How Policy Can Develop a Well-Trained Cadre of Long-Term Care Workers: International Learning from the English Social Care Workforce Reforms

The Adult Social care Staff Evaluation of Reforms to Training (ASSERT)

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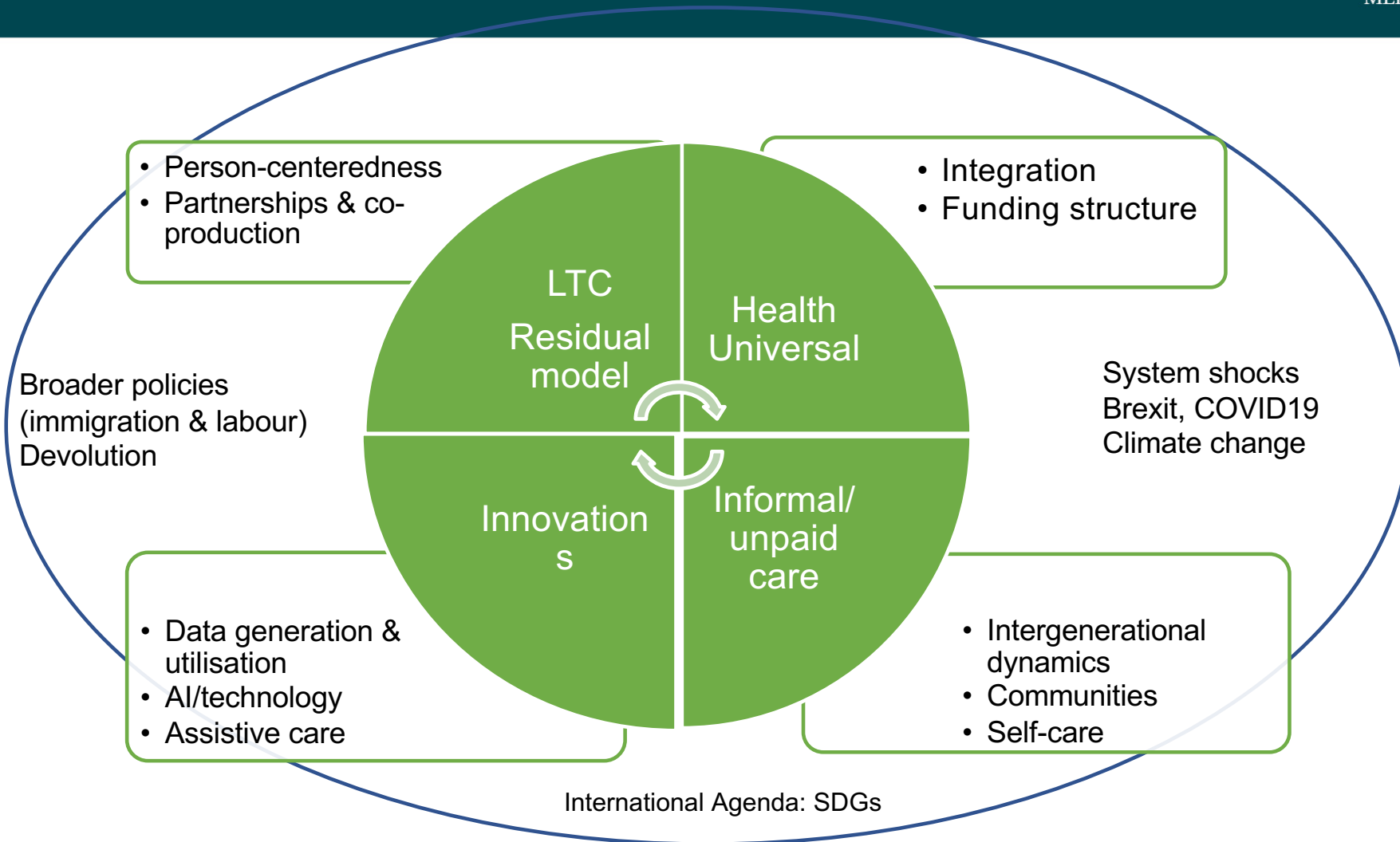
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Social Care Policies in the UK

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- Person-centeredness
- Partnerships & co-production

- Integration
- Funding structure

LTC
Residual model

Health
Universal

Broader policies (immigration & labour)
Devolution

System shocks
Brexit, COVID19
Climate change

Innovations

Informal/ unpaid care

- Data generation & utilisation
- AI/technology
- Assistive care

- Intergenerational dynamics
- Communities
- Self-care

International Agenda: SDGs

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The UK social care workforce

In adult social care in 2022/23 there were

an estimated
1.635m filled posts

equivalent to an estimated
1.52m people
working in these posts

working for
18,000 organisations

at
39,000 establishments

and there were
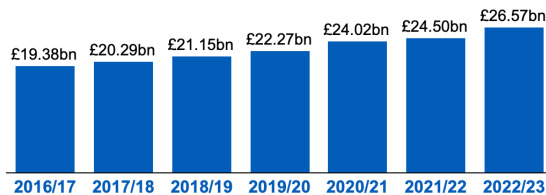**69,000 individuals employing their own staff**
using direct payments

Economic contribution

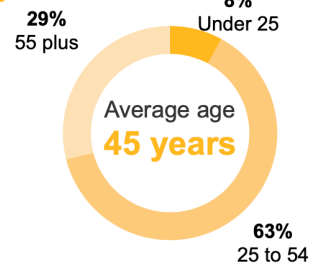The economic contribution of adult social care to the economy in England in 2022/23 was
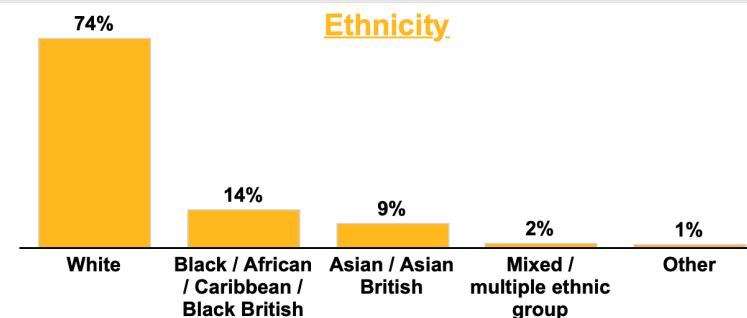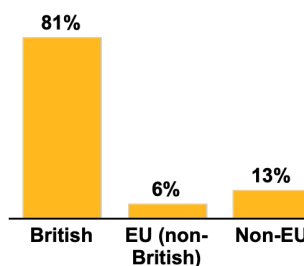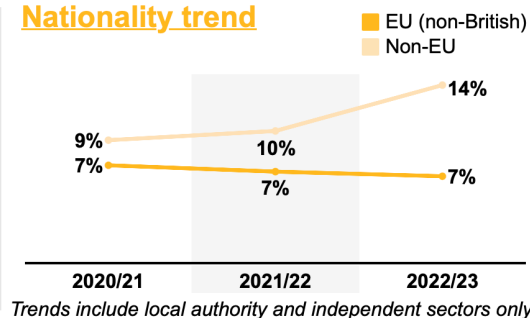
£55.7 billion

Wage bill trend

2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
£19.38bn	£20.29bn	£21.15bn	£22.27bn	£24.02bn	£24.50bn	£26.57bn

Age

8% Under 25

29% 55 plus

Average age **45 years**

63% 25 to 54

Ethnicity

White	Black / African / Caribbean / Black British	Asian / Asian British	Mixed / multiple ethnic group	Other
74%	14%	9%	2%	1%

Nationality

British	EU (non-British)	Non-EU
81%	6%	13%

Nationality trend

EU (non-British)
Non-EU

	2020/21	2021/22	2022/23
Non-EU	9%	10%	14%
EU (non-British)	7%	7%	7%

Trends include local authority and independent sectors only

Gender

81% of the workforce were **female**

19% of the workforce were **male**

- Motivations to join the sector
- Working conditions
- Wellbeing at work
- Task & role expansion
- Care quality

Image source: Skills for Care (2023)

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Adult Social Care Workforce Reforms

- In 2023, the UK government proposed <u>Adult Social Care Workforce reforms in England to address recruitment and retention issues</u>

- Focus on workforce training and upskilling.

Reforms comprise:

  ➢ New Care Certificate as a standardised and recognised qualification,
  ➢ Funding for training and qualifications for the workforce
  ➢ Structured Care Workforce Pathway
  ➢ Digital Skills Passport to reduce training repetition
  ➢ Delegated Principles

- This study examines the purpose of the reforms and the prospective challenges associated with their implementation.

Methods

- Mixed-method preliminary study.
  - Scoping evidence review (literature and policy documents)
  - Semi-structured interviews with national policymakers and NGO representatives.

- Consolidated Framework for Implementation (CFIR) model was used as a conceptual framework.
  - Domains: Inner setting, Outer Setting, Process, Intervention Characteristics, and Individual Characteristics

- Short-term, formative research to inform the co-design of a more comprehensive mixed method evaluation of the workforce reforms later in 2024.

CFIR domain	Semi-structured interviews (England focused)	Rapid review (high income countries)
Intervention characteristics	• Design of the reforms - concerns regarding access for migrant workers, those with English as a second language and PAs/live-in carers • Reforms are an improvement on existing approaches e.g. Digital Skills Passport increases portability; standardised Care Certificate	• Role of training in staff retention and job satisfaction, associated with elevated morale, reduced burnout and increased service longevity.
Outer setting	• Sector wide issues - lack of pay uplift and risk of staff mobility to the NHS	• Sector wide issues - lack of funding, staff shortages
Inner setting	• Organisation preparedness for implementation – disparities according to sized employers and settings; resource capacity and infrastructure	• Capacity within organisations to deliver interventions is a significant barrier to effective implementation of these sorts of complex changes in long-term care settings
Individual characteristics	• Engagement from sector; relies on employers with innovative leaders in to facilitate policy adoption	
Implementation process	• Reforms are voluntary – no regulatory lever could hinder adoption	• Potential positive relationship between training and enhanced care quality in care. • Difficulty in translating knowledge to behaviour change were noted

➢ Training may improve quality of care for the client as well as staff wellbeing.

➢ Local level factors influencing effectiveness:

- Disparity between organisation size and setting. Large organisations have established career pathways and HR support and care homes have registered managers and nurses on site which makes for a more conducive environment for training
- Training accessibility and applicability disparity

➢ National level factors influencing effectiveness:

- Need for addressing pay and mobility of staff for training to be effective.
- Political change, policy direction and lack of national level funding. Inhibit progress

➢ Currently shaping the design of longitudinal (2- years) care-control evaluation

Implications: a dynamic policy landscape

1. Equitable access to training and development for those working in diverse care settings, thereby addressing the career pathways of all social care workers.

2. Workforce development initiatives need to be adapted to the social care sector's unique features.

3. Need for research to track the long-term effects of these reforms and inform future policy adaptations.

4. The devolved nature of care policies results in some variations at the four nation level- however, UK broader policies (esp. immigration and labour) limit the autonomy of change

5. Social Care reforms intersect with other policy reforms to affect care workforce change

6. Care workers have limited influence on policy dynamics but are the most affected, with potential implication on their wellbeing and the quality of care they provide

7. Need a comprehensive strategy actively involving all stakeholders

International learning

- ➢ Policies can **be driven** by change and **drive** change – not always planned or anticipated
- ➢ The significance importance of context, status of care work and its evolving nature
- ➢ Care markets are not free markets – the power of state commissioning / the limited power of workers and users
- ➢ Care policies can not be isolated from broader (intersecting) policies and other mega trends (demography, mobility and technology)
- ➢ The balance between local (tailored) and central decision power and authority
- ➢ Funding sources, structure & allocation
- ➢ Training and career development are important aspects but can not be isolated from the working conditions and pay across the sector
- ➢ Inequalities and diversity- differentiated impacts

Thank you for listening

Happy to respond to questions

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