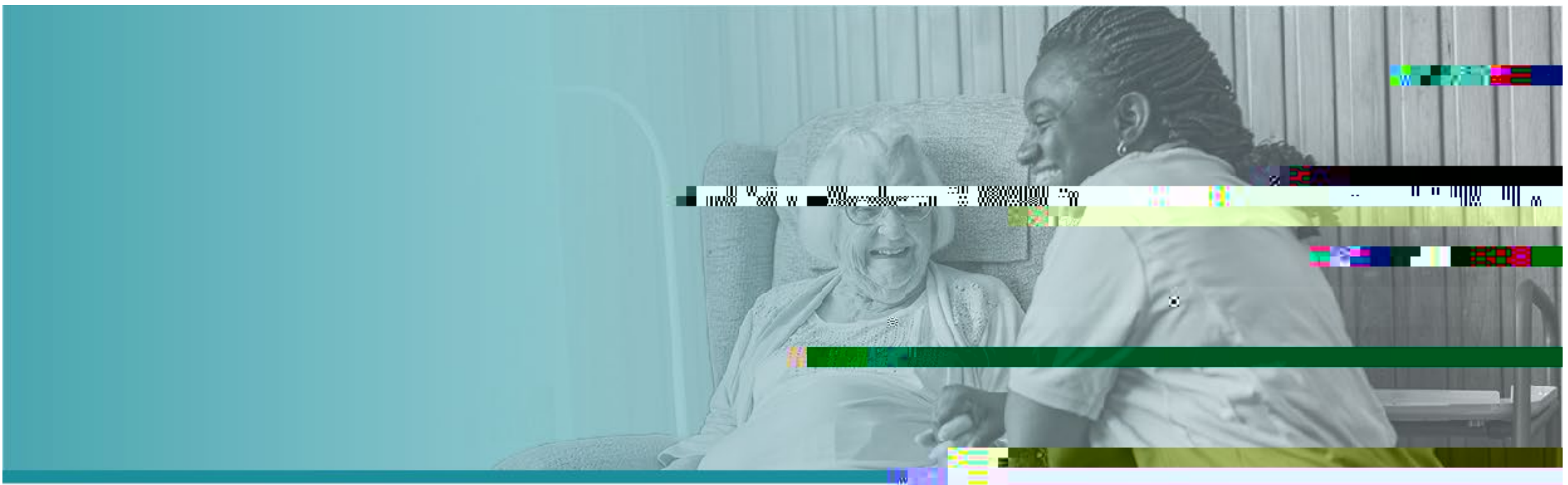
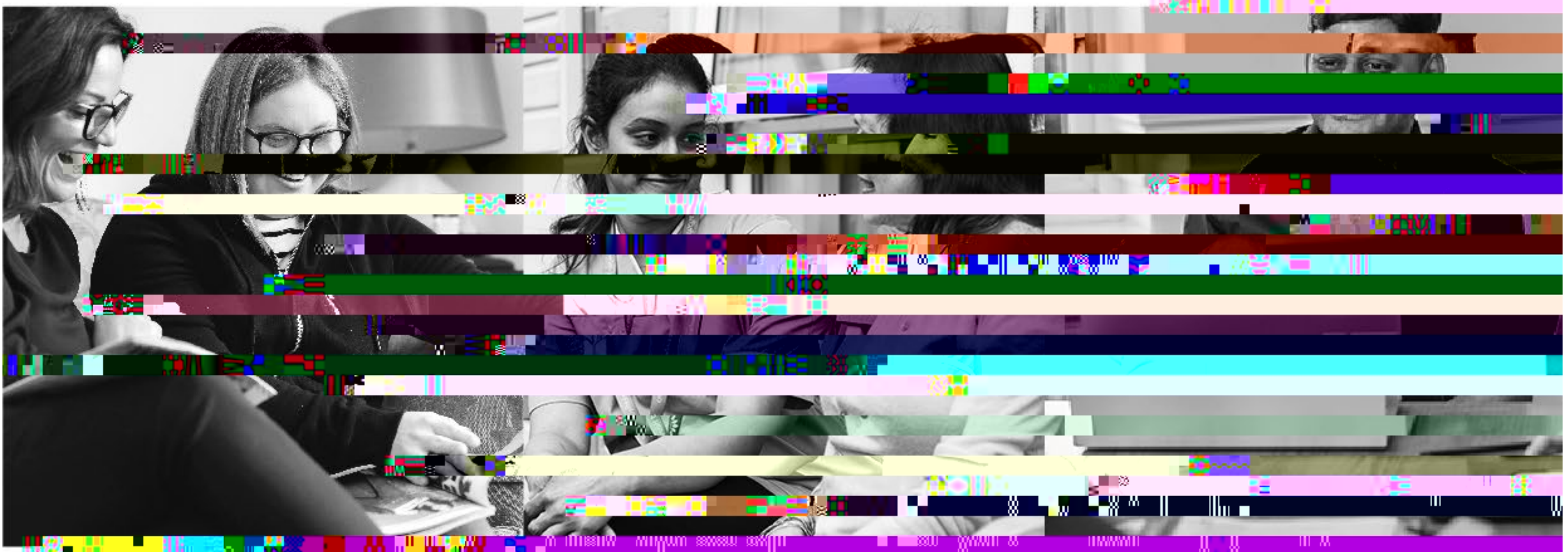


A Workforce Strategy

for Adult Social Care in England



July 2024

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And it is not just numbers – our needs are changing too. More of us are expected to have dementia in the future, mental ill-health, multiple health issues - and more people with learning disability and autism are living into old age.

Partners in the Workforce Strategy have come together now because this is urgent. We must change things to make sure that, over the next 15 years, there are enough people working in social care with the right training, skills, qualifications and pay to meet the changing and increasing needs of our population - and that those people are valued in their roles. Making social care more attractive as a place to work in an increasingly competitive global labour market is going to be even more important in the future.[4] [5] That is why this Strategy is focusing on the changing shape of care, the changing shape of education and the changing shape of work g sicpoe

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We need a relationship between the social care sector and government, founded on mutual respect and a desire to improve outcomes for people drawing on services and the 1.6m people working in the sector. In social care, where no one body owns all the levers, uniting around this shared vision and Strategy becomes even more important.

This Workforce Strategy seeks to strike a balance between urgency and hope. It acknowledges the challenges but focuses on building a better future for social care. We owe it to people being supported today and to future generations who will draw on social care to get this right.

Professor Oonagh Smyth and Sir David Pearson
Co-chairs of the Workforce Strategy Steering Group.

2. Executive summary

This Workforce Strategy was developed by Skills for Care in collaboration with the adult social care

We have costed the recommendations wherever we can – and have tried to make them as cost-neutral as possible. However, it has not been possible to definitively cost all recommendations, due to variability from factors including the level of ambition in implementing the Strategy, the approach to prioritisation, the effectiveness and efficiency of implementation, and unknown central government costs.

Some actions will have a more immediate impact on workforce capacity, such as pay or international recruitment. Others, such as supporting career pathways and professionalisation, will take longer to make an impact but need to start at once so that, when we need people, we have them and we keep them.

None of this will happen consistently, and with the laser-like focus that it will need, without the infrastructure to support it. We are recommending, as a steering group, that we have one body outside of government - but directed by and supported by government - to lead the implementation of this Strategy and further iterations.

3. Summary of recommendations and commitments

Attract and retain

Joined-up, consistent action on pay. Central government (lead) with local government, unions and employers. (2024)

Regulator support for workforce wellbeing and equality, diversity and inclusion. CQC.
Create Workforce Strategy employer champions. Commitment - Skills for Care and provider representatives.
Retain more internationally educated registered nurses working in social care through pathways, support and regulation. Nursing and Midwifery Council (NMC); CQC; DHSC.
Implement the Social Care Workforce Race Equality Standard (SC-WRES). Skills for Care and partners (commitment); DHSC; Ministry of Housing, Communities and Local Government; Department for Education (DfE) and CQC. (From 2024)
Improve wellbeing through guidance, training, NHS Health Checks, regulation and awareness-raising. Sector and health organisations (2024, 2025, ongoing); DHSC (2025); CQC (From 2025).

Train

Regulator to signpost to what good looks like in learning development. Commitment - CQC and Skills for Care. (2024, ongoing)
Expand skills through the Care Workforce Pathway. DHSC and Skills for Care. (Starting 2024)
Continue funding to support delegated healthcare activities. DHSC with the sector. (From 2024)
Continue funding for new skills. DHSC. (Annual)
Develop Leaders through a framework for Directors of Adult Social Services (commitment - Skills for Care and Association of Directors of Adult Social Services (ADASS) and partners) **and continue investment in the leadership programme for regulated professionals** (DHSC). (2025)
Streamline and communicate mandatory training requirements. Commitment - Skills for Care and CQC. (2025)
Continue the Care Certificate and support uptake. DHSC. (From 2024)
Ensure level three competence for direct care staff. DHSC and Skills for Care. (2025, ongoing)
Overhaul social care apprenticeships. Expert partners, commissioned by DfE. (2025)
)

4. Context

While we recruit many people into social care - 400,000 started roles in the independent and local authority sectors in 2023-24 – 330,000 also left their roles. Much of this turnover is estimated to be attributable to churn, with staff moving between roles in the sector, 59% of starters were recruited from within the sector and 41% from outside the sector. This contributes significantly to overall recruitment

Workforce support bodies: Skills for Care is the workforce development and planning body for social care and has a key role to play in convening, implementing and supporting the Workforce Strategy.

This Strategy is a starting point because we must acknowledge the uncertainty and commit to repeating the process as we learn more and as the context changes. The modelling and analysis should be treated as strategic insights to inform actions, policy choices and recommendations.

Skills for Care and all the partners involved in the Steering Group are deeply committed to supporting the implementation of the recommendations in this document and to lead a transformation in adult social care.

It is worth noting that final production of the Strategy took place in spring/summer 2024, ahead of the July 2024 general election. While some commitments can be delivered without a government mandate, recommendations are intended as our best advice to Government on helping establish fair, sustainable and essential measures to maintain the social care services that so many in this country depend on.

We took a pragmatic approach in terms of what we could model and made some assumptions. We can model current workforce supply and need trends (including vacancies and upcoming retirements) and model the impact of changes like better pay and use of technology on staffing levels. However, it is difficult to predict future unmet need or the impact of social care policy changes, and so (m)-3 (enhnener)1CID 6 imereng lo
and the wider sector.

It is important to recognise the interdependence between this Strategy and tHS Lo 6 Term Workforce Plan.
[21] This recognised (m)-3 (l)6people's careers can sphealth8 and social care and thatocial care sector staff are critical to the overall provision of NHS services and care. Acknowledging this interdependency, if we want to tackle

At a glance: organisations in social care in England

5. Drivers of change in care, work and education

We have reviewed the trends in the provision of adult social care in recent years and set out some assumptions here. They look at three essential elements of a workforce strategy – the shape of care, the shape of work and the shape of education.

As part of the strategy development, a sub-group of the Steering Group explored service assumptions for the next 15 years, supported by The King's Fund. The full summary of this thinking can be found in the Service Assumptions report.[22]

The shape of care

Given changing needs, we would expect integration between health and social care and the ambitions of the Care Act to remain important. This means that we will need an integrated workforce that focuses on personalisation, prevention and wellbeing.

Prevention and hospital avoidance were priorities for everyone we spoke to, and particularly for people with experience drawing on care and support. People working in social care have a key role in prevention, including avoiding people going into hospital. If policy makers do not focus on primary prevention and public health, it is likely that the need for the social care workforce will grow as needs increase and independence reduces. This is likely to mean that people working in social care will need the skills and time to support people before their needs escalate and we will need new skills, roles and ways of working.

Integration: The aim of integrated care is to join up health and care services for individuals and carers and to deliver care that meets people's personal needs. From a workforce perspective, this is likely to mean we need more people in particular roles (registered nurses, nursing associates and occupational therapists, for example), joint training, integrated teams, developing more clinical skills in social care and rewarding those skills and career development pathways between health and social care. It will mean building cultures where people working in social care are valued for their unique strengths, where we promote collaboration over competition and our leaders champion integration and collaboration.

We might need different roles and skills to support people with their mental health. We are seeing a growth in the number of people with mental ill-health and a call for legislative reform which would lead to changes in statutory responsibilities for health and social care organisations. This needs to be factored into workforce development as we might need new roles, more roles or different skills.

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We are likely to need different roles and skills in technology. Demand for social care is increasing, with a projected need for an extra 540,000 posts by 2040. Advancements like AI-powered care are re-shaping care. We need to adapt to developments (including technology-enabled care and AI) which is likely to mean new skills and new roles.

We will need new and different roles and skills as needs change. In 2016, 18% of the population was over 65, and this is projected to reach 26% by 2066 (an increase of 8.6 million people, roughly the equivalent of London today). People over 85 will double to 4% by 2041 (just after the end of this Strategy) and treble by 2066.[23] Two-thirds of over-65s will have multiple health conditions and a third will have mental health needs.[24] The number of people with dementia is expected to rise by 43% by 2040 (from 982,000 today to 1.4m by 2040).[25] The population of adults with a learning disability in England is 956,000[26] today and that is projected to grow.[27] It is estimated that 30% of people with Down's Syndrome over 50 will develop dementia, increasing the need for social care. All of this is likely to mean an increasing need for bespoke skills.

We can expect a greater proportion of future need to be met in the community. Since 2015-16, more people are being supported at home and local authorities are spending more on community services as a proportion of their social care spend. There has been a decline in nursing beds and successive policy positions by ADASS suggest that, while there may or may not be a continued decline in the use of care home beds, it is reasonable to assume that a greater proportion of future additional need will be met in the community.

We will need more personal assistants. Despite personal budgets being in existence since 1997 and encouragement in the Care Act for increased choice and control, personal budgets are levelling off and the use of personal assistants has not grown, despite a growth in the overall workforce. We might anticipate that the expectation of people having choice and control will continue and the need for personal assistants will continue. Many actions which will impact on the number of personal assistants sit outside the scope of this Strategy (encouraging uptake of personal budgets, supporting commissioners and others to understand direct payments better, showcasing the use of direct payments and their impacts) but will be important if we are to see more personal assistants enter the workforce.

We might need more people working in social care if charging reform goes ahead. If charging reform changes the balance of responsibility in paying for care and leads to more state-funded social care, we will need more staff (such as social workers) to undertake the growth in complex care and finance assessments that will

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[23] https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13

[24] https://evidence.nihr.ac.uk/alert/multi-morbidity-predicted-to-increase-in-the-uk-over-th [illegible]

be needed as part of the Care Act requirements. The impact of this on the workforce will depend on how the reforms are implemented.

The system depends on unpaid carers. There are around 4.7 million unpaid carers in England[28] - around 9% of the population (although many estimate this to be higher). Although unpaid carers are outside of the scope of this Strategy, they are vital in supporting the care system. If unpaid carers were not supporting their family and friends, it would have significant personal, economic and workforce implications.

The shape of work

Expectations of work are changing. People providing social care support want more time to care, build relationships, learn and live. In the next few years, we will see a spike in the number of 18 year-olds in England that will not be seen again for decades.[29] They will be the most racially and ethnically diverse generation in history - motivated by purpose, passion and pride and with salary and work/life balance being seen as equally important. While attracting and keeping a highly engaged workforce is getting harder, social care can meet these needs, offering a huge opportunity for the sector.

The shape of education

We are seeing some trends in education that we must be ready for, including:

Tech infusion: technology will become a bigger part of teaching and learning.[30] Online learning is likely to continue to grow. Artificial intelligence might personalise learning experiences, show student strengths and weaknesses and even provide targeted support.

Focus on soft skills: while core subjects are still important, more emphasis is being placed on developing critical thinking, communication and teamwork skills.[31]

Microlearning: bite-sized learning chunks are gaining traction.[32]

Lifelong learning on the rise: the need to constantly adapt and learn new skills is becoming a reality. We would expect to see more opportunities for ongoing education throughout a person's life.[33]

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28 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021#:~:text=1.-,Main%20points,over%2C%20in%20each%20country%20respectively.

29

30 https://technews180.com/blog/edtech-trends-2024/

31 https://www.oecd.org/education/2030-project/

32 https://elearningindustry.com/the-rise-of-microlearning-transforming-the-way-people-learn

33 https://ilcuk.org.uk/wp-content/uploads/2024/02/Final-copy-lifelong-learning-report.pdf

6. The workforce in adult social care today

Staffing and vacancy rates

The social care workforce has grown by 210,000 (14%, or an average of 19,000 a year) since 2012. But, if we need to recruit an extra 540,000 posts by 2040, that equates to an average of 36,000 new posts every year from 2025 – and more than that over the next 10 years, when the over-65 population is forecast to grow more sharply. This does not consider the high turnover rate, which was 28.3% across the sector in 2022-23 and even higher for under-20s and registered nurses at 54% and 32.6% respectively. It also does not consider a high vacancy rate of 8.3% in 2023-24 (which is even higher for registered managers, nurses and care workers) which makes filling these positions even harder. This strains existing staff and affects the quality of care provided.[34]

Figure 2: Estimated vacancy rate by sector, 2023-24. Source: Skills for Care estimates, NHS Digital, ONS Vacancies Survey.

Demographics of the workforce

The adult social care workforce lacks gender and age diversity. In 2022-23, the workforce gender split was 81% female and 19% male. We need to encourage more men into social care. Average age was 45, with 29% aged over 55, potentially nearing retirement. While diverse ethnicity exists, it is not reflected in leadership positions.

[34] We need to factor in workforce growth in general when considering vacancy rates, but we use them here as they are easily understood as a measure by the public.

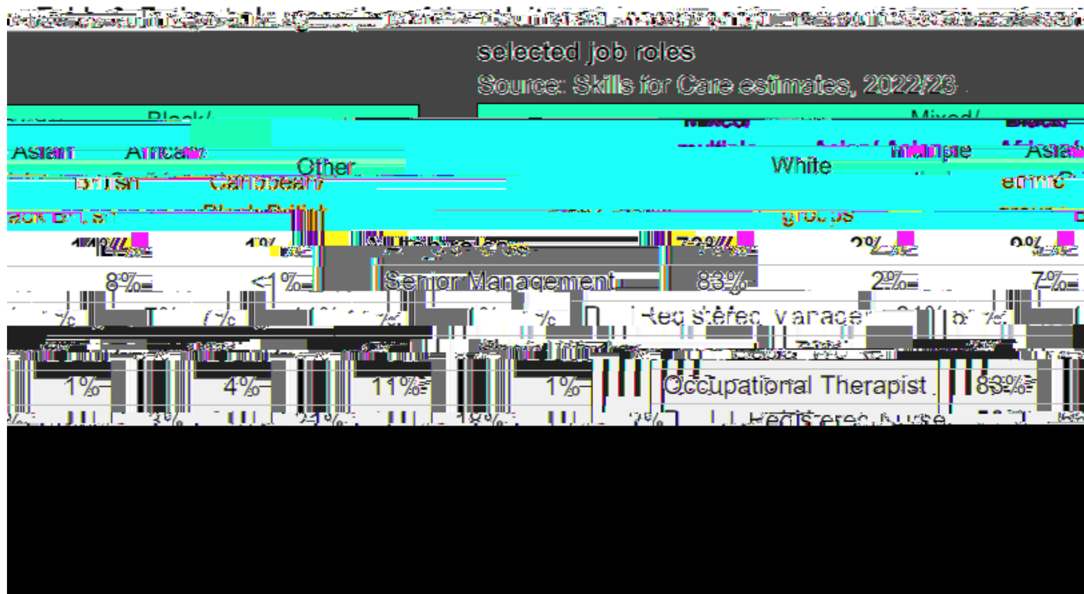

Figure 3: Estimated proportion of the adult social care workforce by ethnic group for selected job roles. Source: Skills for Care estimates, 2022-23.

The strength of social care is in celebrating, valuing and recognising what makes people unique and supporting them to overcome challenges. It is vital that the adult social care workforce reflects the society we live in, and that people feel included and treated equally.

Learning and development

Learning and development is important in social care to give people the skills they need in their roles. People with a relevant social care qualification have a significantly lower turnover rate (26.5%, as opposed to 37% for those holding no relevant qualifications), while those receiving regular training in their role also have a lower turnover rate (31.6%) than those who do not (40.6%).[35]

We see people having to repeat training because employers are worried about the quality of previous training. Employers can find it hard to source and fund good quality training and cover backfill and staff can find it hard to understand their career pathways and opportunities.

With a 75% reduction in apprenticeships in adult social care since 2016 and low achievement rates,[36] there are significant issues with the apprenticeship structure in adult social care. In 2022-23 the overall achievement rate across all sectors was 54.3%. For adult social care, more than 60% dropped out of the level two and level three apprenticeship and more than 70% dropped out of the level five.

[35] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2023.pdf

[36] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/Apprenticeships-in-adult-social-care-2022-23.pdf

Social care struggles with apprenticeship shortages due to:

- Low funding: adult social care apprenticeship funding is £4,000, compared to £5,000 for a cleaning hygiene operative or £11,000 for a hair professional.
- Nearly 200 training providers have stopped delivering the levels two and three apprenticeships in social care since 2019.[37]
- The diploma and the apprenticeships are too similar. Candidates drop out of the apprenticeship once the diploma has been achieved and before they must do the end point assessment.[38]
- Employers are concerned with the 20% study time and the lack of backfill funding,

Social care has around 3,800 occupational therapists helping people maintain independence and wellbeing through daily activities and community connections. We have more than 1,000 qualified occupational therapists working in other practitioner or management roles.

Figure 4: Estimated vacancy rate by selected job role, 2022-23. Source: Skills for Care estimates.

Registered managers

Registered managers are crucial for adult social care. We have around 25,000 registered managers and they oversee care services, manage staff and finances,

7. Recommendations and commitments

The recommendations and commitments in this Strategy fall into three areas that mirror the areas of focus in the NHS Long Term Workforce Plan: attract and retain; train; transform.

We have considered the financial implications of this Workforce Strategy. In recognition of the economic challenges facing the sector and Government, we have tried to make recommendations as cost-neutral as possible - for example by ensuring that investment generates savings elsewhere.

The detailed costings will be subject to the development of a comprehensive implementation plan, which comes as the next phase - and we hope that this is commissioned by or in partnership with Government.

It is important to acknowledge that there are several factors which make it challenging to produce a definitive cost for all the recommendations and commitments in this Strategy, including:

For the recommendations that we have not costed, we believe that the current budget for the workforce reform programme of £250m over three years, added to existing workforce development budget in DHSC, would be sufficient to achieve much of this Strategy but would need more detailed costing.

Attract and retain

We must attract new people into social care and keep them. Evidence shows the two most immediate recruitment levers in adult social care are ensuring that adult social care is competitive in local labour markets (this includes by paying more and having good quality roles) and international recruitment. We can do both things - recruit from abroad and improve the quality of social care roles - but if we do neither then immediate workforce capacity issues are likely to continue.

However, we also need to guard against only pulling these short-term levers for attraction. We have to continue to focus on recruiting the domestic workforce[43] so that we have people in the areas we need them, and we need to do more to keep people. We know that pay and terms and conditions, including flexible employment policies, help to attract entrants into the workforce, but a mixture of factors helps people to stay and build a career in adult social care and we need to focus on these too.

Pay and terms and conditions

In this section we focus on pay and terms and conditions of the unregulated adult social care workforce. It is important to state that regulated professionals working in social care should receive at least the same pay, terms and conditions as their colleagues in equivalent and comparable organisations for example, registered nurses and nursing associates and NHS Agenda for Change roles.

80% of jobs in England pay more than the median rate of pay for independent sector care workers in adult social care, and 41% of care workers earn below the Real Living Wage (as at December 2023). A healthcare assistant role pays 78p an hour more than a new healthcare assistant within two years, and £1.45 more than a care worker. This impacts on the ability of adult social care roles to compete with others in the labour market.

Figure 5: Difference between the median independent sector hourly care worker pay in adult social care and selected jobs with low pay across the whole economy. Source: Skills for Care estimates and ONS Annual Survey of Hours and Earning NHS Agenda for Change pay data.

High turnover is impacted by low pay, so not only do we find it harder to attract people but when we do attract them it is harder to keep them. Turnover is significantly higher for those independent sector care workers on the National Living Wage (37.2% turnover for those earning £8.91 between March 2022 and March 2023, compared to 31.6% for those earning £10 an hour or morejmphourl -0.002 Tw 7.1 0 TdgtTdg

It is important to note that the policies proposed are not fully scoped. Therefore, the aim of this work was to provide high-level estimates of likely costs. Where possible, we used assumptions from existing work to estimate the financial costs of introducing the policy recommendations as well as benefits, including wider societal benefits.

How might we implement any changes to pay?

Public funding heavily influences social care pay. Stagnant funding per head of population and rising minimum wages squeeze providers, leading to shifts in commissioning practice and providers struggling with costs. This often results in unstable work (temporary and zero-hours contracts) and reduced pay and benefits. A national approach is crucial for effective pay changes in social care.

The Health Foundation and Nuffield Trust report makes the point that, when we look at other countries, progress on pay is possible if we have the political will, and we can see that an iterative approach to pay reform is best.[47]

It is important that we think about the levers and mechanisms in the context of pay because there are unintended consequences. The Health Foundation and Nuffield Trust report considers the different mechanisms for a new pay approach that are available to us:

- A nationally higher rate of pay for social care (such as the Real Living Wage) with Government setting a mandatory minimum pay floor. This can be applied regardless of funding (which would need legislation), or it can be applied to publicly funded care using commissioning.
- A collective bargaining agreement where trade unions negotiate wages with employers. This requires strong employer and union representation in the sector (union membership has been growing in recent years).
- A Pay Review Body (PRB) which is an independent body that the government sets up to advise them on pay levels.
- A national framework for job evaluation which is a standardised system for assessing job roles and assigning pay bands. This would require a national job evaluation scheme for social care.

We have modelled various options on the following pages.

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Modelling question one: increasing compliance with the National Living Wage and paying for travel time

The problem we are trying to solve

The Low Pay Commission (2020)[48] suggests that approximately 15% of low-paid social care workers were earning below the National Living Wage (NLW) in 2020 due to non-compliance and enforcement challenges. They state: "A further problem, specific to social care, is that employers are not required to separate out travel time and can therefore potentially mask underpayment. For homecare workers, travel time is usually a significant element of their working time, and the pressure to get from one appointment to another is one of the main ways in which non-compliance can arise." However, HMRC investigates fewer than 1% of care providers each year.[49]

Modelling

The cost to enforce a minimum wage in adult social care depends on the number of underpaid workers. We estimated this by:

1. Assuming 15% of staff in adult social care were low-paid care workers (care workers, support staff, personal assistants and others) and underpaid.
2. Using Resolution Foundation data (2023)[50] suggesting underpaid workers earn 3% below minimum wage (accounting for travel time).

We applied this to homecare staff which provided a starting point for calculating enforcement cost based on the estimated number of underpaid workers and the under-payment amount (considering travel time).

Costs

Our analysis suggests that enforcing the 2023 NLW for adult social care workers would cost approximately £42m per year, of which £30m would be paid by the state and £12m by self-funders.

Benefits

Increase in adult social care workforce size: one of the potential benefits is an increase in the supply of adult social care workforce, including both recruitment and retention. There is no consensus in the literature on the size of the elasticity for the adult social care sector (i.e. how many additional people would become adult social care workers for a 1% increase in wages). Previous research estimates a wage elasticity between 1.6% and 4%.[51]. We present results using a conservative assumption of wage elasticity at 1.6%. Removing the number of people retained, described below, from this figure gives the total number of people recruited.

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[48] Low Pay Commission. *National Minimum Wage Low Pay Commission Report 2023.* HM Government; 2024 (https://www.gov.uk/government/publications/low-pay-commission-report-2023).

[49] https://www.resolutionfoundation.org/app/uploads/2013/08/Does-it-pay-to-care.pdf

[50] https://www.resolutionfoundation.org/app/uploads/2023/01/Who-cares.pdf

[51] https://academic.oup.com/gerontologist/article/63/9/1428/7086012

Wellbeing of people receiving care: as a result of additional adult social care workers recruited, more adults are likely to receive care. Apart from the savings to the NHS, receiving care also improves the wellbeing of adults. In particular, metric '1B: Quality of life of people who use services' included in the Adult Social Care Outcomes Framework measures the impact of social care on the quality of life of people who receive these services. To monetise this wellbeing impact, we used evidence by Stevens et al. (2018) showing that the information in metric 1B can be monetised by applying the monetary value of a Quality-Adjusted Life Year (QALY).

Savings to NHS due to:

An increase in the number of people receiving social care services. As a result, a proportion of people receiving care from the NHS (in the absence of the recommendation) can now be accommodated by adult social care services at a reduced cost. We assume that this proportion is equal to the proportion of adults in nursing care compared to all adults in care, as the nursing care population has more intensive needs and would need to receive support in either case.

We also calculated a reduction in costs due to avoided injuries. In particular, fewer people would receive social care without the new care social workers recruited, some of which would experience injuries that would be treated by the NHS. To calculate the reduced cost due to avoided injuries, we use evidence from the Health Foundation and Nuffield Trust (2015) showing that 8.2% of all hospital admissions in England come from care home residents. We then apply the average unit cost of hospital admissions, using unit costs for elective and non-elective inpatients from the NHS England National Cost Collection.

Reduced turnover: according to estimates produced by Vadean, F. & Saloniki, E.C. (2023), a 26% increase in pay would reduce turnover by 27% in residential care settings. Similarly, a 23% increase in pay in domiciliary care settings would reduce turnover by 22%. We estimate savings due to reduced turnover based on the cost of recruiting new care

How would we do it?

Minimum wage regulations are in place, but enforcement needs improvement. The Kingsmill Review[52] recommended making commissioners liable with providers for under-payment. The Resolution Foundation lay out the experience of social care workers and the enforcement of employment rights in their 2023 'Who Cares?' report.[53]

Modelling question two: a sector minimum wage

The problem we are trying to solve

Evidence shows that, if we want to attract more people into the workforce, we need to differentiate ourselves from the labour market. It shows that, where we pay more than the NLW, we see more people attracted and retained.

Modelling

We modelled the costs and benefits of raising pay to different targets (Real Living Wage, NLW plus £1, NLW plus £2) by multiplying the difference in pay between the target and the current pay. We adjusted for possible under-payment mentioned above, especially for domiciliary care workers. We also factored in maintaining wage differentials for senior staff. We assumed that social care workers with more than three years' experience would receive an additional £2 per hour.

Costs

We have calculated the total annual cost and benefits and the costs to public finances if we exclude self-payers.

Pay target	Total cost (annual)	Costs to public finances (annual)	Costs to public finances (over 15 years)
Real Living Wage	£2.2 billion	£1.4 billion	£21 billion
National Living Wage + £1	£3.2 billion	£2 billion	£30.9 billion

Benefits (15 years)

The benefits are calculated on the full costs above (as opposed to purely costs for the public finances if we exclude self-payers) and modelled over 15 years. It should be noted that the additional people recruited and retained figure does not account for other sectors responding to changes to pay in the adult social care sector. For example, other competing sectors may also increase wages to remain competitive with adult social care wages. Therefore, in practice, the impact on recruitment and retention is likely to be lower than figures presented in this section.

We know that pay differentials within social care have been squeezed. Research by Community Integrated Care (2024)[55] suggests care workers are paid significantly less than their counterparts in the NHS. We have chosen some options to model below but there are different choices and implications for each. Community Integrated Care for example, in their Unfair to Care report, arrived at three different comparisons of a care worker's pay with their equivalent role in the NHS. They are advocating that the pay rise needed by care and support workers to achieve take-home pay parity with their NHS counterparts is 35.6%.

Modelling

To explore potential solutions, the modelling considers two options for raising the minimum wage in social care, referencing the NHS band three structure (Community Integrated Care, 2024) and recognising pay differentials based on experience:

- Matching NHS band three (under two years): this aligns social care pay with the starting salary of band three NHS workers.
- Matching NHS band three (two-plus years): this aligns social care pay with the higher salary of band three NHS workers with more experience.

The costs associated with each option will be calculated using the previously described methodology.

Costs

Pay target

Benefits (15 years)

Pay target	Total savings (15 years)	Wellbeing benefits	Savings due to avoided recruitment costs	NHS savings	Additional people recruited	Additional people retained

GMB have some national and local recognition agreements with social care

National Leadership Programme (five-year programme from 2025): The DHSC should consider a national programme to attract graduates and career changers.

Attract more social workers and occupational therapists:

DHSC and DfE to sponsor and support Social Work England, the British

Success[58], the top three retention factors are role quality, learning and development, and organisational culture and leadership.

Turnover is particularly high in the first three months of people starting their role, which makes a focus on improving inductions particularly important (the new national entry-level induction for all health and social care staff was launched in 2024 as a recommendation from the Messenger Review).[59]

The NHS has a similar issue with turnover, and it has seen impact with their retention pilots.[60] These initially supported 23 organisations, including providing a People Promise Manager and access to evidence-based interventions such as the Workforce Race Equality Standard, induction for internationally trained colleagues, compassionate leadership and support with terms and conditions reviews. They started with a baseline exercise and then an individual retention improvement plan funded for two years. This successful approach is being scaled in the NHS.

We would expect retention to be affected by other recommendations elsewhere in this Strategy, including pay and training.

Recommendations and commitments:

People Promise for Social Care (scoping 2025, launch 2026): DHSC should commission Skills for Care to work with the sector (including providers, local government, unions and other workforce directly) to develop a 'People Promise' focused on improving pay, security of income, work-life balance and career development opportunities for social care staff. This should align with the NHS People Plan.
Retention pilots: DHSC, Skills for Care and stakeholders should scope and launch retention pilots for social care in five ICS areas, using the People Promise (2026-27).
Regulator support for workforce wellbeing and equality, diversity and inclusion: Workforce wellbeing, and equality, diversity and inclusion, should be included in the Single Assessment Framework to help outline what is expected of providers and systems and gives the CQC a basis to assess quality in those areas on a location, provider and system level.

Workforce strategy employer champions: CQC, Skills for Care and provider representatives will encourage and enable workforce strategy advocates on areas such as pay; terms and conditions; wellbeing; equality, diversity and inclusivity (EDI) and leadership, including sharing good practice across all employers and systems to encourage improvement.

[58] https://www.skillsforcare.org.uk/resources/documents/Recruitment-support/Retaining-your-staff/Secrets-of-Success/Recruitment-and-retention-secrets-of-success-report.pdf
[59] https://www.skillsforcare.org.uk/Recruitment-support/Induction/Induction-toolkit/Induction-toolkit.aspx
[60] https://www.england.nhs.uk/2023/12/nhs-retention-drive-expanded-across-the-country-with-thousands-fewer-staff-leaving-frontline-roles/ accessed 16 June 2024.

Recommendations and commitments:

Train

Develop Directors of Adult Social Services (2025): Skills for Care and ADASS, with partners, will create a development framework for Directors of Adult Social Services. DHSC should continue to invest in the leadership programme for principal social workers, principal occupational therapists and approved mental health professional leads to ensure there is a strong talent pipeline for director of adult social services roles.
Streamline training (2025): Skills for Care will streamline statutory and

	the occupational area to complete tasks and address problems that while well defined may be complex and non-routine. Interpret and evaluate relevant information and ideas. Aware of the nature of the area of work or study. Aware of different perspectives or approaches within the area of work or study.	methods and procedures to complete tasks and address problems that are well defined, may be complex and nonroutine. Use appropriate investigation to inform actions. Review how effective methods and actions have been.	understanding, skills and methods in a broad range of varied work activities, performed in a variety of contexts most of which are complex and non-routine. Address problems that, while well defined, may be complex and non-routine.	procedures including, where relevant, responsibility for supervising or guiding others. Exercise responsibility, autonomy and judgement within limited parameters.

We are not proposing that everyone needs a level 3 qualification within three years, but they should have this level of competency. This links with proposals on pay scales because using pay to recognise development would help us recognise and retain people.

In New Zealand, they are aiming to match assessment of people's need with workforce skills requirements and pay which should help to progress detailed workforce planning. Implementation has not been straightforward and there is much we can learn from other countries.[70]

Recommendation and commitments:

Continue the Care Certificate (2024, ongoing): DHSC should keep rolling out the Care Certificate qualification to support new starters to achieve a level 2 qualification within three years. Employers should aim for 80% of new direct care staff to hold the Care Certificate qualification in the next five years.

Level 3 competence for direct care staff (2025, ongoing): The DHSC and Skills for Care should develop a suite of pathways and programmes to sit alongside qualifications, to support employers to ensure that, within the next five years, 80% of direct care staff are competent to level 3 within their first three years in role.

[70] https://www.nuffieldtrust.org.uk/research/national-policy-options-to-improve-care-worker-pay-in-england

Apprenticeships

There is a strong case for investment to make apprenticeships work for adult social care, helping attract a younger workforce, but this requires reform as the current model is not working. Given the changing needs and increasing complexity of care and support work, adult social care needs a system of education and training that delivers a high-quality experience and impact. The workforce needs more adaptive and multi-disciplinary skills. We have set out the issues with apprenticeships in 'The Workforce in adult social care today' section, including a 75% reduction in the numbers of people doing apprenticeships, high dropout rates and low provision.

Recommendation:

Overhaul Apprenticeships (2025): DfE should commission an overhaul of the apprenticeship system in social care, looking at funding and content, from the Institute for Apprenticeships and Technical Education, DHSC, the Adult Care Trailblazer Group and Skills for Care, including the regulatory bodies Social Work England, the Nursing and Midwifery Council and Health and Care Professions Council.

Improving the supply side of good-quality training

The learning provider market in adult social care is struggling, with many providers closing Im2 (C)

Recommendations:

Ensure high-quality training (2024 and 2025):

- Skills for Care, CQC and the Care Provider Alliance will signpost and share NHS England's free functional skills offer[71] (2024).
- The Association of Colleges and the Association of Employment and Learning Providers should support the higher education sector to offer programmes on the use of digital, data, technology and AI in social care (plans should be developed early 2025).
- Skills for Care should consider how to improve quality in the learning market, including how we support training provider staff to keep their skills up to date in a changing market (2025).

Maintain training funding (2024, ongoing): DHSC should have a three-year funding plan for training (including backfill) to allow the sector to plan. This should support training for the sector and target new skills that are needed. It should include funding for personal assistants which allows flexibility for individual employers and is built around the needs of the person they are supporting. (£50m per year is currently committed to fund the Care Certificate in the white paper 'People at the Heart of Care').

Recommendations relating to training and developing social workers:
The DHSC, the DfE, Social Work England (SWE), the British Association of Social Workers, the Local Government Association and Skills for Care should work in partnership with local authorities and the Principal (Adults) Social Worker Network to:

- **Invest in Social Work development**: DHSC, DfE, SWE, BASW and Skills for Care should collaborate on new role categories such as social work assistants or consultant social workers (scope in 2025).
- **Create a Community of Practice**: SWE, BASW, ADASS Professional Workforce Group and Skills for Care to foster opportunities for sharing good models of multidisciplinary working across regulated professions in adult social care and, where appropriate, health to support integration (set up by 2025).

Recommendations relating to training and developing occupational therapists:

- **Invest in the development of occupational therapists:** DHSC, the Royal College of Occupational Therapists, the Health and Care Professions Council and Skills for Care should work in partnership with local authorities and principal occupational therapists to:
  - **Develop a national career and skills framework for adult social care occupational therapy** (2025) including advanced practitioner roles to support career progression, transferability of knowledge, skills and capability acrolound Ff m2 leH1[()-3 (202)20 (516)4.44 0 Td( )TjEMC /31ody /MC

channels for raising concerns. They should continue to offer some funding to support. (Five-year programme).

The Council of the Deans of Health (CoDH) should ensure adult social care is reflected in higher education (2025, ongoing): the CoDH should work with universities to ensure adult social care is reflected in the knowledge and experience of their teaching faculties and, where it is not, work to establish hybrid roles that reach into the expertise of the sector.

DHSC and the National Institute for Health and Care Research (next round of priority setting) should build into their research programme

opportunities for registered managers to do a full degree or master's degree to support their development.

We have some evidence of what works:

- 44% of registered nurses working in social care are from Black and ethnic minoritised backgrounds and only 17% of people in leadership positions are from black and ethnic minoritised backgrounds. The DHSC ran two leadership programme cohorts for registered nurses from black and ethnic minoritised backgrounds working in adult social care which have had a positive impact.
- Skills for Care piloted a support programme for new registered managers, and it was impactful in terms of their confidence and skills. Skills for Care also has an Assessed and Supported Year in Employment (ASYE) programme for new social workers.
- Skills for Care previously delivered a government-funded graduate leadership Scheme, for which funding ceased in 2020. There are now no programmes to attract gifted, talented or aspiring leaders into adult social care. Work undertaken by a consortium of stakeholders across the sector has shown strong support for such a programme to return.
- Skills for Care modelled the benefits of expanding the ASYE programme, currently only for social workers, to occupational therapists and registered managers. Analysis suggests that, for every £1 spent, the sector would generate £1.30 in socio-economic benefits. Moreover, the reduction in turnover would prevent approximately 3,750 workers from leaving the sector.

This evidence gives us a sense of where we should be focusing over the period of this Strategy to attract and develop good managers and leaders by developing more routes into the roles, increasing support and giving greater recognition of professional status.

Recommendations and commitments:

- **Adult social care roadmap to implement Messenger recommendations** (2025, ongoing): DHSC should commission a Messenger roadmap for adult social care aligning all the levers (funding, commissioning, support) to develop and implement a leadership development roadmap for social care, outlining clear expectations for leaders and managers.
- **Registered manager role** (2025, subject to funding): Skills for Care will deliver a project to set out what would need to happen, the implications and costs for setting up a professional body for registered managers with a code of conduct, competency and development framework to include degree and master's level qualifications.
- **Support new managers, occupational therapists and social workers** (2025-30): DHSC should support the rollout of the piloted enhanced support programme for new managers, similar in style to the Assessed and Supported Year for newly qualified Social Workers. The ASYE funding formula for newly qualified Social Workers in diverse settings, for example Mental Health Trusts, should also be reviewed
- **Foundation degree minimum education for registered managers**

Recommendations:

promote a 'one workforce' approach with equal partnership and investment in health and social care
analyse demographics and future needs and the local labour market
focus on aligning terms and conditions, training and wellbeing support for both sectors
establish a social care academy and shared technology approaches
support recruitment from new demographics and builds shared career pathways between health and social care
increase direct contact across the two systems through joint training, placements, and secondments.

New roles (2026): new research should be commissioned by think tanks, NIHR or DHSC on the extent of new roles in social care that exist now and need to be scaled or developed (for example, community connectors who can link individuals to local services, resources and support networks, fostering community integration and support, discharge co-ordinators and the role of the voluntary sector).

Technology, data and AI

Vital to the success of this strategy is improving productivity by having modern working practices (digital solutions, assistive technology), innovation in service delivery to improve people's lives and by having stronger NHS links (NHS Digital Academy, regional teams) for sustainability and integration.

We have produced indicative returns for each £1 of investment on technological interventions. The results suggest that investing in any type of digital technology in the adult social care sector would yield significant benefits for providers, the NHS and people drawing on care and support.

Technology (investment £1)	**Care Provider return**	**NHS return**	**Quality Adjusted Life Years**[77] (health and wellbeing outcomes for people translated into £)
Assistive technology	£4.21	£4.10	£4.87
Care management technology	£1.20	£0.36	£2.16
Digital social care records	£6.77	N/A	N/A
Telecare	£2.84	N/A	N/A

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Workforce planning technology	£1.32	N/A	N/A

Figure 12: Return on investment for technological innovation.

New digital skills

A 2021 review, funded and delivered as part of the 'People at the Heart of Care' white paper, found basic digital skill gaps in the social care workforce. The NHS Transformation Directorate and Skills for Care created the Adult Social Care Digital Skills Framework to address this, but for full tech adoption, advanced skills and digital leadership are needed in senior roles.

Recommendation:

Expand digital skills training (2025 scoping and launch): Digitising Social Care should partner with key organisations (Hartree Centre[78], Skills for Care, Digital Care Hub, TSA, Partners in Care and Health) to expand access to digital skills training across the workforce.

Recommendation:

Pilot care technologist role (2025 scoping and launch): Skills for Care will partner with others to test and roll out support for creating a new care technologist role.[79]

Research and innovation

Research in healthcare shows benefits for outcomes, staff wellbeing, and the system overall. We should have more of a focus on research in adult social care from government, research bodies (such as National Institute for Health and Care Research) and integrated care systems. We should have a clear national strategy and infrastructure. We should fund more evaluations of our workforce interventions t

8. Implementation

The future of social care and the people that draw on it depends on a strong and valued workforce. Implemented fully, this Workforce Strategy will be a rallying call for all the people who want to make change happen.

In social care, where no one body owns all the levers, coalescing around a shared vision and strategy becomes even more crucial. We all have a role to play – government, regulators, employers, people drawing on social care and all of us who care about quality care. We need to develop a stronger, more business-focused relationship between government and the sector, founded on mutual respect and a desire to improve outcomes for people drawing on services and the 1.59m people working in the sector.

We have firm commitments from the Steering Group to evolve into the Adult Social Care Workforce Strategy Delivery Board, moving this from development to implementation. Organisations with system leadership roles and levers to pull are ready to play their part. A movement has begun.

Skills for Care will support the implementation of the strategy with its own implementation unit which will include tracking the impact of the work and are

Supporting resources

What is social care?

Adult social care is the care and support commissioned by local authorities or individuals who need support to be able to live their lives. This includes older people and working aged people with learning disabilities, mental ill health, physical disabilities, drug and alcohol problems, autistic people and unpaid carers. There are many distinct roles in adult social care.

Figure 13: Estimated number of adult social care filled posts by individual job roles. Source: Skills for Care estimates from 2022-23 State of report

Local authorities lead the safeguarding of adults (under the Care Act), with others who share responsibility for identifying potential harm. Mental health and mental capacity laws (including the Mental Health Act) require assessments for hospital stays, community restrictions and capacity limitations.

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Strategy Steering Group

This Workforce Strategy was developed by Skills for Care in collaboration with the entire adult social care sector, along with colleagues from health and education. It reflects the input of thousands of stakeholders. It is truly a sector-owned strategy, and we are incredibly grateful to everyone who contributed their time and insights.

The Care Quality Commission (CQC) has been a ‘participant and supporter’ of the development of this Strategy.

The Workforce Strategy Steering Group has been co-chaired by Professor Oonagh Smyth and Sir David Pearson, supported by a dedicated and bold Steering Group.

Steering Group members:

Melanie Williams - President of Association of Directors of Adult Social Services (ADASS)
Professor Deborah Sturdy CBE - Chief Social Care Nurse, Department of Health and Social Care (DHSC)
Lyn Romeo - Chief Social Worker (now retired) Department of Health and Social Care (DHSC)
James Bullion - Interim Chief Inspector of Adult Social Care and Integrated Care, Care Quality Commission (CQC)
Sir David Behan CBE - Group Non-executive Director and Chairs, the Workforce, Training and Education Committee, NHS England (NHSE)
Daniel Mortimer - Chief Executive of NHS Employers and Deputy Chief Executive of the NHS Confederation
Marguerite Hogg - Senior Policy Manager for Adult Learning, Association of Colleges
Simon Ashworth - Director of Policy, Association of Employment and Learning Providers (AELP)
Jane Townson OBE and Professor Vic Rayner OBE - Care Provider Alliance
Dr Ruth Allen - CEO, British Association of Social Workers (BASW)
Colum Conway - CEO, Social Work England
Steve Ford - CEO, Royal College of Occupational Therapists (RCOT)
Lynn Woolsey - Deputy Chief Nurse, Royal College of Nursing (RCN)
Emma Westcott - Assistant Director, Strategy, Nursing and Midwifery Council (NMC)
Dr Agnes Fanning - Assistant Director of Nursing Programmes, Queen’s Nursing Institute (QNI)
Melanie Weatherley MBE - Co-chair, Care Association Alliance and care provider
Karolina Gerlich - CEO, Care Workers’ Charity
Anna Severwright - Co-convener, Social Care Future
Dr Clenton Farquharson - Chair, Think Local Act Personal (TLAP)
Sam Allen - CEO, Northeast and North Cumbria Integrated Care Board
Alice McGee - Chief People Officer, Leicester, Leicestershire and Rutland Integrated Care Board
Hazel Summers - Director Adult Social Care Improvement, Partners in Care and Health
Rob Webster - CEO, West Yorkshire Health and Care Partnership (Integrated Care Board)

Gavin Edwards - Senior National Officer for Social Care, UNISON (representing unions)
Professor John Unsworth - Senior representative, Council of Deans of Health
Bill Mumford - Trustee, Skills for Care Board
Dara de Buca - Director, Alzheimer's Society

Workforce expectations

We worked with The King's Fund to produce a report on workforce expectations for a

- prevention
- new service models and multidisciplinary working
- recruit and retain
- develop and train
- leadership.

We conducted 15 roundtable discussions to gather insight for the Workforce Strategy.

These sessions brought together a diverse group of participants, including CEOs, registered managers, nominated individuals, frontline care workers, regulated professionals, those who draw on care and support, their families and carers, personal assistants, and learning providers.

We also partnered with Learning Disability England, Alzheimer's Society, and Care Rights UK for three of these events, which provided a broader and more inclusive range of perspectives and enhanced the overall quality of the feedback received.

Our goal in hosting these events was to hear what positive change people wanted to see in the sector and ask the question: ‘What does good care look like?’ The feedback we received has shaped understanding of the priorities for the Workforce Strategy and has been instrumental in refining our approach to ensure it aligns with the real needs and expectations of those involved in social care.