

Stakeholder expectations of the social care workforce

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Introduction

This short report summarises findings of an exercise that Skills for Care commissioned from The King's Fund in 2023. The report feeds into a social care workforce strategy that Skills for Care is developing, which will identify the adult social care workforce needed over the next 15 years and set out a plan for ensuring the sector has enough of the right people with the right skills.

The King's Fund worked with staff at Skills for Care to jointly produce a short piece of policy analysis that answers the question: what are key stakeholders' expectations of the social care workforce by 2038?

The work maps stakeholder expectations of the care workforce and identifies a) where there is broad agreement on the type of workforce required and b) where there are tensions/differences of opinion.

Approach

Skills for Care worked with The King's Fund to undertake four strands of activity to inform early thinking on the strategy:

- a literature review, focusing on reports by national organisations/institutions in (or interested in) social care.
- analysis of integrated care board strategies and local authorities' market sustainability plans
- 1-2-1 interviews with a small number of key individuals.

These initial findings were then presented to:

- 3 workshops with around 30 stakeholders in the social care sector. Stakeholders included people who draw on services, provider representatives, workforce representatives, charities working in this area, the NHS, academics and think tanks.

Literature review findings

The main findings were in three areas:

1. Findings specific to the social care workforce;
2. Wider social care issues with implications for the ASC workforce;
3. Wider health and care issues with implications for the ASC workforce

1. Specific to social care workforce

Pay and conditions	<p>A wide range of stakeholders argue that it is necessary to improve pay and conditions for the adult social care workforce. It is sometimes argued that pay should be linked to NHS Agenda for Change bands (either band 2 or 3) or to living wage levels.</p> <p>Reference is also sometimes made to other terms and conditions such as sick pay and pensions, which are regarded as poorer than in e.g. the health sector. The assumption is often that improving these measures will improve recruitment and retention and/or improve quality of care. Social justice is often cited as a reason as well. Several stakeholders call for some form of collective pay bargaining to achieve this. There is generally limited modelling of costs and benefits of improved pay and terms and conditions.</p>
Training	<p>As with pay and conditions, a wide range of stakeholders argue that training and/or career development for care workers/the wider care workforce needs to be improved. These tend to be from providers, policymakers, commissioners etc. - there are fewer instances of the perspective of people who draw on services.</p> <p>There tends not to be a clear link between the calls for training and the specifics of it i.e. the intended model of care that training is intended to help deliver.</p> <p>Government plans laid out in 'Next steps to put people at the heart of care' address training and development issues, including knowledge, skills, values and behaviours. These are developed further in plans for a workforce career plan.</p>
Career development	<p>There is again a wide range of reports, including one supported by a wide range of stakeholders, which argue for a 'co-ordinated, multi-pronged approach to tackling workforce shortages and improving progression paths'. Sometimes these are focused on movement within social care and sometimes within the wider health and care system. There is some discussion of the desire among staff for portfolio careers. Career progression is also a feature of the government plans in Next steps for people at the heart of care.</p>

Regulation and registration	Proposals for regulation/registration of the social care workforce are often linked to career development proposals for social care. There are a number of different rationales for these proposals, including improving the image of the sector among the public and its workforce, improved workforce standards, integration with healthcare services and safeguarding. However proposals for regulation/ registration are not universally supported (see ‘Key themes’ section below)
Equality Diversity Inclusion	A few studies identify EDI as an issue for the workforce. There is recognition that men and younger people are under-represented, alongside some discussion of the need for a more diverse leaderships in the sector. There is some discussion of the poorer experience of BME members of staff.
Mental and physical Health	At least one study identifies the mental and physical health of the social care workforce as an important issue to address. This is sometimes linked to provision of flexible working.
Management	Other than those from Skills for Care, there is relatively little on management skills though one study looks at application of quality improvement approaches in social care.

2. Wider social care issue with implications for workforce

Personalisation/ co-production	There is a very wide literature about personalisation and co-production in adult social care, though relatively little that considers this in terms of any required implications for workforce.
Asset-based/ strengths-based approaches	Again there is a wide literature on asset-based and strengths-based approaches but little that focuses on implications for the ASC workforce.
Focus on care in community/ home-cased care	There is a wide literature that discusses/makes proposals for a broad shift from institution-based care to care at home in the context of learning disability/autism but relatively little in the context of older people who draw on social care services. There is relatively little on the workforce implications of these trends.

Carers	We did not identify specific literature on the current or desired relationship between unpaid carers and the social care workforce, though we are aware of some pre-Covid research on carers' attitudes towards carrying out clinical tasks.
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3. Wider health and care issues with implications for workforce

Integration	<p>There is a wide literature on the need for integration between social care and health, and this is also discussed in the context of social care training/career development and pay.</p> <p>There is literature on the need for workforce planning across health and social care and some discussion of the potential for flexible deployment of health/care staff e.g., place-based teams, health tasks being carried out by social care staff. The need for this is recognised in government integration proposals in 2022. There is some discussion of integration in the context of the Community Mental Health Framework, especially for social workers and OTs.</p>
Prevention	Prevention is often cited as a goal of social care services, though there is relatively little on the precise role of social care in preventative approaches (the focus is typically on primary and secondary prevention). There is some literature on the role of reablement/rehabilitation activities though these do not typically extend to discussion of workforce implications.
Technology	There is now a wide literature on the role and impact of technology (including data) in adult social care and some discussion of the extent to which the existing social care workforce has the skills required. One major report says that care workers have low confidence in their technological capabilities. The use of digital technology for care and support is reported as widespread but mixed, suggesting its full potential is not being realised. A goal of integrated care systems is that workforces are digitally literate and are able to work optimally with data and technology.

Findings from integrated care board strategies

The key themes identified from ICBs were:

- A focus on collaborative work to meet challenges.
- A focus on prevention and increasing health life expectancy to meet increasing complex demands on services.
- A move to person-centred care to meet individuals' needs and to provide targeted support for self-management.
- A move to personalised care and support to keep people connected to communities through neighbourhood working.
- Plans for development of a digitally enabled workforce to utilise technology in promoting health and wellbeing and delivering efficient services.
- Expectations of increasing demand due to the expected growth in the number of older people

Local authority market sustainability plans

The key themes identified from local authority MSPs were:

- A shift from residential to domiciliary care.
- An expectation of increasingly complex care and support needs, meaning a need for more specialised staff and skills.
- Intentions to explore how technology can improve care and free up workforce capacity.
- The need for more training and development on 2 fronts: supporting recruitment and retention and meeting demand for more specialised skills.

Key themes identified in workshops

The model of care

There was broad agreement about the desired model of care identified in the literature review, with its focus on:

- Personalisation
- Co-production
- A shift towards home/community provision of care
- Asset-based approaches
- Prevention

There was discussion within workshops about the need for the care model to develop and change, sometimes illustrated in discussion about the potential of tech-enabled care, with greater integration (around the individual) with health and housing. Some participants believed that examples of these models 'are out there' but that they were not widely adopted. Some participants noted that, as well as implications for funding, a change in commissioning practice would be required to introduce these models more widely.

The workforce needed

There was also broad agreement on most elements of how the workforce would need to adapt to deliver this model of care. It was thought it would need to involve:

- More care workers to keep pace with growth in demand.
- Higher level of pay and better pay progression (where the question of pay parity, not just with the NHS but with local government, was raised).
- Improved workforce health, wellbeing and safety.
- Better terms and conditions.
- Improved training and development (noting as well the importance of experience as well as training).
- Greater diversity and equality in the workforce, with a recognition that staff need to reflect the communities they work in.

There was a broad agreement about the need for increased funding to support these changes.

There was no agreement about the issue of regulation/registration of social care workers. Supporters tended to emphasise the perceived benefits identified in the literature review: the image of the sector, improved workforce standards, integration and safeguarding. However, people who employed their own personal assistants felt strongly that they would not want to be limited to recruiting from a register.

Implications of sector heterogeneity

Several participants made the point that adult social care is very diverse and that this has important implications for the workforce strategy. This diversity includes:

- The range of people who draw on services (participants sometimes contrasted the needs of an older person at end of life in a nursing home with those of a younger person with a learning disability or a working age adult with a physical disability).
- The range of providers in social care. There is diversity here in the types of provision (home care, residential care, nursing care, supported living, live-in care etc), the size of the provider (from individual employer, through micro-providers to very large, multi-site organisations), the status of the provider (for-profit, not-for-profit, statutory).

- The models of care in practice being adopted.
- How services are commissioned: there is an important distinction between publicly-funded services, use of direct payments and self-funded services.
- The range of job roles with a very wide diversity in skillsets, linked to the needs and condition of people who draw on services.

Broader factors affecting workforce development

There was recognition in the workshops that social care does not exist in a vacuum. Some participants discussed the implications of broader, societal change on social care and its workforce. It was noted, for example, that any changes in broader societal attitudes to work (and other factors, such as immigration) would inevitably impact on the wider economy and therefore on social care. The introduction of the National Living Wage was cited as an example of this. There were similar brief discussions about the role of technology, as well as the implications of any change in the 'dividing' line between social care and the NHS (which shifted significantly as recently as the 1980s with the phasing out of long-stay geriatric wards). There was also some discussion of the image of social care and how this affects recruitment to the sector.

A need for pragmatism and proportionality?

Though there was broad agreement among participants about the need for sectoral change, there were debates about the likelihood of some of the required change happening. Some participants queried whether the 'model' of care would change as quickly as people hoped or whether social care would ever have as many workers as projections suggested it would need. They suggested that the sector should instead work within more pragmatic assumptions about likely numbers of workers. There were some similar sentiments from some participants about the likelihood of increased funding, greater integration with health and a radical shift to more home/ community-based care.

Some participants, noting in particular the diversity of the social care sector, also discussed the need for proportionality in developing a strategy for it. This was discussed particularly in the context of workforce regulation/registration where some felt it would be possible to apply this in different ways in different parts of the sector.

You can find out more about the workforce strategy and how it is being developed with partners from across the sector on our web site.

