in leadership positions.

[34] We need to factor in workforce growth in general when considering vacancy rates, but we use them here as they are easily understood as a measure by the public.

Table 9. Estimated proportion of the adult social care workforce by ethnic group for selected job roles

Source: Skills for Care estimates, 2022/23

	White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other
All job roles	**73%**	**2%**	**9%**	**14%**	**1%**
Senior Management	83%	2%	7%	8%	<1%
Registered Manager	81%	1%	7%	11%	1%
Social Worker	72%	3%	6%	18%	1%
Occupational Therapist	83%	1%	4%	11%	1%
Registered Nurse	56%	3%	21%	18%	2%
Senior Care Worker	75%	2%	12%	11%	1%
Care Worker	70%	2%	10%	17%	1%
Support and Outreach	75%	2%	5%	18%	1%
Personal assistants	84%	1%	7%	5%	2%

Figure 3: Estimated proportion of the adult social care workforce by ethnic group for selected job roles. Source: Skills for Care estimates, 2022-23.

The strength of social care is in celebrating, valuing and recognising what makes people unique and supporting them to overcome challenges. It is vital that the adult social care workforce reflects the society we live in, and that people feel included and treated equally.

Learning and development

Learning and development is important in social care to give people the skills they need in their roles. People with a relevant social care qualification have a significantly lower turnover rate (26.5%, as opposed to 37% for those holding no relevant qualifications), while those receiving regular training in their role also have a lower turnover rate (31.6%) than those who do not (40.6%).[35]

We see people having to repeat training because employers are worried about the quality of previous training. Employers can find it hard to source and fund good quality training and cover backfill and staff can find it hard to understand their career pathways and opportunities.

With a 75% reduction in apprenticeships in adult social care since 2016 and low achievement rates,[36] there are significant issues with the apprenticeship structure in adult social care. In 2022-23 the overall achievement rate across all sectors was 54.3%. For adult social care, more than 60% dropped out of the level two and level three apprenticeship and more than 70% dropped out of the level five.

[35] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2023.pdf

[36] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/Apprenticeships-in-adult-social-care-2022-23.pdf

Social care struggles with apprenticeship shortages due to:

- Low funding: adult social care apprenticeship funding is £4,000, compared to £5,000 for a cleaning hygiene operative or £11,000 for a hair professional. Nearly 200 training providers have stopped delivering the levels two and three apprenticeships in social care since 2019.[37]
- The diploma and the apprenticeships are too similar. Candidates drop out of the apprenticeship once the diploma has been achieved and before they must do the end point assessment.[38]
- Employers are concerned with the 20% study time and the lack of backfill funding, which are a challenge with stretched resources.

The 'People at the Heart of Care' white paper[39] and reform programme delivered by the DHSC should start to address some barriers around learning and development. There is still much to do given that only around half of the non-regulated adult social care workforce held a relevant social care qualification (46%), while 54% had no relevant social care qualifications recorded.[40]

Regulated professions

Social care struggles to recruit and keep registered nurses, social workers and occupational therapists. These critical roles have high vacancy rates and turnover, hindering efforts to meet future needs for complex care, prevention and assessments.

Registered nurses working in adult social care, of which there are around 33,000 (plus about 750 nursing associates), provide vital support for complex needs, but their numbers have shrunk (down 18,000 filled posts or 35.3% since 2012-13) and have a high turnover rate (32.6%) compared to 10% for NHS nurses.

Social care relies on 23,500 social workers for complex and vital tasks like assessments, care planning and safeguarding and we do not currently have sufficient numbers. They are responsible for safeguarding and undertaking vital roles like approved mental health professionals and best interest assessors. In 2022, when charging reform work was progressing, the County Councils Network estimated that 4,300 more social workers would be needed for the additional 105,000 care needs assessments[41].

[37] https://feweek.co.uk/who-cares-funding-boost-wont-spark-renaissance-in-care-apprenticeships/
[38] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/Apprenticeships-in-adult-social-care-2022-23.pdf
[39] https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper
[40] It should be noted that such qualifications may not necessarily be required for staff who do not provide direct care, including ancillary and administrative staff.
[41] https://www.communitycare.co.uk/2022/06/17/social-worker-shortages-sectors-biggest-concern-in-delivering-cap-on-care-costs/

Social care has around 3,800 occupational therapists helping people maintain independence and wellbeing through daily activities and community connections. We have more than 1,000 qualified occupational therapists working in other practitioner or management roles.

Chart 17. Estimated vacancy rate by selected job role, 2022/23
Source: Skills for Care estimates

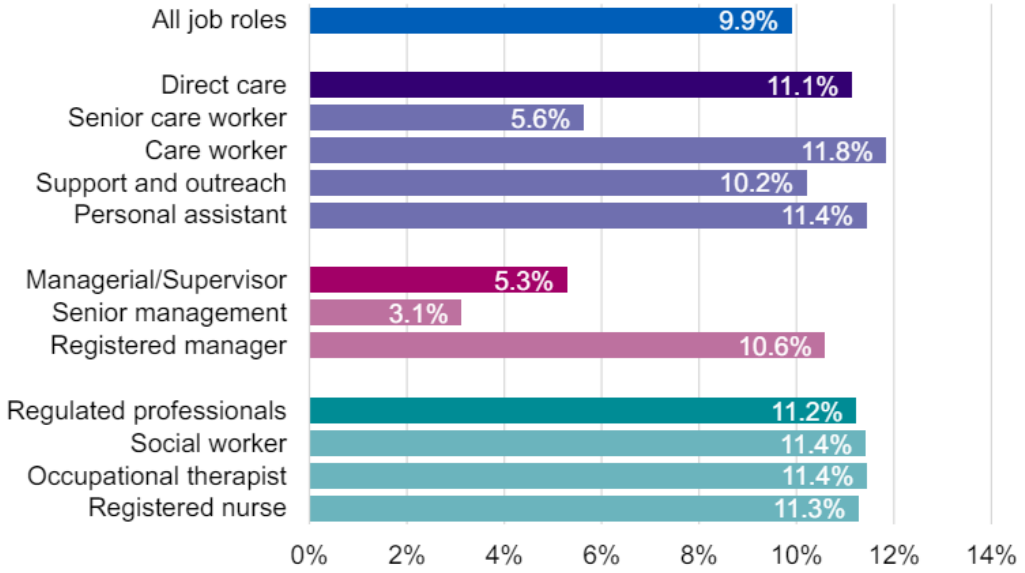

Figure 4: Estimated vacancy rate by selected job role, 2022-23. Source: Skills for Care estimates.

Registered managers

Registered managers are crucial for adult social care. We have around 25,000 registered managers and they oversee care services, manage staff and finances, and ensure quality care is delivered. This highly skilled role requires registration with the CQC. The individual though does not register with a professional body and it is not a regulated role like nurse, social worker or occupational therapist, who are registered with their respective regulatory bodies (for example, Nursing and Midwifery Council for nurses) and are held to specific professional standards and codes of conduct. This is, we assume, because registered managers do not primarily provide direct support to individuals and the Health Act 1999 clause 60 makes it clear that in England, we regulate a workforce *for the protection of the public.*

Stable management is vital for high-quality care (as shown through the link with stable managers and higher CQC ratings[42]), and there is a current shortage, with high vacancy rates (10.9%) and many managers (32%) nearing retirement. Succession planning is essential to ensure that services continue to provide well-led, consistent quality care.

[42] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2023.pdf page 22

7. Recommendations and commitments

The recommendations and commitments in this Strategy fall into three areas that mirror the areas of focus in the NHS Long Term Workforce Plan: attract and retain; train; transform.

We have considered the financial implications of this Workforce Strategy. In recognition of the economic challenges facing the sector and Government, we have tried to make recommendations as cost-neutral as possible - for example by ensuring that investment generates savings elsewhere.

The detailed costings will be subject to the development of a comprehensive implementation plan, which comes as the next phase - and we hope that this is commissioned by or in partnership with Government.

It is important to acknowledge that there are several factors which make it challenging to produce a definitive cost for all the recommendations and commitments in this Strategy, including:

- **Variability in ambition:** The ultimate impact of the Strategy will be contingent upon the level of ambition adopted in its implementation. A more ambitious approach will naturally necessitate a greater level of resource allocation and we advocate for that.
- **Prioritisation sequence:** The prioritisation of specific recommendations within the Strategy will influence the overall cost profile. Addressing high-priority initiatives first will lead to a different funding need compared to a scenario where all recommendations are pursued concurrently.
- **Implementation effectiveness:** The success of the Strategy hinges on the effectiveness of its implementation. Recommendations that are implemented efficiently may yield cost savings that can offset other expenditures within the strategy.
- **Central government costs are unknown:** This Strategy has not been mandated or supported by central government and so these costs are unknown.

The recommendations and commitments fall into three categories:

- recommendations that require Government choice (including pay, the various options for which would cost the Treasury between £40 million and £4.3 billion)
- recommendations that will be led across the sector or the civil service
- recommendations that should be funded and led by Government and the sector in partnership, which could be estimated from budgets from previous Government reform programmes but will depend on delivery infrastructure, including robust engagement channels.

For the recommendations that we have not costed, we believe that the current budget for the workforce reform programme of £250m over three years, added to existing workforce development budget in DHSC, would be sufficient to achieve much of this Strategy but would need more detailed costing.

Attract and retain

We must attract new people into social care and keep them. Evidence shows the two most immediate recruitment levers in adult social care are ensuring that adult social care is competitive in local labour markets (this includes by paying more and having good quality roles) and international recruitment. We can do both things - recruit from abroad and improve the quality of social care roles - but if we do neither then immediate workforce capacity issues are likely to continue.

However, we also need to guard against only pulling these short-term levers for attraction. We have to continue to focus on recruiting the domestic workforce[43] so that we have people in the areas we need them, and we need to do more to keep people. We know that pay and terms and conditions, including flexible employment policies, help to attract entrants into the workforce, but a mixture of factors helps people to stay and build a career in adult social care and we need to focus on these too.

Pay and terms and conditions

In this section we focus on pay and terms and conditions of the unregulated adult social care workforce. It is important to state that regulated professionals working in social care should receive at least the same pay, terms and conditions as their colleagues in equivalent and comparable organisations for example, registered nurses and nursing associates and NHS Agenda for Change roles.

The Health Foundation and Nuffield Trust state: Low pay contributes to chronic staffing problems and high levels of poverty among social care workers, and can affect people's quality of care. Public support for improving pay is high – our polling finds 77% of the public believe care workers are paid too little.[44]

Research from the University of Kent and The London School of Economics and Political Science has demonstrated, using Adult Social Care Workforce Dataset (ASC-WDS) data, that: increasing wages in the adult social care sector can increase employment, with a 5% increase in real wages in the sector (and keeping everything else constant) likely to increase employment by 9 to 11%.[45]

Social care suffers from low base pay and low differentials between roles within social care and with similar sectors.

[43] www.health.org.uk/publications/long-reads/how-can-the-next-government-improve-the-health-of-the-workforce
[44] https://www.nuffieldtrust.org.uk/research/national-policy-options-to-improve-care-worker-pay-in-england
[45] https://www.ascru.nihr.ac.uk/_files/ugd/442c21_b8557d9c24fe458197c006740d0fd5f9.pdf

80% of jobs in England pay more than the median rate of pay for independent sector care workers in adult social care, and 41% of care workers earn below the Real Living Wage (as at December 2023). A healthcare assistant role pays 78p an hour more than a new healthcare assistant within two years, and £1.45 more than a care worker. This impacts on the ability of adult social care roles to compete with others in the labour market.

Chart 27. Difference between the median independent sector hourly care worker pay in adult social care and selected jobs with low pay across the whole economy
Source: Skills for Care estimates and ONS Annual Survey of Hours and Earning NHS agenda for change pay data

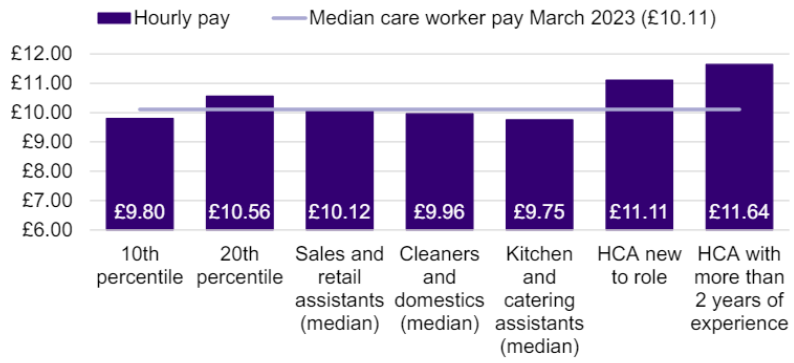

Figure 5: Difference between the median independent sector hourly care worker pay in adult social care and selected jobs with low pay across the whole economy. Source: Skills for Care estimates and ONS Annual Survey of Hours and Earning NHS Agenda for Change pay data.

High turnover is impacted by low pay, so not only do we find it harder to attract people but when we do attract them it is harder to keep them. Turnover is significantly higher for those independent sector care workers on the National Living Wage (37.2% turnover for those earning £8.91 between March 2022 and March 2023, compared to 31.6% for those earning £10 an hour or more).

National Living Wage increases have squeezed pay differentials which does not encourage experienced workers to stay, meaning that there is an 8p/hour difference between new and experienced workers. This differential was 33p in March 2016.

Unstable work conditions (22% of all roles on zero-hours contracts in 2022-23 and 32% of care workers compared to 3.4% of the general labour market) exacerbate the issue. This points to a systemic issue: providers struggle to offer better pay and benefits (sick pay, pensions) due to challenges in funding and commissioning. Notably, homecare has an even higher zero-hour contract rate (43% across all job roles and 51% for care workers). Care workers on zero-hours contracts are more likely to leave (38.2%) compared to a care worker with full time hours (30.1%) which suggests these contracts are not primarily driven by workers' preference for flexibility.

There are many examples of providers not relying on zero-hours contracts, paying more than statutory sick pay and more than the minimum pension contribution while providing publicly funded care where fee rates are adequate.

Chart 30. Effect of employment benefits on turnover rates
Source: ASC-WDS unweighted data, March 2023

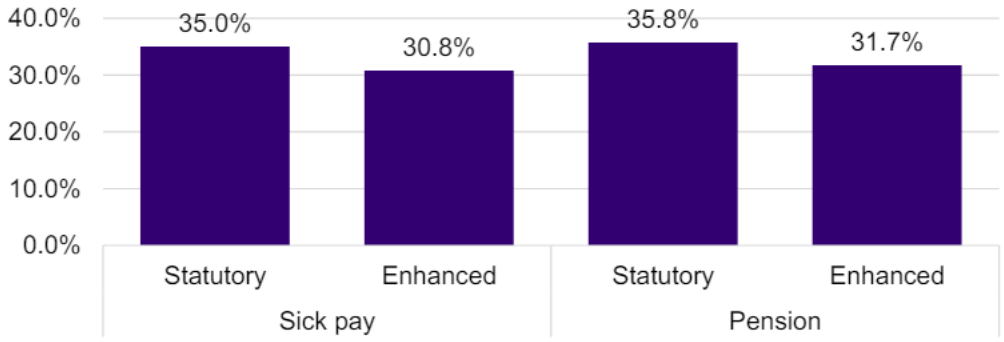

Figure 6: Effect of employment benefit on turnover rates. Source: ACS-WDS unweighted data, March 2023.

Pay modelling

Social care worker pay is low, impacting recruitment and retention. Solutions depend on the specific issue (ethics, competition with the NHS and other sectors, attraction and retention). We modelled pay increases for care workers (the largest part of the workforce) but implementation would need to include personal assistants and consider sector-wide impact and the need for differential pay.

We have explored cost-benefit estimates, impacts on recruitment, turnover, savings to the NHS and improved wellbeing. There may be additional savings from reduced training costs and reduced agency staff costs, which are difficult to include in the modelling. It is also important to note that we have not included the financial benefits of people rejoining the wider workforce as a result of extra care capacity, including unpaid carers. More information can be found in the 'Economic analysis of policy recommendations'.[46]

Actual costs and benefits depend on implementation details including funding, who realises the benefits and enforcement. We assume full funding from central government with consideration as part of Fair Cost of Care exercises – but, without it, social care provision might decrease, and the market is likely to be made more unstable.

None of these options are mutually exclusive. A sector-specific minimum wage would make social care more attractive in the labour market, helping to attract more people. A pay scale to recognise development and experience would help to retain people.

[46] https://www.skillsforcare.org.uk/Workforce-Strategy/resources/Recommendations-and-commitments/Economic-analysis-of-policy-recommendations.pdf

It is important to note that the policies proposed are not fully scoped. Therefore, the aim of this work was to provide high-level estimates of likely costs. Where possible, we used assumptions from existing work to estimate the financial costs of introducing the policy recommendations as well as benefits, including wider societal benefits.

How might we implement any changes to pay?

Public funding heavily influences social care pay. Stagnant funding per head of population and rising minimum wages squeeze providers, leading to shifts in commissioning practice and providers struggling with costs. This often results in unstable work (temporary and zero-hours contracts) and reduced pay and benefits. A national approach is crucial for effective pay changes in social care.

The Health Foundation and Nuffield Trust report makes the point that, when we look at other countries, progress on pay is possible if we have the political will, and we can see that an iterative approach to pay reform is best.[47]

It is important that we think about the levers and mechanisms in the context of pay because there are unintended consequences. The Health Foundation and Nuffield Trust report considers the different mechanisms for a new pay approach that are available to us:

- A nationally higher rate of pay for social care (such as the Real Living Wage) with Government setting a mandatory minimum pay floor. This can be applied regardless of funding (which would need legislation), or it can be applied to publicly funded care using commissioning.
- A collective bargaining agreement where trade unions negotiate wages with employers. This requires strong employer and union representation in the sector (union membership has been growing in recent years).
- A Pay Review Body (PRB) which is an independent body that the government sets up to advise them on pay levels.
- A national framework for job evaluation which is a standardised system for assessing job roles and assigning pay bands. This would require a national job evaluation scheme for social care.

We have modelled various options on the following pages.

[47] www.nuffieldtrust.org.uk/research/national-policy-options-to-improve-care-worker-pay-in-england

Modelling question one: increasing compliance with the National Living Wage and paying for travel time

The problem we are trying to solve

The Low Pay Commission (2020)[48] suggests that approximately 15% of low-paid social care workers were earning below the National Living Wage (NLW) in 2020 due to non-compliance and enforcement challenges. They state: "A further problem, specific to social care, is that employers are not required to separate out travel time and can therefore potentially mask underpayment. For homecare workers, travel time is usually a significant element of their working time, and the pressure to get from one appointment to another is one of the main ways in which non-compliance can arise." However, HMRC investigates fewer than 1% of care providers each year.[49]

Modelling

The cost to enforce a minimum wage in adult social care depends on the number of underpaid workers. We estimated this by:

1. Assuming 15% of staff in adult social care were low-paid care workers (care workers, support staff, personal assistants and others) and underpaid.
2. Using Resolution Foundation data (2023)[50] suggesting underpaid workers earn 3% below minimum wage (accounting for travel time).

We applied this to homecare staff which provided a starting point for calculating enforcement cost based on the estimated number of underpaid workers and the under-payment amount (considering travel time).

Costs

Our analysis suggests that enforcing the 2023 NLW for adult social care workers would cost approximately £42m per year, of which £30m would be paid by the state and £12m by self-funders.

Benefits

Increase in adult social care workforce size: one of the potential benefits is an increase in the supply of adult social care workforce, including both recruitment and retention. There is no consensus in the literature on the size of the elasticity for the adult social care sector (i.e. how many additional people would become adult social care workers for a 1% increase in wages). Previous research estimates a wage elasticity between 1.6% and 4%.[51]. We present results using a conservative assumption of wage elasticity at 1.6%. Removing the number of people retained, described below, from this figure gives the total number of people recruited.

[48] Low Pay Commission. *National Minimum Wage Low Pay Commission Report 2023.* HM Government; 2024 (https://www.gov.uk/government/publications/low-pay-commission-report-2023).
[49] https://www.resolutionfoundation.org/app/uploads/2013/08/Does-it-pay-to-care.pdf
[50] https://www.resolutionfoundation.org/app/uploads/2023/01/Who-cares.pdf
[51] https://academic.oup.com/gerontologist/article/63/9/1428/7086012

Wellbeing of people receiving care: as a result of additional adult social care workers recruited, more adults are likely to receive care. Apart from the savings to the NHS, receiving care also improves the wellbeing of adults. In particular, metric '1B: Quality of life of people who use services' included in the Adult Social Care Outcomes Framework measures the impact of social care on the quality of life of people who receive these services. To monetise this wellbeing impact, we used evidence by Stevens et al. (2018) showing that the information in metric 1B can be monetised by applying the monetary value of a Quality-Adjusted Life Year (QALY).

Savings to NHS due to:

An increase in the number of people receiving social care services. As a result, a proportion of people receiving care from the NHS (in the absence of the recommendation) can now be accommodated by adult social care services at a reduced cost. We assume that this proportion is equal to the proportion of adults in nursing care compared to all adults in care, as the nursing care population has more intensive needs and would need to receive support in either case.

We also calculated a reduction in costs due to avoided injuries. In particular, fewer people would receive social care without the new care social workers recruited, some of which would experience injuries that would be treated by the NHS. To calculate the reduced cost due to avoided injuries, we use evidence from the Health Foundation and Nuffield Trust (2015) showing that 8.2% of all hospital admissions in England come from care home residents. We then apply the average unit cost of hospital admissions, using unit costs for elective and non-elective inpatients from the NHS England National Cost Collection.

Reduced turnover: according to estimates produced by Vadean, F. & Saloniki, E.C. (2023), a 26% increase in pay would reduce turnover by 27% in residential care settings. Similarly, a 23% increase in pay in domiciliary care settings would reduce turnover by 22%. We estimate savings due to reduced turnover based on the cost of recruiting new care workers (as calculated in the Economic analysis of policy recommendations, Care England, 2024).

Value of benefits

- Increase in the adult social care workforce: 7,200 additional people recruited and 650 retained in the workforce over 15 years.
- Improved wellbeing: An increase in the size of workforce will create new care placements leading to £111m in benefits in wellbeing for people in care per year
- NHS savings: save the NHS £15m per year.
- Savings due to avoided recruitment costs: 650 extra workers would be retained over 15 years will save £0.4m per year in recruitment costs.

How would we do it?

Minimum wage regulations are in place, but enforcement needs improvement. The Kingsmill Review[52] recommended making commissioners liable with providers for under-payment. The Resolution Foundation lay out the experience of social care workers and the enforcement of employment rights in their 2023 'Who Cares?' report.[53]

Modelling question two: a sector minimum wage

The problem we are trying to solve

Evidence shows that, if we want to attract more people into the workforce, we need to differentiate ourselves from the labour market. It shows that, where we pay more than the NLW, we see more people attracted and retained.

Modelling

We modelled the costs and benefits of raising pay to different targets (Real Living Wage, NLW plus £1, NLW plus £2) by multiplying the difference in pay between the target and the current pay. We adjusted for possible under-payment mentioned above, especially for domiciliary care workers. We also factored in maintaining wage differentials for senior staff. We assumed that social care workers with more than three years' experience would receive an additional £2 per hour.

Costs

We have calculated the total annual cost and benefits and the costs to public finances if we exclude self-payers.

Pay target	Total cost (annual)	Costs to public finances (annual)	Costs to public finances (over 15 years)
Real Living Wage	£2.2 billion	£1.4 billion	£21 billion
National Living Wage + £1	£3.2 billion	£2 billion	£30.9 billion
National Living Wage + £2	£5.6 billion	£3.6 billion	£54.8 billion

Figure 7: Modelling question two, costs.

[52] https://www.policyforum.labour.org.uk/uploads/editor/files/The_Kingsmill_Review_-_Taking_Care_-_Final_2.pdf page 7

[53] https://www.resolutionfoundation.org/app/uploads/2023/01/Who-cares.pdf

Benefits (15 years)

The benefits are calculated on the full costs above (as opposed to purely costs for the public finances if we exclude self-payers) and modelled over 15 years. It should be noted that the additional people recruited and retained figure does not account for other sectors responding to changes to pay in the adult social care sector. For example, other competing sectors may also increase wages to remain competitive with adult social care wages. Therefore, in practice, the impact on recruitment and retention is likely to be lower than figures presented in this section.

Pay target	Total savings (15 years)	Wellbeing benefits	Savings due to avoided recruitment costs	NHS savings	Additional people recruited	Additional people retained
Real Living Wage	£25.5 billion	£20 billion	£2.8 billion	£2.7 billion	180,000	296,000
National Living Wage + £1	£37.6 billion	£29.5 billion	£4.2 billion	£3.9 billion	264,000	435,000
National Living Wage + £2	£65.2 billion	£51 billion	£7.4 billion	£6.8 billion	464,000	767,000

Figure 8: Modelling question two, benefits.

Modelling question three: pay differentials

The problem we are trying to solve

Pay differentials are important in social care:

- Internal differentials: Reward experience and skills within social care to retain staff (for example, senior worker turnover is 15% compared to a new worker 35+%)
- Inter-sector differentials: There is often a call to make social care salaries competitive with other sectors (for example, NHS Agenda for Change) to attract and retain a strong workforce. The Health Foundation has suggested that, when people leave adult social care, they are most likely to move into health roles.[54]

[54] https://www.health.org.uk/news-and-comment/charts-and-infographics/lower-paid-nhs-and-social-care-staff-turnover

We know that pay differentials within social care have been squeezed. Research by Community Integrated Care (2024)[55] suggests care workers are paid significantly less than their counterparts in the NHS. We have chosen some options to model below but there are different choices and implications for each. Community Integrated Care for example, in their Unfair to Care report, arrived at three different comparisons of a care worker's pay with their equivalent role in the NHS. They are advocating that the pay rise needed by care and support workers to achieve take-home pay parity with their NHS counterparts is 35.6%.

Modelling

To explore potential solutions, the modelling considers two options for raising the minimum wage in social care, referencing the NHS band three structure (Community Integrated Care, 2024) and recognising pay differentials based on experience:

- Matching NHS band three (under two years): this aligns social care pay with the starting salary of band three NHS workers.
- Matching NHS band three (two-plus years): this aligns social care pay with the higher salary of band three NHS workers with more experience.

The costs associated with each option will be calculated using the previously described methodology.

Costs

Pay target	**Total cost (annual)**	**Costs to public finances (annual)**	**Costs to public finances (over 15 years)**
Match NHS Band 2	£3.6 billion	£2.3 billion	£35.3 billion
Match NHS Band 3 (under two years)	£4.2 billion	£2.7 billion	£40.7 billion
Match NHS Band 3 (over two years)	£6.3 billion	£4.0 billion	£60.8 billion

Figure 9: Modelling question three, costs

[55] https://www.unfairtocare.co.uk/wp-content/uploads/2024/03/Unfair-To-Care-2024-Single-Pages.pdf

Benefits (15 years)

Pay target	Total savings (15 years)	Wellbeing benefits	Savings due to avoided recruitment costs	NHS savings	Additional people recruited	Additional people retained
Match NHS Band 2	£42.8 billion	£33.5 billion	£4.8 billion	£4.5 billion	299,000	494,000
Match NHS Band 3 (under two years)	£48.9 billion	£38.3 billion	£5.5 billion	£5.1 billion	344,000	568,000
Match NHS Band 3 (over two years)	£72.1 billion	£56.4 billion	£8.2 billion	£7.5 billion	514,000	851,000

Figure 10: Modelling question three, benefits.

Social care funding uniquely impacts the labour market. Unlike retail or hospitality, national government, local authorities, employers, and unions all have a role to play in pay policy for adult social care.

Recommendations

- **Government should lead joined-up, consistent action on pay** (start 2024) with local government, unions and employers over several years which offers improved pay and quality of role for people working in social care. This could start with improving base pay for care workers (for example, through a pay award body like the NHS) and a fair pay agreement for adult social care. We suggest it should include incentives for people to develop their skills and roles by using pay differentials and a focus on better terms and conditions.
- **The modelling in this Strategy should be considered in the Fair Cost of Care exercise** (2025, ongoing). Central government with the Department of Health and Social Care (DHSC) and local government.

In the spotlight: Valuing care workers and encouraging flexibility

In September 2024, Leeds will launch a pilot community health programme which focuses on supporting 200 people in two care providers, moving away from 'time and task' with a strong emphasis on supporting people's independence and fostering self-reliance by reconnecting people with community resources and loved ones.

Care workers will receive the Real Living Wage for their whole shift, have autonomy to adjust care plans with the consent of people we support and be trained to do delegated healthcare activities.

There will be dedicated support to ensure safety and adjust job roles accordingly.

International recruitment

The adult social care sector has become increasingly reliant on international recruitment to meet workforce supply challenges. In 2020-21, there were 10,000 new international recruits in social care, but by 2023-24 this had grown to approximately 105,000. One in three new starters in the independent sector were recruited internationally. Most of these were care workers and senior care workers.[56]

International workers are crucial for social care, but visa changes and global competition threaten future recruitment. Alongside pay, international recruitment remains a key short-term lever to boost workforce supply.

This means the sector must improve domestic recruitment and retention to become less reliant on overseas workers. This will take time, as currently international recruitment is significantly bolstering capacity and there is not the immediate domestic supply to replace such significant numbers. In 2023-24, we still had 131,000 vacancies despite welcoming 105,000 international recruits.

Internationally trained staff are vital, but vulnerable to exploitation. We need to support employers with tools and resources to prevent this, which requires the right infrastructure and funding. For deliberate abuse, strong measures are needed to identify and stop it.

Employee relations for non-regulated workforce

The dispersed nature of adult social care with 18,000 providers is a very different structure to its closest and most significant partner, the NHS. This is one of the factors that makes the day-to-day discussions and delivery of good employment practice with some degree of consistency difficult to achieve. Nevertheless, in any sector, a culture of listening to the workforce and seeking to ensure that common concerns and employment practices are considered is one of the ingredients that creates a supported and motivated workforce.

UNISON estimates union membership in adult social care to be around 200,000 people. It is one of the fastest growing sectors for union membership. UNISON and

[56] Roles that were added to the Shortage Occupation List in February 2022

GMB have some national and local recognition agreements with social care employers where they seek to improve the working conditions for care sector staff. Both unions have played a role in advocating for a national Fair Pay Agreement for social care and see themselves as having an important role in this mechanism, should it be implemented.

UNISON argues that it has a role in shining a light on some of the poorer practice in the sector, including practice that does not meet legal requirements such as adherence to the requirements of national minimum or living wage. It cites examples of highlighting and advocating for best practice as well as representing the views of the workforce. It argues that a developing relationship between commissioners, employers, unions and the Government is essential to provide as a basis for creating the best possible employee relations environment. This currently involves a relatively new Social Care Partnership Forum comprising of the Local Government Association, representative employer organisations and UNISON/GMB. Any future Government may wish to consider whether and how it engages with this forum and facilitate improved partnership working between employers and unions.

Recommendations:

- **International workforce supply** (ongoing): The DHSC, Home Office and other key government bodies should work with the adult social care sector to develop a transition plan to reduce reliance on migration by supporting better domestic recruitment and retention. While this is developed and implemented, immigration policy should be mindful of the sector's current need to recruit internationally.

- **Ethical international recruitment** (ongoing): The DHSC should continue to fund partners (including Skills for Care and Partners in Care and Health) to support ethical international recruitment while focusing on building a strong domestic pipeline. The DHSC and Home Office should conduct a review of the application of ethical recruitment to establish the degree to which it is being applied and identify further measures as necessary (by March 2025).

Attraction

The social care workforce faces challenges with high personal assistant vacancies, under-representation of men and younger people, a need for new tech skills and a need to harness the benefits of its ethnic diversity. To address this, a multi-partnered, long-term approach is needed to attract personal assistants, under-represented demographics and highlight the workforce's diversity to become the most inclusive in England.

Recommendations and commitments:

- **The CQC will**:
  - Work with others to set out expectations for what 'good' looks like in workforce planning and wellbeing and publish information about the extent to which they impact upon workforce enablement and deliver good outcomes for people. This should include identifying themes and trends in workforce planning as part of the State of Care annual report.
  - Share with providers and registered managers the recommendations outlined in the Workforce Strategy to encourage their workforce recruitment and retention plans. The outcomes and impact of recommendations applied in practice could be reported on in assessment reports and/or national reports.
  - Engage with and signpost providers and system leaders to reflect on the Workforce Strategy recommendations and how a provider can implement a change that improves recruitment, retention and staff wellbeing.
  - Continue to use its powers to act against a provider where a lack of good workforce planning and enablement has led to poorer outcomes for people.

- **10-year attraction plan** (start 2024, with plan summer 2025): A cross-sector partnership sponsored by the Department for Work and Pensions (DWP) and DHSC (including Job Centre Plus, Ministry of Housing, Communities and Local Government, Department for Education (DfE), local government, ICSs, Skills for Care, people drawing on social care and provider representatives) should develop a 10-year plan to attract younger generations, men and those with tech skills. The plan should showcase career opportunities and benefits. Government departments, local authorities, healthcare bodies and Skills for Care should implement national and local programmes to support entry into the field.

- **Support individual employers** (start 2024): The Local Government Association (LGA) should lead discussions with a broad range of stakeholders and develop a set of recommendations on how to support individual employers to manage their employment responsibilities. This might include access to resources such as legal advice, payroll services and human resources in line with the Care Act.

- **National Leadership Programme** (five-year programme from 2025): The DHSC should consider a national programme to attract graduates and career changers.

- **Attract more social workers and occupational therapists:**
  - DHSC and DfE to sponsor and support Social Work England, the British Association of Social Workers, the Royal College of Occupational Therapists and Skills for Care to build a clearer pathway into social work and occupational therapy professions, including any new bridging programmes needed to increase new applicants.
  - Grow numbers of social work students through increases to Social Work Bursaries and the Education Support Grant, which helps to fund practice-based learning and practice education, and investment in social work apprenticeships.

- **Attract more registered nurses and nursing associates working in social care and offer them attractive career pathways to retain them** (five-year programme from 2025):
  - The DHSC should commission a partner to work with the Council of Deans of Health and universities to increase social care placements for all nursing and nursing associate students (including apprenticeships) and develop opportunities for newly registered nurses to join the social care sector.
  - All ICSs should have the responsibility for creating the pipeline for registered nurses and nursing associates, including placements (working with their local universities and care associations).
  - Any national work to promote and support apprenticeships should be inclusive of registered nurses and nursing associates in the adult social care sector.

Retention

We can keep recruiting more people into social care but, with so many people leaving, we have a leaky bucket. High turnover (28.3% in 2022-23) in social care, especially for care workers (35.6%), nurses (32.6%), and social workers (16.1%), increases costs, disrupts the continuity of people's support so it is harder to build relationships, and lowers morale.

Five key retention factors are: higher pay, non-zero-hours contracts, full-time work, training access, and relevant qualifications.[57] When all these factors are present, turnover is reduced by half. Combining this with Skills for Care research *Secrets of*

[57] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2023.pdf

Success[58], the top three retention factors are role quality, learning and development, and organisational culture and leadership.

Turnover is particularly high in the first three months of people starting their role, which makes a focus on improving inductions particularly important (the new national entry-level induction for all health and social care staff was launched in 2024 as a recommendation from the Messenger Review).[59]

The NHS has a similar issue with turnover, and it has seen impact with their retention pilots.[60] These initially supported 23 organisations, including providing a People Promise Manager and access to evidence-based interventions such as the Workforce Race Equality Standard, induction for internationally trained colleagues, compassionate leadership and support with terms and conditions reviews. They started with a baseline exercise and then an individual retention improvement plan funded for two years. This successful approach is being scaled in the NHS.

We would expect retention to be affected by other recommendations elsewhere in this Strategy, including pay and training.

Recommendations and commitments:

- **People Promise for Social Care** (scoping 2025, launch 2026): DHSC should commission Skills for Care to work with the sector (including providers, local government, unions and other workforce directly) to develop a 'People Promise' focused on improving pay, security of income, work-life balance and career development opportunities for social care staff. This should align with the NHS People Plan.
- **Retention pilots:** DHSC, Skills for Care and stakeholders should scope and launch retention pilots for social care in five ICS areas, using the People Promise (2026-27).
- **Regulator support for workforce wellbeing and equality, diversity and inclusion:** Workforce wellbeing, and equality, diversity and inclusion, should be included in the Single Assessment Framework to help outline what is expected of providers and systems and gives the CQC a basis to assess quality in those areas on a location, provider and system level.

- **Workforce strategy employer champions:** CQC, Skills for Care and provider representatives will encourage and enable workforce strategy advocates on areas such as pay; terms and conditions; wellbeing; equality, diversity and inclusivity (EDI) and leadership, including sharing good practice across all employers and systems to encourage improvement.

[58] https://www.skillsforcare.org.uk/resources/documents/Recruitment-support/Retaining-your-staff/Secrets-of-Success/Recruitment-and-retention-secrets-of-success-report.pdf
[59] https://www.skillsforcare.org.uk/Recruitment-support/Induction/Induction-toolkit/Induction-toolkit.aspx
[60] https://www.england.nhs.uk/2023/12/nhs-retention-drive-expanded-across-the-country-with-thousands-fewer-staff-leaving-frontline-roles/ accessed 16 June 2024.

- **Retain more internationally educated registered nurses:**
  - The Nursing and Midwifery Council (NMC) should use its regulatory role to encourage organisations employing internationally educated nurses to provide pathways and support for registration and progression.
  - CQC will make sure that regulated providers follow robust, safe and fair recruitment procedures for all their staff, including those employed from overseas and staff with professional registration.

Inclusive work culture

We should want diversity in our workforce so that we represent our population, creating the most inclusive workforce in England, attracting and retaining talent through equal access to career development.

Social care is diverse but lacks inclusivity, especially in management where people from ethnic minorities are underrepresented and face discrimination and limited development. [61] The Social Care Workforce Race Equality Standard (SC-WRES) helps local authorities address race inequality by collecting data on key indicators and developing action plans for improvement, promoting race equity, fairness, transparency, morale, care quality and workforce capacity. Its data shows significant racial inequalities - compared to white staff, staff with a minority ethnic background were:

- half as likely to be appointed from a shortlist
- half as likely to be promoted
- 1.5 times more likely to be in disciplinary processes
- more likely to experience bullying and abuse (from colleagues, managers, clients).[62]

In the spotlight: Addressing diversity in leadership positions

Hertfordshire County Council, with a diverse workforce, tackled race inequality in leadership (25% staff from minorities but underrepresented in leadership). They used the SC-WRES program to analyse data and identify areas for improvement. This led to their 'Equity, Equality, Diversity and Inclusion' programme promoting fairness and inclusivity across the organisation. There is still much work to do but they have already facilitated significant internal improvements in promoting racial equality, fairness and inclusivity.

[61] https://www.skillsforcare.org.uk/resources/documents/About-us/Benefits-of-recruiting-and-retaining-a-diverse-workforce-Rapid-Evidence-Review-Summary.pdf

[62] https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/Social-Care-Workforce-Race-Equality-Standard/Social-Care-Workforce-Race-Equality-Standard.aspx

Recommendations and commitments:

- **Workforce Race Equality** (2024-25 and 2025-26):
  - Skills for Care will continue to fund local authorities to implement the WRES in 2024-25 and market-test the viability of rolling out SC-WRES to all employers, working with key partners (2025).
  - DHSC and the Ministry of Housing, Communities and Local Government and DfE should mandate and fund implementation of the Social Care Workforce Race Equality Standard (SC-WRES) across all local authorities (approximately £500,000 per annum) from 2025-26.
  - CQC should work towards integrating SC-WRES into its assessment framework in a way that aligns with the development of SC-WRES nationally.

Wellbeing at work

The wellbeing of social care workers is crucial to reduce stress, burnout and improve care quality. Poor wellbeing leads to high vacancies, lower care quality and increased sickness absence (8.1 million days lost in 2022-23)[63], and impacts on the NHS. Equipping the workforce with the right skills and addressing harassment and violence at work can improve wellbeing and safety, aligning with NICE guidance which advocates for organisations to take a strategic, top-down approach to mental wellbeing.[64]

We have some idea about the wellbeing of parts of our workforce, for example the Local Government Association holds the annual employer standards survey for registered social workers and occupational therapists intended to better understand a number of critical questions about the experiences of the social care workforce in England. But we don't regularly survey the broader workforce to understand how they are feeling so there are gaps in our understanding.

Free NHS health checks are available for everyone aged 40-74 and, if they were taken up more by social care staff, we would expect to see returns due to the demographic make-up of the workforce. Analysis shows a £1.90 socio-economic benefit for every £1 invested in promoting these checks.

[63] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2023.pdf page 15.
[64] https://www.nice.org.uk/guidance/ng212

In the spotlight: Tackling violence, harassment and discrimination in the workplace

East Sussex County Council worked with LGA, the local Integrated Care Board, Skills for Care and other local authorities to launch a project in July 2023 to address staff experiences of workplace violence, harassment, and discrimination. They gathered data through a survey of 300 people, 15 focus groups, and stakeholder engagement. They then developed recommendations for tackling the issue with sensitivity and nuance across departments and have been working with senior managers to make sure that actions focus on supporting both staff and people drawing on care and support.

In the spotlight: Helping keep team members 'appy'

Norfolk offers a mental wellbeing app (ShinyMind) and online workshops for social care workers. It is fully funded and includes topics like stress management, coping with anxiety, assertiveness, menopause and confidence building. The app is not a replacement for professional help but, in the first three months, 154 adult social care workers signed up and they are making the content accessible to the whole social care sector.

Recommendations and commitments:

- **Staff wellbeing initiatives** (2024-25 and ongoing): A coalition of organisations, including the Care Provider Alliance, ADASS, Local Government Association, Care Workers Charity, unions and Skills for Care, will support employers with guidance on prioritising staff wellbeing and tackling workplace harassment and violence.
- **Promoting uptake of NHS Health Checks to adult social care workers** (2025): The DHSC should fund a campaign delivered through sector partners to promote NHS Health Checks for an initial period of one year to be evaluated. This would cost £5m.
- **Regulatory focus on worker wellbeing** (2025, ongoing): The CQC should consider how it prioritises the Workforce Wellbeing and Enablement Quality Statement[65] on assessments to highlight and report on good and poor practice.
- **Public health training resources** will be developed by Skills for Care, the Office of Health Improvement and Disparities, and the Royal Society of Public Health. (2025)
- **The Care Workers' Charity (2024) will dedicate a day during Professional Care Workers' Week to promoting staff wellbeing**. Members of the Adult Social Care Workforce Strategy Delivery Board, which will replace the Steering Group, will support and promote this.

[65] https://www.cqc.org.uk/guidance-regulation/providers/assessment/single-assessment-framework/caring/workforce-wellbeing-enablement

Train

Everyone working in social care should have the chance to develop, learn and grow in their role. Learning and development supports good quality social care and retention.

Career development and competency frameworks

The Care Workforce Pathway, launched in 2023 by the Department of Health and Social Care and Skills for Care, aims to set up a career development framework for social care roles. The next stage will focus on registered managers, deputy managers and personal assistants. This will be expanded to create one pathway for adult social care, enabling career progression and potentially pay scale alignment. It is a very important part of the infrastructure needed in adult social care and will be aligned with the other development frameworks that exist.

Regulated professionals operating across adult social care have career development frameworks including the Career Development Framework for Occupational Therapists[66], the Professional Capabilities Framework for Social Workers[67] and the Professional Framework for Nursing[68].

Recommendations:

- **Regulator signposting to what good looks like in learning development** (2024, ongoing): Based on published best practice (including this strategy), CQC will work with Skills for Care to support care providers and system leaders to understand what good looks like in learning and development, signposting to published best practice including Skills for Care materials and resources.
- **Expand skills** (starting 2024): DHSC and Skills for Care should roll out the Care Workforce Pathway in 2024-25 and, in 2025, review with changing needs (mental health, digital skills and dementia care). All workers should have dementia training aligned to the Dementia Training Standards Framework and roles within the Care Workforce Pathway.
- **Delegated health tasks** (2024, ongoing): DHSC should work with the sector and across the system to continue to support delegated health tasks, ensuring that funding flows to recognise staff doing more delegated health tasks. These healthcare activities should have appropriate training and supervision to ensure competency, that is overseen by qualified professionals including registered nurses.
- **Fund new skills** (annual): DHSC should continue to fund training for the workforce and newly identified skills.

[66] https://www.rcot.co.uk/publications/career-development-framework
[67] https://new.basw.co.uk/training-cpd/professional-capabilities-framework-pcf
[68] Levels of nursing | Royal College of Nursing (rcn.org.uk)

- **Develop Directors of Adult Social Services** (2025): Skills for Care and ADASS, with partners, will create a development framework for Directors of Adult Social Services. DHSC should continue to invest in the leadership programme for principal social workers, principal occupational therapists and approved mental health professional leads to ensure there is a strong talent pipeline for director of adult social services roles.
- **Streamline training** (2025): Skills for Care will streamline statutory and mandatory training requirements. CQC will signpost and share appropriate guidance.

Supporting development of care workers

A level 2 Adult Social Care Certificate qualification has been developed and is due to be launched imminently, targeted at people starting in social care.

We have looked at the Ofqual qualification level descriptors and we should expect people working in social care to develop quickly to a level 2 competency and then on to a level 3 within three years of starting work in the sector.[69]

Level	Knowledge descriptor	Skills descriptor	Occupational competence	Autonomy and accountability
2	Knowledge and understanding of the facts, procedures and ideas to complete well defined tasks and address straightforward problems. Aware of a range of information that is relevant to the area of work or study. Interpret relevant information and ideas.	Select and use relevant cognitive and practical skills to complete well defined, generally routine tasks and address straightforward problems. Identify, gather and use relevant information to inform actions. Identify how effective actions have been.	Occupational competence which involves the application of knowledge, skills, procedures and ideas in a significant range of varied work activities and contexts which are generally well defined. Some of the activities are complex or non-routine. Address straightforward problems.	Take responsibility for completing tasks and procedures. Exercise autonomy and judgement subject to overall direction or guidance. May collaborate with others perhaps through a work group or team.
3	Factual, procedural and theoretical knowledge and understanding of	Identify, select and use appropriate cognitive and practical skills,	Occupational competence which involves the application of knowledge and	Take responsibility for initiating and completing tasks and

[69] https://www.instituteforapprenticeships.org/media/1538/occupational-levels-guidance.pdf

	the occupational area to complete tasks and address problems that while well defined may be complex and non-routine. Interpret and evaluate relevant information and ideas. Aware of the nature of the area of work or study. Aware of different perspectives or approaches within the area of work or study.	methods and procedures to complete tasks and address problems that are well defined, may be complex and nonroutine. Use appropriate investigation to inform actions. Review how effective methods and actions have been.	understanding, skills and methods in a broad range of varied work activities, performed in a variety of contexts most of which are complex and non-routine. Address problems that, while well defined, may be complex and non-routine.	procedures including, where relevant, responsibility for supervising or guiding others. Exercise responsibility, autonomy and judgement within limited parameters.

We are not proposing that everyone needs a level 3 qualification within three years, but they should have this level of competency. This links with proposals on pay scales because using pay to recognise development would help us recognise and retain people.

In New Zealand, they are aiming to match assessment of people's need with workforce skills requirements and pay which should help to progress detailed workforce planning. Implementation has not been straightforward and there is much we can learn from other countries.[70]

Recommendation and commitments:

- **Continue the Care Certificate** (2024, ongoing): DHSC should keep rolling out the Care Certificate qualification to support new starters to achieve a level 2 qualification within three years. Employers should aim for 80% of new direct care staff to hold the Care Certificate qualification in the next five years.
- **Level 3 competence for direct care staff** (2025, ongoing): The DHSC and Skills for Care should develop a suite of pathways and programmes to sit alongside qualifications, to support employers to ensure that, within the next five years, 80% of direct care staff are competent to level 3 within their first three years in role.

[70] https://www.nuffieldtrust.org.uk/research/national-policy-options-to-improve-care-worker-pay-in-england

Apprenticeships

There is a strong case for investment to make apprenticeships work for adult social care, helping attract a younger workforce, but this requires reform as the current model is not working. Given the changing needs and increasing complexity of care and support work, adult social care needs a system of education and training that delivers a high-quality experience and impact. The workforce needs more adaptive and multi-disciplinary skills. We have set out the issues with apprenticeships in 'The Workforce in adult social care today' section, including a 75% reduction in the numbers of people doing apprenticeships, high dropout rates and low provision.

Recommendation:

- **Overhaul Apprenticeships** (2025): DfE should commission an overhaul of the apprenticeship system in social care, looking at funding and content, from the Institute for Apprenticeships and Technical Education, DHSC, the Adult Care Trailblazer Group and Skills for Care, including the regulatory bodies Social Work England, the Nursing and Midwifery Council and Health and Care Professions Council.

Improving the supply side of good-quality training

The learning provider market in adult social care is struggling, with many providers closing and, post-COVID, a growth of online learning which does not always have the highest level of quality or impact. We are seeing a lack of capability of training providers and assessors to meet the changing needs of social care, including being able to assess digital skills. Until 2024, Skills for Care ran the Endorsed Learning Provider scheme, with around 136 learning providers having met the quality assurance standards, this has now ceased and so we will need to be aware of the risk of quality reducing even more in the learning sector.

Care providers, often lacking learning and development specialists, find organising training confusing, time-consuming and costly. Additionally, training recognition or portability between providers is limited because providers worry that the training will not meet regulatory requirements. DHSC is currently developing a Skills Passport which should help with this issue of portability.

Until 2024, approved and accredited training in the sector was supported with government funding through the Workforce Development Fund, due to be replaced by the Adult Social Care Training and Development Fund. This has been vital to support employers to invest in recognised training and qualifications for their workforce and to help meet backfill costs.

In 2023 DfE introduced local skills improvement plans (LSIPs) and a local skills improvement fund (LSIF). LSIPs are designed to provide an agreed set of actionable priorities that employers, education and training providers and other stakeholders in a local area can use to drive change. There are opportunities for adult social care which should be considered as part of the implementation of this Workforce Strategy because currently the LSIPs awareness of and engagement with social care is variable.

Recommendations:

- **Ensure high-quality training** (2024 and 2025):
  - Skills for Care, CQC and the Care Provider Alliance will signpost and share NHS England's free functional skills offer[71] (2024).
  - The Association of Colleges and the Association of Employment and Learning Providers should support the higher education sector to offer programmes on the use of digital, data, technology and AI in social care (plans should be developed early 2025).
  - Skills for Care should consider how to improve quality in the learning market, including how we support training provider staff to keep their skills up to date in a changing market (2025).

- **Maintain training funding** (2024, ongoing): DHSC should have a three-year funding plan for training (including backfill) to allow the sector to plan. This should support training for the sector and target new skills that are needed. It should include funding for personal assistants which allows flexibility for individual employers and is built around the needs of the person they are supporting. (£50m per year is currently committed to fund the Care Certificate in the white paper 'People at the Heart of Care').

Regulated professional workforce

Adult social care employs 33,000 registered nurses, 25,000 registered managers, 23,500 social workers, and 3,800 occupational therapists. These roles are crucial for quality, safety, leadership, prevention, and meeting clinical needs, even though they only make up 6% of the workforce. Regulated professionals in adult social care also carry out professional oversight, for example increasing healthcare activities must be assessed, planned and overseen by regulated professionals. We set out some of the issues with high turnover and vacancy rates for these roles earlier.

The benefits of creating pathways and opportunities for registered nurses working in social care and social care occupational therapists to develop into advanced practitioner roles have been modelled for this Strategy. The results show that creating advanced roles would mean that, for every £1 spent, the sector would generate £2.50 in socio-economic benefits. Moreover, it will produce higher benefits than costs in year one.

Many of the recommendations in this Strategy relate to the workforce, including the regulated professional workforce. However, we have identified some additional specific recommendations.

[71] https://haso.skillsforhealth.org.uk/free-access-to-self-study-software-exams/

Recommendations relating to training and developing social workers:
The DHSC, the DfE, Social Work England (SWE), the British Association of Social Workers, the Local Government Association and Skills for Care should work in partnership with local authorities and the Principal (Adults) Social Worker Network to:

- **Invest in Social Work development**: DHSC, DfE, SWE, BASW and Skills for Care should collaborate on new role categories such as social work assistants or consultant social workers (scope in 2025).
- **Create a Community of Practice**: SWE, BASW, ADASS Professional Workforce Group and Skills for Care to foster opportunities for sharing good models of multidisciplinary working across regulated professions in adult social care and, where appropriate, health to support integration (set up by 2025).

Recommendations relating to training and developing occupational therapists:

- **Invest in the development of occupational therapists:** DHSC, the Royal College of Occupational Therapists, the Health and Care Professions Council and Skills for Care should work in partnership with local authorities and principal occupational therapists to:
  - **Develop a national career and skills framework for adult social care occupational therapy** (2025) including advanced practitioner roles to support career progression, transferability of knowledge, skills and capability across ICSs.
  - **Develop a strategy to improve continual professional development (CPD) and supervision to grow the workforce** (2025 scoping) - through degree, enhanced and advanced apprenticeships and maximise the benefits and impact of assistive technology, data and AI through innovation, leadership and training. This could be leveraged through the Health and Care Professions Council's standards.

Recommendations relating to training and developing registered nurses working in social care:

- **DHSC and partners (including ICSs) should develop and implement a career framework for registered nurses working in adult social care** (2025 scoping with five-year plan): this should be aligned with a clear pay structure equivalent to comparable roles in the NHS and include the use of apprenticeships to develop nurse specialists, nursing educators, consultants and advanced practice roles, maximising opportunities to support people to be well at home and reducing the need for admission to acute care. A strategy should be developed in partnership with DHSC to improve and fund continuous professional development and supervision to grow and develop the workforce.
- **DHSC should encourage employers to develop employer-funded preceptorship programmes for newly registered nurses and nursing associates transitioning into their roles** (2025, ongoing): preceptorship programmes should be alongside regular clinical supervision with clear

channels for raising concerns. They should continue to offer some funding to support. (Five-year programme).

- **The Council of the Deans of Health (CoDH) should ensure adult social care is reflected in higher education** (2025, ongoing): the CoDH should work with universities to ensure adult social care is reflected in the knowledge and experience of their teaching faculties and, where it is not, work to establish hybrid roles that reach into the expertise of the sector.
- **DHSC and the National Institute for Health and Care Research (next round of priority setting) should build into their research programme** registered nurse-led research opportunities.
- **The Nursing and Midwifery Council (NMC) should establish a standard process for registered nurses and nursing associates working in social care (including students) and their representatives raising concerns** about equipment, staffing, safety, policies and processes. Nursing associates should be supported by their employers to work within their scope of practice and should not be used as a substitute in activity that requires a registered nurse. The CQC will encourage adult social care professionals to whistle blow when required and will signpost and share guidance as appropriate.

Management (including registered managers)

Registered managers are crucial in adult social care but face high turnover (23.2%) and vacancies (10.6%). Their numbers need to increase to meet growing needs and retirements. However, registered managers are often under-valued compared to other professionals such as nurses and social workers, despite the skill needed in the role.

The 2022 Messenger Review[72] emphasised the role of strong leadership in the quality of health and social care. The NHS has a roadmap implementing its recommendations, outlining clear expectations for leaders and managers. This includes expected standards and competencies, consistent training curricula and support for meeting these requirements. It also emphasises proactive and inclusive talent management. Social care needs a similar strategic approach, aligning all the levers (funding, commissioning, support) to develop and implement a leadership development roadmap for social care.

Regulation 7 (2)(b) of the Care Act deals with registered managers and states that they must have the necessary qualifications, competence, skills and experience to manage the carrying out of the regulated activity. That is generally accepted to be the Level 5 Diploma as recommended by Skills for Care (56% of registered managers have this qualification). [73] However, as the role has become more complex, the CQC 'Fit Person' process needs to reflect this and there should be

[72] https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future/leadership-for-a-collaborative-and-inclusive-future

[73] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2023.pdf

opportunities for registered managers to do a full degree or master's degree to support their development.

We have some evidence of what works:

- 44% of registered nurses working in social care are from Black and ethnic minoritised backgrounds and only 17% of people in leadership positions are from black and ethnic minoritised backgrounds. The DHSC ran two leadership programme cohorts for registered nurses from black and ethnic minoritised backgrounds working in adult social care which have had a positive impact. Skills for Care piloted a support programme for new registered managers, and it was impactful in terms of their confidence and skills. Skills for Care also has an Assessed and Supported Year in Employment (ASYE) programme for new social workers.
- Skills for Care previously delivered a government-funded graduate leadership Scheme, for which funding ceased in 2020. There are now no programmes to attract gifted, talented or aspiring leaders into adult social care. Work undertaken by a consortium of stakeholders across the sector has shown strong support for such a programme to return.
- Skills for Care modelled the benefits of expanding the ASYE programme, currently only for social workers, to occupational therapists and registered managers. Analysis suggests that, for every £1 spent, the sector would generate £1.30 in socio-economic benefits. Moreover, the reduction in turnover would prevent approximately 3,750 workers from leaving the sector.

This evidence gives us a sense of where we should be focusing over the period of this Strategy to attract and develop good managers and leaders by developing more routes into the roles, increasing support and giving greater recognition of professional status.

Recommendations and commitments:

- **Adult social care roadmap to implement Messenger recommendations** (2025, ongoing): DHSC should commission a Messenger roadmap for adult social care aligning all the levers (funding, commissioning, support) to develop and implement a leadership development roadmap for social care, outlining clear expectations for leaders and managers.
- **Registered manager role** (2025, subject to funding): Skills for Care will deliver a project to set out what would need to happen, the implications and costs for setting up a professional body for registered managers with a code of conduct, competency and development framework to include degree and master's level qualifications.
- **Support new managers, occupational therapists and social workers** (2025-30): DHSC should support the rollout of the piloted enhanced support programme for new managers, similar in style to the Assessed and Supported Year for newly qualified Social Workers. The ASYE funding formula for newly qualified Social Workers in diverse settings, for example Mental Health Trusts, should also be reviewed
- **Foundation degree minimum education for registered managers** (2025-30): Skills for Care, supported by DHSC, will ensure that it is a

requirement for care services to be led by a qualified registered manager with a minimum foundation degree qualification (level 5), and should support opportunities for registered managers to undertake full degree programmes or master's degree programmes. The CQC should ensure that they signpost and share guidance and feed this into the 'Fit Person' process.

- **Review 'Fit Person' process** (2025): CQC to consider how the registration process for registered managers assures that people are equipped and competent to be successful in that role, and able to deal with the considerable responsibilities and requirements on them.

Transform

Legislation and mandate for workforce strategy

There is no requirement for a workforce strategy in social care, unlike in the NHS where the Health and Care Act requires the Secretary of State to publish how the health service is meeting the needs of the workforce every five years. There should be a legislative requirement to have a workforce strategy and regular workforce planning for adult social care because this will need sustained, joined up, consistent effort over a number of years. We suggest that the DHSC, NHS England and Skills for Care align workforce planning in social care to the drivers and assumptions in any NHS workforce plan.

The role of government departments in setting the direction of this Strategy will be central. However, it would be hard for government to lead its development and implementation given the design of central government, overlaid with the dispersed and diverse nature of the adult social care workforce. We suggest that to effectively address the workforce challenges, social care needs a central body with a legislative mandate to not only develop a unified strategy upon direction by government, but also, crucially, drive its implementation across the diverse landscape.

This expert body would have the autonomy and credibility in social care to develop an adult social care workforce strategy, aligned with government priorities. It would be instrumental in bringing focus, expertise, trust, agility, credibility and neutrality. It would ensure the Strategy translates into tangible action, tackling the critical issues facing the social care workforce.

Skills for Care currently plays this role with a close, strategic relationship with DHSC. Many actions in this Strategy are for Skills for Care, given that role. However, they rely on Skills for Care having a role as a system leader for workforce development.

Without this central co-ordination and leadership, it leaves the sector with a fragmented approach, not least because there are so many different bodies with an impact on the workforce including three government departments, 153 local authorities, 18,000 employers, 42 integrated care systems, at least three regulators, one workforce body, 10 national employer representative bodies, more than 50 local representative bodies and many organisations representing people with lived experience and carers.

Recommendations:

- **Mandate workforce planning and strategy** (2024): there should be a statutory requirement for the Secretary of State to lay before Parliament a plan for how current and future workforce needs across adult social care will be met (mirroring the requirement for the NHS).
- **Implement workforce planning**: the Government should create a central workforce body to be responsible for the development and implementation of this and future workforce plans (2024), making any necessary changes to legislation and any funding implications for a workforce strategy and workforce plan to be implemented (2024 onwards).

Registration

While there might be potential additional benefits to regulating a profession, the legislation states that we regulate a profession in England for public protection purposes.[74] As a steering group we have talked about registration of the care workforce. This has been a debate over years in social care and, as has been the case previously, there is not one common view.

While there might be potential additional benefits to regulating a profession, the legislation states that we regulate a profession in England for public protection purposes.[75]

There were broadly three views in the steering group:

1. Registration is key to the public recognising the sector as the professionals that they are, important for public safety and for development of people working in social care.
2. There is not enough evidence to show the impact of registration on the workforce in other countries and, given the scale of the workforce, the cost-benefit argument is not clear enough yet.
3. Registration would undermine steps towards personalisation and detract from the person-centred approach essential in social care, prioritising compliance over individualised support.

Recommendation:

- **Investigate workforce registration** (2025 scoping): The Adult Social Care Workforce Strategy Delivery Board will gather evidence on the impacts and potential models of a social care workforce registration scheme.

[75] https://www.legislation.gov.uk/ukpga/1999/8/section/60

Better workforce planning

As well as a national workforce strategy for the social care workforce, we need to have more detailed workforce planning to allow us to match the labour market with changing and growing needs. This should include consideration of:

- the local labour market
- needs and changing demographics.

We will need a particular focus on coastal and rural areas. Given that coastal and rural areas have an ageing population with growing needs, we will have to either entice working age people to live in coastal and rural areas, or entice local people already living in those areas to work in adult social care (The Tribe Project[76] has had success in doing this with their model of micro-enterprises) or encourage older people to remain in urban centres by ensuring age-appropriate housing and fiscal incentives.

And, while the Health and Care Act has no specific requirement on ICSs around workforce planning for social care, it is inherent in the requirement for integrated planning across health and social care. Systems need to have a particular focus on this.

In the spotlight: Improving referral routes and assessment times

Kirklees Council created a dedicated social care occupational therapy (OT) team in 2020 working alongside social work teams. There are eight OTs and three assistant OTs with freedom to respond to people's needs using rehabilitative, social care and assistive technology interventions. It can directly assess needs, reducing wait times and referrals at every stage. It allows for quicker intervention and helps people live independently for longer, saving the council £1m in 2022-23.

Recommendations:

- **Attract workers to social care in coastal and rural areas** (2025 scoping): ICSs should partner with local authorities, educators (including further education colleges and universities), Local Skills Improvement Partnerships, DWP and job centres to develop targeted attraction plans. This should include research into whether job seekers in urban areas are willing to move to coastal and rural areas to work in social care, the support available for local people to move into social care roles, and how technology/AI might support this.
- **Support ICS workforce planning** (2025 scoping, ongoing): Skills for Care, local government, NHS Employers and partners should collaborate to support ICSs in developing workforce strategies, which should:
  - have strong national, regional, and local leadership

[76] https://www.tribeproject.org/

- promote a ‘one workforce’ approach with equal partnership and investment in health and social care
- analyse demographics and future needs and the local labour market
- focus on aligning terms and conditions, training and wellbeing support for both sectors
- establish a social care academy and shared technology approaches
- support recruitment from new demographics and builds shared career pathways between health and social care
- increase direct contact across the two systems through joint training, placements, and secondments.

- **New roles** (2026): new research should be commissioned by think tanks, NIHR or DHSC on the extent of new roles in social care that exist now and need to be scaled or developed (for example, community connectors who can link individuals to local services, resources and support networks, fostering community integration and support, discharge co-ordinators and the role of the voluntary sector).

Technology, data and AI

Vital to the success of this strategy is improving productivity by having modern working practices (digital solutions, assistive technology), innovation in service delivery to improve people’s lives and by having stronger NHS links (NHS Digital Academy, regional teams) for sustainability and integration.

We have produced indicative returns for each £1 of investment on technological interventions. The results suggest that investing in any type of digital technology in the adult social care sector would yield significant benefits for providers, the NHS and people drawing on care and support.

Technology (investment £1)	**Care Provider return**	**NHS return**	**Quality Adjusted Life Years**[77] (health and wellbeing outcomes for people translated into £)
Assistive technology	£4.21	£4.10	£4.87
Care management technology	£1.20	£0.36	£2.16
Digital social care records	£6.77	N/A	N/A
Telecare	£2.84	N/A	N/A

[77] A measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One quality-adjusted life year (QALY) is equal to one year of life in perfect health.

Workforce planning technology	£1.32	N/A	N/A

Figure 12: Return on investment for technological innovation.

New digital skills

A 2021 review, funded and delivered as part of the 'People at the Heart of Care' white paper, found basic digital skill gaps in the social care workforce. The NHS Transformation Directorate and Skills for Care created the Adult Social Care Digital Skills Framework to address this, but for full tech adoption, advanced skills and digital leadership are needed in senior roles.

Recommendation:

- **Expand digital skills training** (2025 scoping and launch): Digitising Social Care should partner with key organisations (Hartree Centre[78], Skills for Care, Digital Care Hub, TSA, Partners in Care and Health) to expand access to digital skills training across the workforce.

New digital roles

Scottish Care, a social care membership organisation, has piloted a care technologist role across various locations in Scotland. These specialists help create digital care plans (including tech set-up and online resources) for people drawing on and working in social care. The programme has proved successful and is expanding across Scotland.

In the spotlight: Doing things differently through technology

The Innovation School at the Glasgow School of Art and Scottish Care created "care technologist" roles to leverage technology in social care.[1] They piloted in Aberdeen, East Ayrshire and Glasgow in homecare and then expanded to care homes and digital inclusion initiatives. The pilot reached more than 600 people drawing on care and support, upskilled the workforce and attracted diverse talent (computer science, data analysis). An unintended consequence was the opportunity for technology to support growing mental health needs in the community, as well as reducing loneliness and isolation.

[78] Part of UK Research and Innovation which focuses on supporting sectors and organisations with AI and data science.

Recommendation:

Pilot care technologist role (2025 scoping and launch): Skills for Care will partner with others to test and roll out support for creating a new care technologist role.[79]

Research and innovation

Research in healthcare shows benefits for outcomes, staff wellbeing, and the system overall. We should have more of a focus on research in adult social care from government, research bodies (such as National Institute for Health and Care Research) and integrated care systems. We should have a clear national strategy and infrastructure. We should fund more evaluations of our workforce interventions to assess their impact on quality of care, staff satisfaction, and user experience.

In 2023, the NIHR launched a £10m funding programme focused on social care research and IMPACT, the UK centre for implementing evidence in adult social care, funded at £15m over five years. Health research investment reached £5bn in 2022.

Recommendation:

- **Evaluation of current research priorities and funding in adult social care** (2025, ongoing): The DHSC should evaluate existing research routes, priorities and funding in adult social care to ensure they are fit for purpose in relation to the workforce.
- **Adult social care is prioritised by the National Institute for Health and Care Excellence (NICE)** (2025, ongoing): NICE should have more of a focus on social care and particularly on disseminating its work to social care. This should be done in partnership with the Social Care Institute for Excellence (SCIE) who already carry out related research.

https://scottishcare.org/the-care-technologist-project/

8. Implementation

The future of social care and the people that draw on it depends on a strong and valued workforce. Implemented fully, this Workforce Strategy will be a rallying call for all the people who want to make change happen.

In social care, where no one body owns all the levers, coalescing around a shared vision and strategy becomes even more crucial. We all have a role to play – government, regulators, employers, people drawing on social care and all of us who care about quality care. We need to develop a stronger, more business-focused relationship between government and the sector, founded on mutual respect and a desire to improve outcomes for people drawing on services and the 1.59m people working in the sector.

We have firm commitments from the Steering Group to evolve into the Adult Social Care Workforce Strategy Delivery Board, moving this from development to implementation. Organisations with system leadership roles and levers to pull are ready to play their part. A movement has begun.

Skills for Care will support the implementation of the strategy with its own implementation unit which will include tracking the impact of the work and are already forming a community of employers who are keen to be Workforce Strategy Advocates.

CQC has agreed to support the strategy by using its role and remit to influence key changes, as introduced throughout the document. CQC should consider how it applies the new Single Assessment Framework and new Quality Statements linked to workforce wellbeing and equality, diversity and inclusion to give a focus to the key areas highlighted in the strategy. CQC should use its independent voice to share best practice guidance and encourage providers and systems to improve.

In light of the inherent dispersal and diversification within the adult social care sector, the Adult Social Care Workforce Data Set offers an unparalleled depth and breadth of understanding regarding our workforce and its trends, a level of insight that many comparable sectors can only aspire to possess but the sector needs access to wider data and modelling to better understand and plan for changes in needs.

But by far the most powerful single action is for government to mandate this Strategy. That bold act would lead to long-lasting transformation in the adult social care sector, the likes of which have been talked about for many years.

By working together, we can build a future where social care offers fulfilling careers, attracts talented individuals, and empowers its workforce to deliver exceptional care. Let us make this the turning point for social care.

This strategy is also available at www.ascworkforcestrategy.co.uk

Supporting resources

What is social care?

Adult social care is the care and support commissioned by local authorities or individuals who need support to be able to live their lives. This includes older people and working aged people with learning disabilities, mental ill health, physical disabilities, drug and alcohol problems, autistic people and unpaid carers. There are many distinct roles in adult social care.

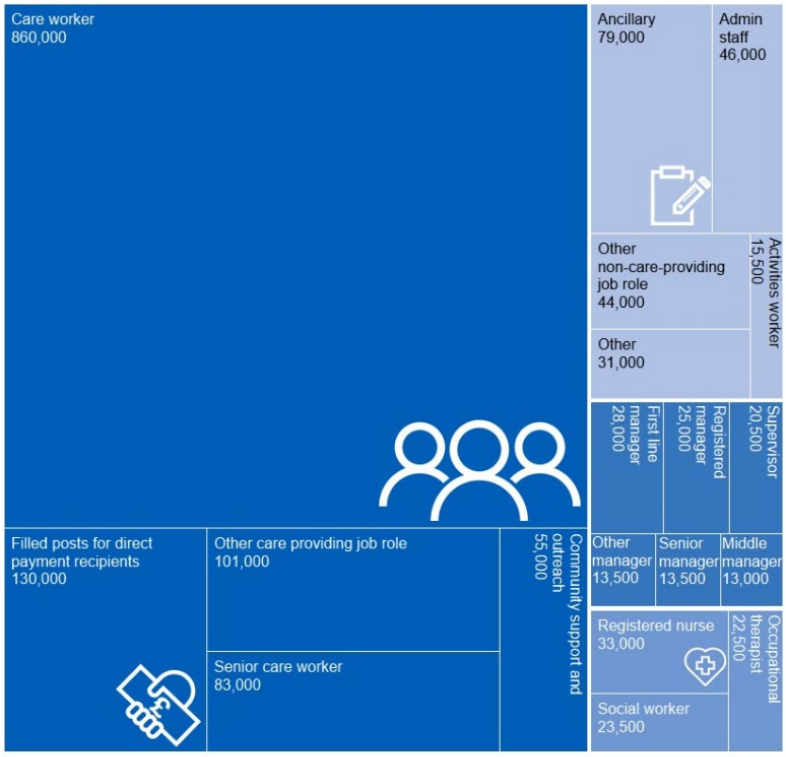

Figure 13: Estimated number of adult social care filled posts by individual job roles. Source: Skills for Care estimates from 2022-23 State of report

Local authorities lead the safeguarding of adults (under the Care Act), with others who share responsibility for identifying potential harm. Mental health and mental capacity laws (including the Mental Health Act) require assessments for hospital stays, community restrictions and capacity limitations.

Adult social care helps people in their homes, in care homes, through day services and with equipment and technology. It might be paid for by a local authority, by the individual or through a personal budget and direct payment (where the budget goes to the person who is drawing on social care to manage).

Over 20 years, the type of support has changed to include people choosing their own carers and the support they need (once they are assessed as eligible), and more people getting support to regain independence after illness (reablement). We are also seeing more emphasis on integrating health and social care to better meet the needs of individuals including through the development of integrated care systems (ICSs).

Strategy Steering Group

This Workforce Strategy was developed by Skills for Care in collaboration with the entire adult social care sector, along with colleagues from health and education. It reflects the input of thousands of stakeholders. It is truly a sector-owned strategy, and we are incredibly grateful to everyone who contributed their time and insights.

The Care Quality Commission (CQC) has been a 'participant and supporter' of the development of this Strategy.

The Workforce Strategy Steering Group has been co-chaired by Professor Oonagh Smyth and Sir David Pearson, supported by a dedicated and bold Steering Group.

Steering Group members:

- Melanie Williams - President of Association of Directors of Adult Social Services (ADASS)
- Professor Deborah Sturdy CBE - Chief Social Care Nurse, Department of Health and Social Care (DHSC)
- Lyn Romeo - Chief Social Worker (now retired) Department of Health and Social Care (DHSC)
- James Bullion - Interim Chief Inspector of Adult Social Care and Integrated Care, Care Quality Commission (CQC)
- Sir David Behan CBE - Group Non-executive Director and Chairs, the Workforce, Training and Education Committee, NHS England (NHSE)
- Daniel Mortimer - Chief Executive of NHS Employers and Deputy Chief Executive of the NHS Confederation
- Marguerite Hogg - Senior Policy Manager for Adult Learning, Association of Colleges
- Simon Ashworth - Director of Policy, Association of Employment and Learning Providers (AELP)
- Jane Townson OBE and Professor Vic Rayner OBE - Care Provider Alliance
- Dr Ruth Allen - CEO, British Association of Social Workers (BASW)
- Colum Conway - CEO, Social Work England
- Steve Ford - CEO, Royal College of Occupational Therapists (RCOT)
- Lynn Woolsey - Deputy Chief Nurse, Royal College of Nursing (RCN)
- Emma Westcott - Assistant Director, Strategy, Nursing and Midwifery Council (NMC)
- Dr Agnes Fanning - Assistant Director of Nursing Programmes, Queen's Nursing Institute (QNI)
- Melanie Weatherley MBE - Co-chair, Care Association Alliance and care provider
- Karolina Gerlich - CEO, Care Workers' Charity
- Anna Severwright - Co-convener, Social Care Future
- Dr Clenton Farquharson - Chair, Think Local Act Personal (TLAP)
- Sam Allen - CEO, Northeast and North Cumbria Integrated Care Board
- Alice McGee - Chief People Officer, Leicester, Leicestershire and Rutland Integrated Care Board
- Hazel Summers - Director Adult Social Care Improvement, Partners in Care and Health
- Rob Webster - CEO, West Yorkshire Health and Care Partnership (Integrated Care Board)

- Gavin Edwards - Senior National Officer for Social Care, UNISON (representing unions)
- Professor John Unsworth - Senior representative, Council of Deans of Health
- Bill Mumford - Trustee, Skills for Care Board
- Dara de Buca - Director, Alzheimer's Society

Workforce expectations

We worked with The King's Fund to produce a report on workforce expectations for a strategy for adult social care. This analysis has fed into the Workforce Strategy development. The report involved an analysis of policy and literature, workshops and interviews which provided a key insight into what people working in adult social care wanted and needed from a workforce strategy. The key workforce themes which arose were around:

- pay and conditions
- training
- career development
- regulation and registration
- equality, diversity and inclusion
- mental and physical health
- leadership and management.

Seven Expert Working Groups came together around a specific area of focus to bring together provider representatives, people drawing on care and support, and other stakeholders including education, health, housing and other specialists. They used an evidence base to identify challenges and make recommendations as to how these could be resolved. To do this, members of these groups spoke to their own networks and contacts regularly. Draft recommendations from the working groups then went to the Data, Economics and Evidence Workstream for review analysis and testing.

Areas of focus:

- science, technology, AI and pharmaceuticals
- integration

- prevention
- new service models and multidisciplinary working
- recruit and retain
- develop and train
- leadership.

We conducted 15 roundtable discussions to gather insight for the Workforce Strategy.

These sessions brought together a diverse group of participants, including CEOs, registered managers, nominated individuals, frontline care workers, regulated professionals, those who draw on care and support, their families and carers, personal assistants, and learning providers.

We also partnered with Learning Disability England, Alzheimer's Society, and Care Rights UK for three of these events, which provided a broader and more inclusive range of perspectives and enhanced the overall quality of the feedback received.

Our goal in hosting these events was to hear what positive change people wanted to see in the sector and ask the question: ‘What does good care look like?’ The feedback we received has shaped understanding of the priorities for the Workforce Strategy and has been instrumental in refining our approach to ensure it aligns with the real needs and expectations of those involved in social care.