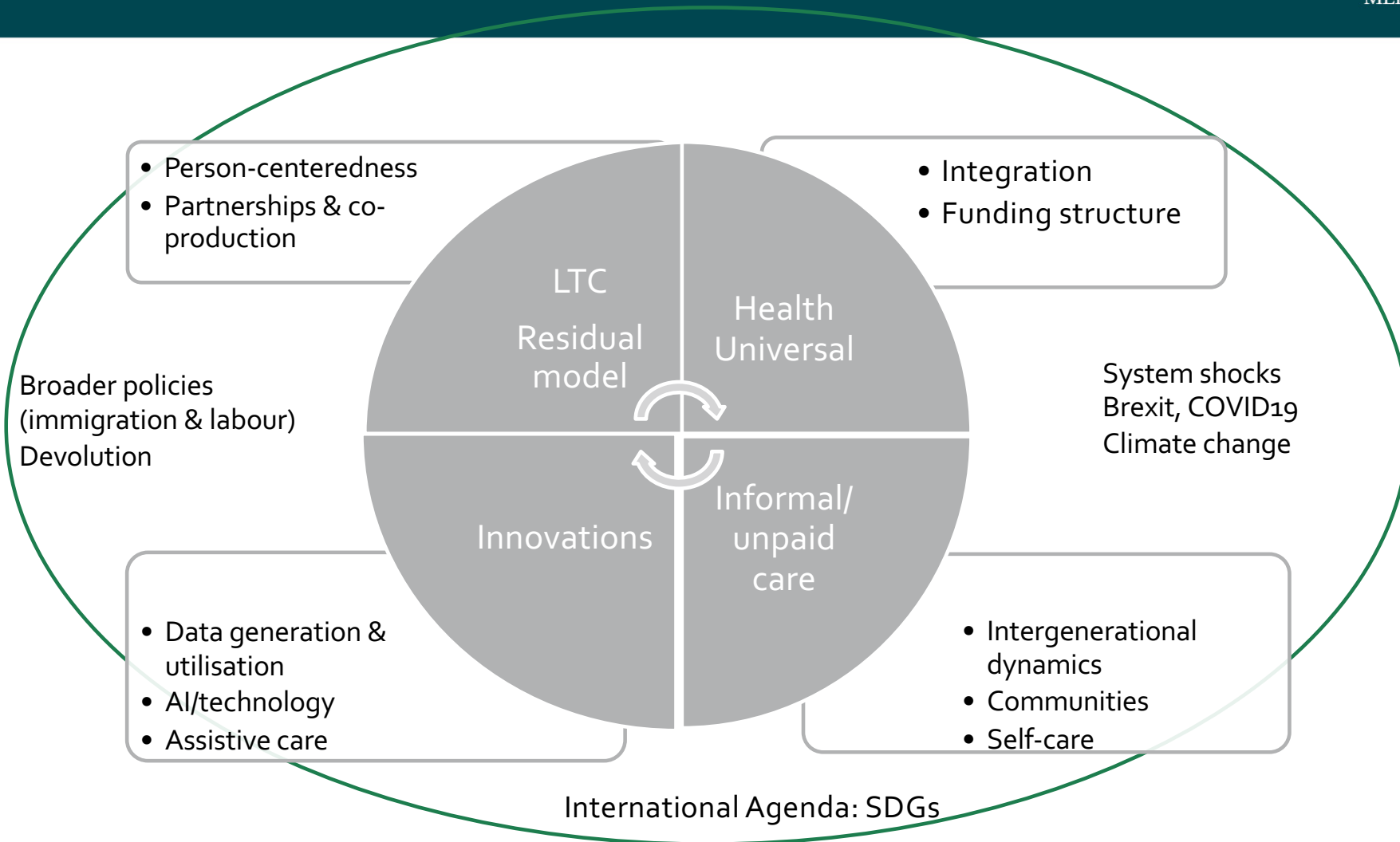# Enhancing the UK Long-Term Care Workforce in the UK: International Learning from ASSERT and ASCK-WELL Projects

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Social Care Policies in the UK

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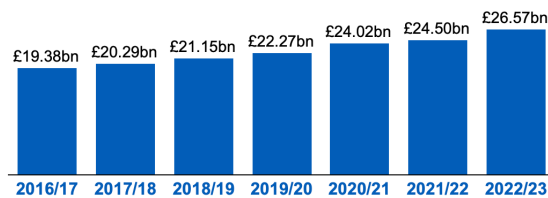**69,000 individuals employing their own staff**
using direct payments

Economic contribution

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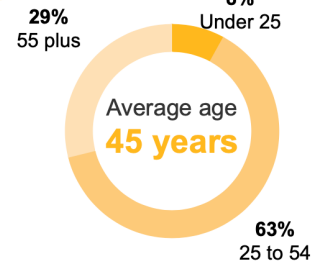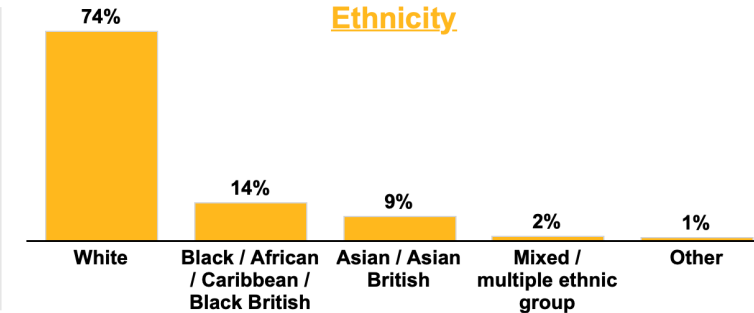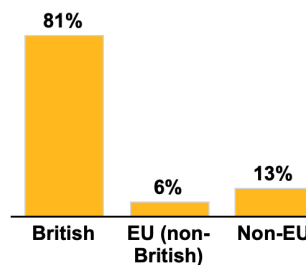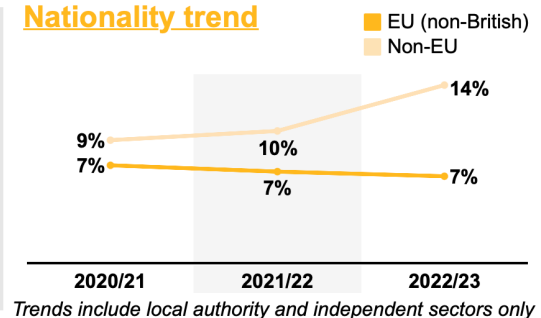
£55.7 billion

Wage bill trend

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

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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Structure and focus of the presentation

➢ Drawing on two current studies: The Adult Social care Staff Evaluation of Reforms to Training (ASSERT) And the Social Care worK-related quality of life (ASCK-WELL)

➢ The complex and dynamic nature of social care and related policies and their implications on the care workforce

➢ Evaluating the new social care reforms

➢ Developing a scale to support enhancing the wellbeing of care workers

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

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Co-I
Prof Nicholas Mays

Co-I
Prof Richard Grieve

Co-I
Dr David Lugo Palacios

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Meherunissa Hamid

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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

Key Findings

➢ 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

Developing a validated scale for Adult Social Care worK-related quality of life (ASCK-WELL)

Shereen Hussein, Sarah Smith, Mirza Lalani,
Karolina Gerlich, Nadra Ahmed, Fiona Lerigo, John Correa

A collaboration between:
London School of Hygiene & Tropical Medicine
The Care Workers Charity,
& The National Care Association

ASCK-WELL Study- Research Team

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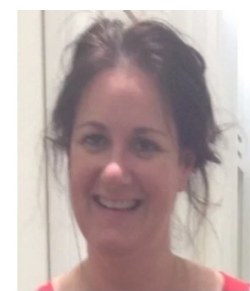Smith
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John Correa
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Why Care Workers' Wellbeing is Important

❖ Recruitment & retention

❖ Attracting talents

❖ Productivity

❖ Quality of care & users' satisfaction

ASK-WELL Advisory Group & Project Team Members

People with lived experience
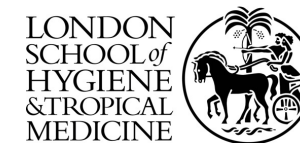- Lynne Linehan
- Kinga Milankovics
- Brian Grover

Social Care and Relevant Stakeholders

Funder (NIHR- RfSC)

To be Invited
- 2 care workers
- IMPACT Centre

International research

Research Team

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Advisory Group Terms of Reference

Objectives:

- To provide advice to the project team on all appropriate aspects of the project

- To consider the progress of the project and advise on new information of relevance to the research question

- To provide expert input and guidance to support the project team.

Engagement:

- Provide feedback on updates and outputs from the researchers

- Advise on methodological / analytical challenges and on the interpretation of results

- Advise on risks and opportunities

- Identify opportunities for knowledge mobilisation and support knowledge mobilisation activities.

Meetings:

- We plan to meet four times over the course of the project (March 24 – March 26)
- The first meeting is planned around September 2024

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ASCK-WELL Aims and Methods

AIMS

➢ RO1: Finalise a conceptual framework to describe care work-related quality of life (CWRQoL)

➢ RO2: Develop questionnaire items to reflect every component of the final conceptual framework

➢ RO3: Establish the extent to which the new instrument is psychometrically (scientifically) robust

➢ RO4: Develop a practical implementation plan to improve the utility and uptake of the new instrument

METHODS

➢ A mixed-method design

➢ Qualitative group and cognitive interviews to finalise the conceptual framework, questionnaire wording, and structure.

➢ Both modern Rasch-based and classical psychometric methods

➢ A work-strand of engagement with regular communications and three roundtable discussions to co- develop an impact logic model (to utilise the tool in practice)

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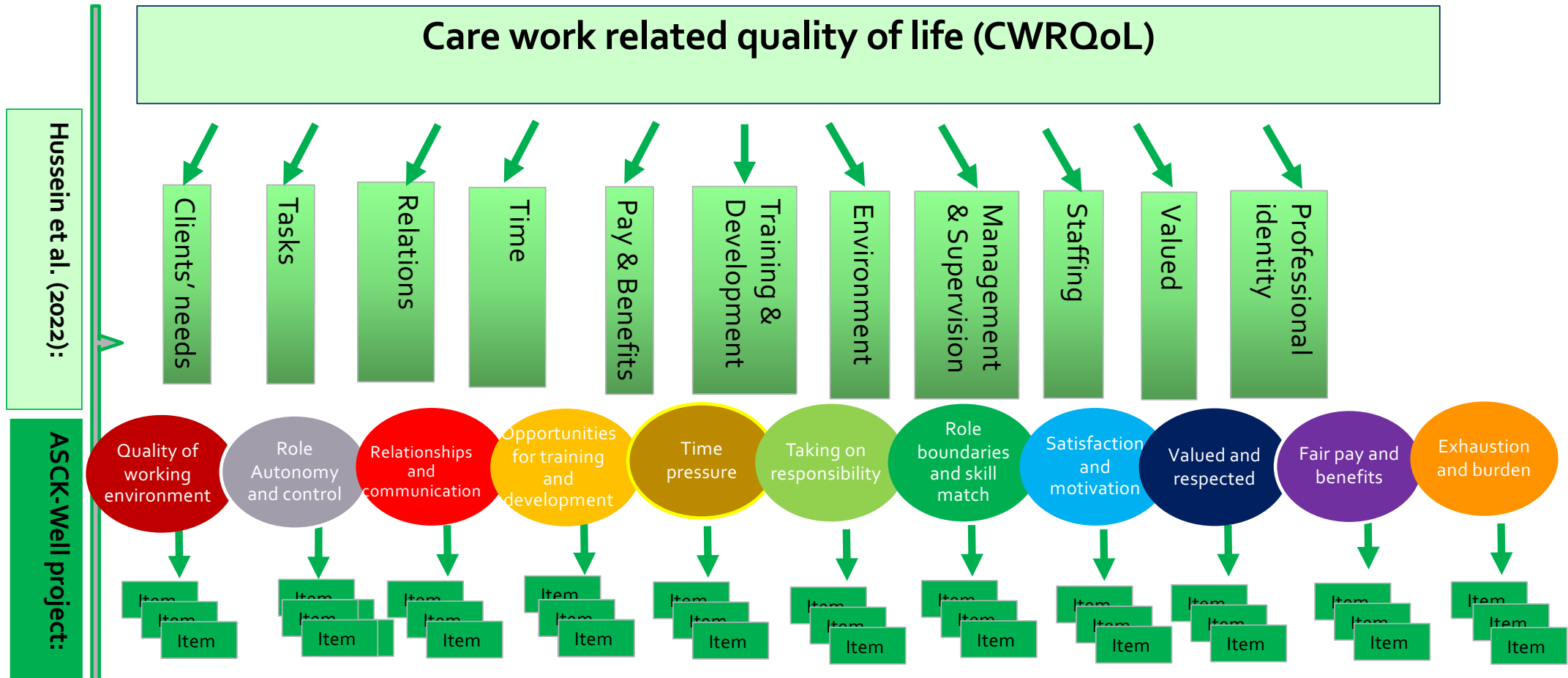# Previous work: Initial conceptual framework

Financial Wellbeing	2 sub-domains: 1 -Job security; 2 - Having enough money to meet needs
Mental Wellbeing	3 sub-domains (6 items) : 1- Burnout/exhaustion (3 items); 2- Satisfaction/motivations (2 items); 3- Impact of clients' loss (1 item)
Physical Wellbeing	4 sub-domains: Physical injuries; Adequate equipment to do work; Physical health (aches & pains); Impact on health behaviour (sleep, diet)
Organisational Features	5 sub-domains (11 items): 1- Sufficient staffing (1 item); 2- Management & supervision (3 items); 3- Working environment (2 items); 4- Training & Development (4 items); 5 – Pay & Benefits (1 item)
Nature of care work	4 sub-domains (16 items): 1- Time (4 items); 2- Relations (5 items); 3- Tasks & Responsibilities (5 items); 4- Care client's needs (2 items)
Recognition of Care Work	2 sub-domains (5 items): 1- Feeling valued and respected by (4 items); 2- Professional identity
Work-life spill-over	3 sub-domains: 1- Work limits out of work activities; 2- Positive mood from work improves personal life; 3- Negative work-related thoughts stays out of work

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Societal recognition of care work

Professional identity

Valued

Care Organisation Characteristics

Staffing

Management & Supervision

Environment

Training & Development

Pay & Benefits

Nature of Care Work

Time

Relations

Tasks

Clients' needs

Emotional Wellbeing

Social Wellbeing

Environmental Wellbeing

Financial Wellbeing

Physical Wellbeing

Spill over

Wellbeing in life beyond care work

Source: Hussein et al. (2022)

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Where are we now?
Finalising conceptual framework and developing items

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Care work related quality of life (CWRQoL)

Hussein et al. (2022):

- Clients' needs
- Tasks
- Relations
- Time
- Pay & Benefits
- Training & Development
- Environment
- Management & Supervision
- Staffing
- Valued
- Professional identity

ASCK-Well project:

- Quality of working environment
- Role Autonomy and control
- Relationships and communication
- Opportunities for training and development
- Time pressure
- Taking on responsibility
- Role boundaries and skill match
- Satisfaction and motivation
- Valued and respected
- Fair pay and benefits
- Exhaustion and burden

Item Item Item (repeated under each category)

Qualitative phase

- Refining of conceptual framework to ensure content validity of instrument
    - Exploring already identified domains in more detail
    - 4-5 group interviews
    - Identifying and addressing any gaps
    - Thematic analysis

- One to one mapping (cognitive interviews) from components of conceptual framework to items on questionnaire
    - Pre-testing (item clarity, no ambiguities, response options and time frame understood as intended)

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Instrument Impact Logic Model

- Round table discussions to co-produce a tailored impact logic model to enhance the utility of the ASCK-WELL instrument (months 1-4)

- Actively employ the logic model to enhance uptake (leads: NA/CG, months 11-12 then 21-23)

- Co-produce a user manual (collaborating with SfC, months 21-23)

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACT
A validated ASCK-WELL scale & co-produced user manual	Group discussion, presentations & co-production activities. Steps to convey the scale's purpose. Identify opportunities for scale's utility.	Co-produced blogs, articles, practice & academic presentations. An accessible guide to employers & stakeholders	A fully utilised valid instrument tailored to the diverse needs of the sector. Applied in practice and research.	A sector able to design adequate interventions. Improved workers' QoL at work Improved recruitment & retention. Improved care quality.

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Psychometric methods – why it matters

- Paradigm shift – from classical test theory to modern psychometric methods (based on Rasch measurement theory or item response theory)

- Classical psychometric methods produces problematic scores because:
  - potentially imprecise and inaccurate
  - not truly interval
  - not "invariant" making understanding and interpretation impossible
  - cannot be used at the individual level (and therefore not useful to a clinician)
  - not helpful/meaningful to the respondent (care worker)
  - conceptual framework is not always retained

- Using Rasch based psychometric methods:
  - potentially produces scores that are accurate, precise, invariant, truly interval, can be used with individual care workers and meaningfully interpreted

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- Rasch-based psychometric analyses will determine how robust the new instrument is by addressing the following questions:
  - do the response categories work as intended?
  - do the items map out a continuum from high levels to low levels of CWRQoL?
  - do the items work together?
  - do the responses to one item bias responses to another item?
  - is the performance of items stable across relevant groups (do the items perform in a similar way irrespective of gender, age or work setting (home care vs care homes) of the respondent)?

- Initial analysis to identify any likely anomalies – solutions/new wording for problem items generated through focus groups with care workers

- Full field test to establish final measurement properties of the instrument and responsiveness (sensitivity to change) @DrShereeHussein

Project timeline

Research workstrands and tasks	2024												2025											
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Workstrand 1: Content validity																								
Task 1 - Finalising the conceptual framework																								
Task 2 - Developing questionnaire items																								
Workstrand 2 : Initial Instrument Evaluation																								
Task 1 - Initial psychometric evaluation of item																								
Task 2 - Resolution of anomalies																								
Write up (WS 1&2)																								
Workstrand 3: Final psychometric evaluation of the new scale																								
Task 1 - Item fit, validity, reliability and stability																								
Task 2 - Responsiveness analysis																								
Workstrand 4: Applying activities of the impact logic model																								
Task 1 - Developing an impact logic model																								
Task 2 - Applying activities of the impact logic model																								
Task 3 - Co-producing an instrument user manual																								
Write up (WS 3&4)																								

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ASCK WELL Current Progress

- Ethics approvals granted
- Conceptual framework being finalised

Next steps
- Group interviews to resolve ambiguities (June)
- Draft items based on 1-1 mapping with conceptual framework (July)
- Cognitive interviews to pilot instrument (July)
- Data collection for psychometric evaluation (August)

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Future research capitalizing on ASCK-Well

- Utilise the final scale in research & practice
  - relationship between CWRQoL and key outcomes (for the workforce and care delivery)
  - impact of different workforce interventions, including support initiatives
  - impact of policy reforms on CWRQoL (SC & broader policy, e.g. immigration & employment)
- International comparative studies
  - from month 12 of ASCK-Well, we can start to develop collaborations for cross –cultural evaluation of the instrument

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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

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Thank you for listening

Happy to respond to questions

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