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A workforce strategy for social care: Expectations from across the social care sector





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We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

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First published in Great Britain July 2024 by the Social Care Institute for Excellence

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Context

In 2021 the previous Government published a policy paper, **people at the heart of care: adult social care reform**, detailing the three key objectives to achieve their 10-year vision for adult social care by “supporting people to have choice, control and independence”, providing an “outstanding quality of care”, and ensuring that “care is provided in a way that is fair and accessible to everyone who needs it”.

In 2022-23 adult social care had an **estimated economic contribution of £55.7 billion per annum to England**. The adult social care workforce has over 1.6 million jobs and is forecasted to grow by almost one-third by 2035.

Recruitment and retention of the workforce remain critical challenges within the sector. Despite a reduction, vacancy rates are at 9.9%, with an estimated 390,000 people having left their roles in 2022-23, with a third of them leaving social care completely (**the state of the adult social care sector and workforce 2023**).

In the summer of 2024, Skills for Care is publishing a comprehensive social care workforce strategy. These plans will help the sector to better support and adapt the workforce in light of how demand for social care, delivery, and the population’s expectations are changing.

This short paper draws upon insights gathered at a series of four roundtables SCIE held in autumn 2023 with care providers, commissioners, social workers and local authority Directors of Adult Social Services (DASS). Within it we highlight key elements from the discussions and making recommendations linked to four key themes which emerged.

- pay and reward
- international recruitment
- training
- retention.

There is clearly support for a social care workforce strategy and it will be welcomed across the sector, with the expectations being that the strategy will address pay within the social care sector to align it with comparator roles in the health sector. While international recruitment can help address shortages in the sector, it is not seen to be a panacea and so the workforce strategy must address how we grow and develop the social care workforce.

The role of commissioners is seen to be critical by many in the sector, in order to secure good outcomes for people drawing on care and support. Investment is needed to ensure commissioners feel valued and supported, and to develop and refine their skills enabling strong relationships to be built with care providers and local care markets to be shaped effectively. While there is a recognition that new or amended roles, with extended or changed responsibilities, may be beneficial for the sector, lessons should be learnt from the health sector. Further research would be needed to manage and mitigate new and emergent risks, to ensure the care provided and overseen by new or amended roles is safe.

Pay and reward

Low pay is known to be a problem for the sector with around 760,000 filled posts being directly affected by the recent increase in national living wage. The conversations at the roundtables highlighted the in-depth feeling across the sector that people do not want social care to continue as a low pay sector. Participants shared anecdotal examples of providers losing whole teams of care workers when an alternative provider pays 10p more an hour.

There was a general perception across all four round tables that healthcare roles (NHS) are better paid than those working for the council. Participants described a hierarchy where, despite having the same skills and expertise, individuals will look to move from the private sector to the public sector and then to the NHS. Care providers commented that care home staff will look for work within a local authority or the NHS.

Practitioners and managers shared that community and mental health teams (CMHT) in the NHS recruit using **agenda for change** pay bands, advertising similar roles at a higher band than the local authorities. This is particularly the case for occupational therapists (OT) and social workers.

In some local authorities, recruiting to OT roles is a major issue due to staff moving to the health sector for better paid opportunities. This is also reflected by the data from Skills for Care (**chart 17**) which shows that they estimated 11.4% of OT and social worker roles were vacant across 2022-23. One of the key suggestions that came out of discussions was to consider joint integrated dual roles of social workers and OTs between health and social care.

Providers felt that cost of living pressures impacted on people's decision to leave, and there is a need to align wages with the value of the work being done. Individuals felt that pay progression in a care home should be linked to the development of clinical care skills and ultimately a professional qualification. This would align with the recently published **care workforce pathway for adult social care guidance**.

During the commissioner round table discussions, we learned about the commitment in Cambridgeshire to pay real living wage and their plans to uplift provider contracts on this basis. As well as paying a real living wage, they explored offering incentives to providers in Peterborough and Cambridgeshire by negotiating with major retailers, inducing supermarkets, for staff discounts, as well as other incentives like holiday discounts.

All four groups including DASS, commissioners, social workers, and providers felt there is a need to be able to pay the social care workforce the real living wage, with sufficient investment for this to be fundable through the commissioning model.

International recruitment

International recruitment has been seen as a solution to recruitment challenges, but we heard that the scheme is actually a huge challenge itself and can be risky for care providers.

Some aspects of international recruitment are onerous and possibly unethical:

- Small providers told us that the administrative requirements for international recruitment are too onerous for them and that the scheme can be a challenge due to the process and risk for organisations.
- Providers expressed concerns that new providers have joined the market and are potentially exploiting people on the international licensing scheme. They were concerned about the ethics of some international recruitment practices and the effects on care quality.
- While providers are registered with a regulator, the group felt many new providers have not been inspected, and they were concerned that the prices charged by these new providers would mean either people would receive poor quality of care, or that staff recruited via the international recruitment scheme by new providers were being exploited.

Other concerns relate to the effects on care quality and safety and the need for appropriate support for new recruits:

- Providers highlighted that some people who are recruited internationally receive very little structured support when they move from one job to another. Discussions suggested a need for flexible work arrangements, such as allowing a work visa to run for three years instead of requiring another Home Office application if the worker leaves for another employer.
- There is a need to seriously consider a care provider's willingness and ability to be a sponsor. They reflected that it would help to have someone specifically in post to manage the intake of overseas workers.
- Providers told us that while the Scheme can help fill vacancies, many staff recruited require significant training and ongoing oversight. More investment is needed in training to help new employees in cultural expectations around how care is provided. For example, there can be cultural differences for international staff in relation to what is considered acceptable from a safeguarding perspective.

We also heard a few success stories about international recruitment:

- An example of innovative practice was shared describing how Greater Manchester is coordinating international recruitment across 10 boroughs. They are establishing a bank within the NHS that providers can draw upon and which oversees the admin and training activities related to international recruitment.

- Some providers shared that they have attracted good staff from international recruitment, particularly OTs and physiotherapists, although we heard nurses very often move into the NHS.

Training

A consistent theme highlighted at all four round tables was the importance of high-quality training for the care and support workforce. There is a perception that there are lower skill level occupations and lower pay in social care compared to health.

- One provider pointed out “[a] lot of training is available online, but the quality of training is not great. Care certificate training is available for low cost, but the quality of training does not focus on hands-on skills required on the ground”.
- Similar views were also shared by social workers and social work managers particularly around lack of professionalism in the training available for staff.
- The need for additional training was highlighted to improve the quality of recording and adoption and use of digital systems.

While training is needed, participants noted that given vacancy rates in the sector, having the capacity to release staff from substantive responsibilities to complete training and continuous professional development, can be an issue.

While many groups focussed on training for care providers, DASS also highlighted the need for strengthening skills in the following areas:

- strategic leadership
- developing and utilising peer support networks
- approaches to evidence-based procurement
- principles of ethical commissioning
- and practical application skills in adult social care commissioning.

The role of commissioners was seen to be critical, in securing good outcomes for people drawing on care and support and therefore good value for money. It was felt that there is a lack of any clear development pathway for commissioners that supports their professional development and enables commissioners to shape their local care market and build stronger relationships with both providers and people drawing on care and support.

While providers and commissioners accepted that allocation of resources for training and career development pathways could help to make the sector workforce stable, they also reiterated the importance of local Voluntary and Community Sector Enterprises (VCSE) and embedding the **Social Value Act** by bringing local organisations into the mix.

The need for developing a Systems Thinking approach was proposed, with suggestions that commissioners need to extend their collective thinking beyond direct social care sector provision, considering how the voluntary sector and local communities can also support people to retain their independence, and prevent or delay the need for care.

Retention

Providers and Social Workers agreed that staff turnover is high, with many vacancies still going unfilled. One of the key sentiments of discussion was that “retention is critical – not just recruitment throwing more people over the top at the Somme”.

Social workers told us that pressures on their roles have increased significantly. Cases are more complex especially where there are elements incorporating safeguarding, mental capacity and, given the delays to Liberty Protection Safeguards, the ongoing additional resource investment needed for the Deprivation of Liberty Safeguards. Individuals noted that the ‘front door’ to social services is very busy, with safeguarding sometimes being used as a pathway to access social services through the ‘back door’. Participants noted that this resulted in a feeling of being overwhelmed, which was impacting on colleagues who were leaving because of stress and low pay. Participants shared examples of the key challenges of high demand on services with limited staff capacity and limited time, including adult frontline assessment teams that have to fit everything into one visit due to high demand, which has impact on the quality of engagement.

Several other factors associated with staff turnover and staff shortages were shared:

- A concern about unintended consequences of appointing more unqualified, but highly trained roles, to address the inability to recruit to the vacancies.
- A sense that macro conditions around working hours, pay, feelings of being burnt out and stress are prevalent across the whole sector especially for homecare workers.
- Over-reliance on agency staff and temporary workers when high turnover and regular use of agency and temporary workers was increasing staff costs for many providers and could be negatively impacting on the continuity of care.
- However, there was acknowledgement that some local authorities are moving away from agency staff with job adverts being more attractive to enable permanent recruitment on good pay structures. One social work manager stated that “in London there is still a trend around agency culture due to competition. However, that is reducing slowly”.

The reflections we heard are supported by the findings in the [state of care workforce report](#), which highlighted that 33% of staff leave care worker jobs because they feel burnt out and stressed and 30% leave because they find better conditions and working hours elsewhere.

One of the critical points of discussion at all the roundtables was the need for the sector to be able to offer career pathway and apprenticeships not just for social workers but also for OTs. For example, social work managers mentioned that creating senior social worker roles to retain their staff has been beneficial. There were also suggestions of exploring joint integrated dual roles of social workers and OTs between health and social care.

Commissioners explained lack of funding and resources, differences in pay between entry level and experienced staff, and a lack of standardised, kite mark and transferable skills training and qualifications for care workers, are all limiting opportunities for progression in the

adult social care sector. They felt that to improve recruitment and retention, ensuring decent pay and progression, and job security are key.

While in other fora SCIE has heard that some employees find zero hours contracts suit their lifestyle, all four roundtables felt there was a need to encourage providers to avoid using zero hours contracts. The roundtables felt that the workforce should be allowed to work full-time with the flexibility of part-time contracts, and should have access to training in an ongoing way with support to achieve relevant qualifications.

As part of a wider approach to retention, participants felt there should be a focus on an Equality Diversity and Inclusivity strategy for the workforce. This might include various staff support groups, employee assistance and wellbeing programmes. Options such as yoga and mindfulness, as well as training, annual leave, coaching and career development to enhance retention were also mentioned.

Summary of recommendations

The workforce strategy should not seek to introduce roles with new, amended or extended responsibilities without these having been sufficiently researched to ensure they will not have detrimental impacts on the quality and safety of care.

The workforce strategy should:

Pay and reward

- Set out how it intends to tackle low pay within the sector and ensure experienced staff are rewarded for their skills and expertise.
- Consider aligning local authority salary benchmarking with the advertised salaries in health (**agenda for change**).
- Explore integrated dual roles between health and social care.
- Give guidance to align paid progression with the **care workforce pathway for adult social care guidance**.
- Promote resourcing for real living wage in commissioning models.

International recruitment

- Consider options to increase flexibility regarding work visas. For example, allowing a work visa to run for three years instead of doing another home office application if there is change of employer.
- Provide guidance for providers regarding engaging with the migration team regarding international recruitment, new asylum applications approved where there is right to work in the country.

Training

- Consider how best to develop new skills areas for the workforce such as digital and data technology while balancing virtual delivery of training and face-to-face practical learning.
- Address the support needed to improve quality of recordings and using digital systems.
- Consider a framework to strengthen commissioning including strategic leadership, evidence-based procurement, ethical commissioning, and practical application skills in adult social care commissioning.
- Develop transferable qualifications for care workers that evidence their transferable skills across roles in the adult social care sector.

Retention

- Encourage providers to stop using zero hours contracts.
- Ensure a meaningful focus on an Equality Diversity and Inclusivity strategy for the workforce.
- Promote a culture that emphasises retaining their staff not just cyclical recruitment.

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