Stakeholder expectations of the social care workforce

Simon Bottery
Mark Moulding
Tuba Azimi
Davina Figgett

Stakeholder expectations of the social care workforce

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

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 0 6epr 4.100mmce are

Carers	We did not identify speci c 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.

3. Wider health and care issues with implications for workforce

Integration	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. There is literature on the need for workforce planning across health and social care and some discussion of the potential for exible deployment of health/care staff e.g., place-based teams, health tasksf erebe nee

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

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 signi cantly 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.

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