

Shaping the Long-Term Care Workforce: Insights from UK Policy

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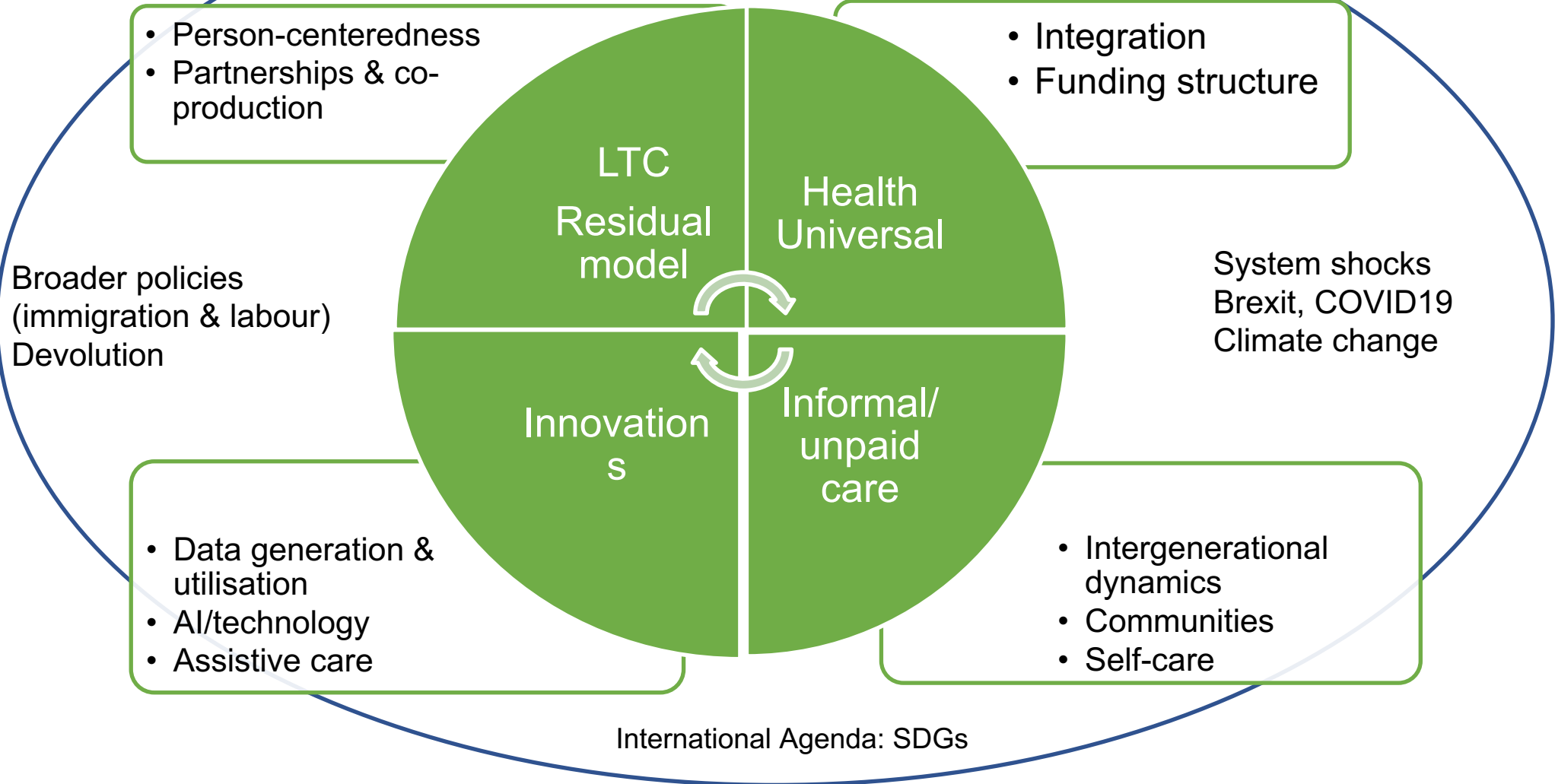
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Social Care Policies in the UK



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

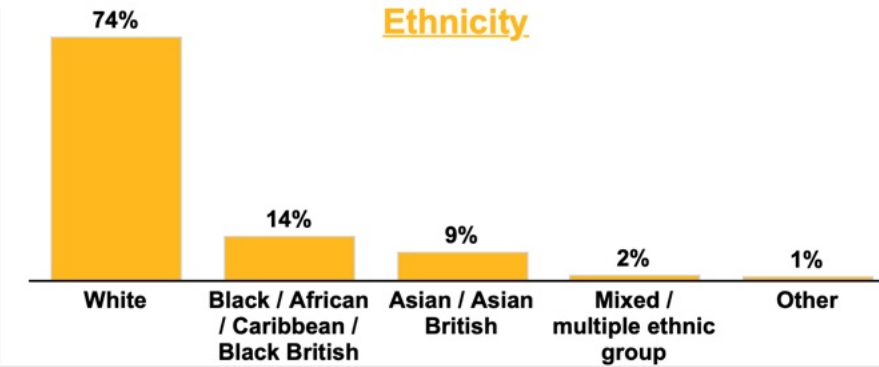
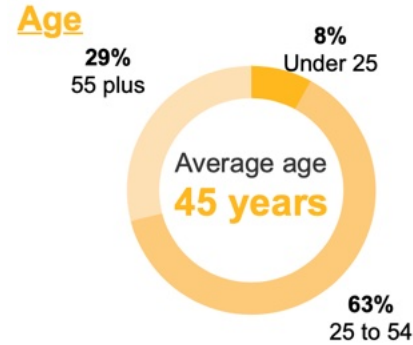


working for
18,000 organisations

at
39,000 establishments



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



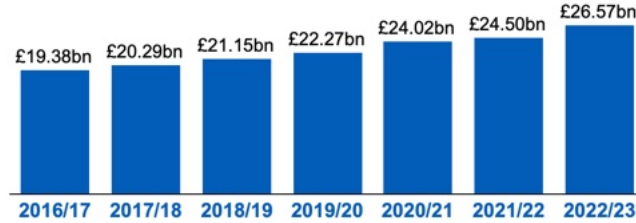
Economic contribution

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

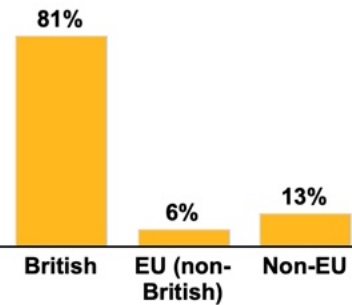
£55.7 billion



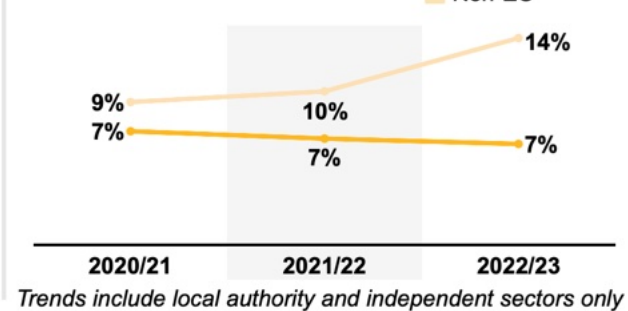
Wage bill trend



Nationality



Nationality trend



Gender



Motivations to join the sector

Working conditions

Wellbeing at work

Task & role expansion

Care quality

Structure and focus of the presentation

- Drawing on two current studies: the ESRC Centre for Care: workforce change AND The Adult Social care Staff Evaluation of Reforms to Training (ASSERT)
- 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 scenarios for change, hindsight and foresight activities

RG3: Care workforce change: *organisation, delivery and development*



Care Workforce Change Team



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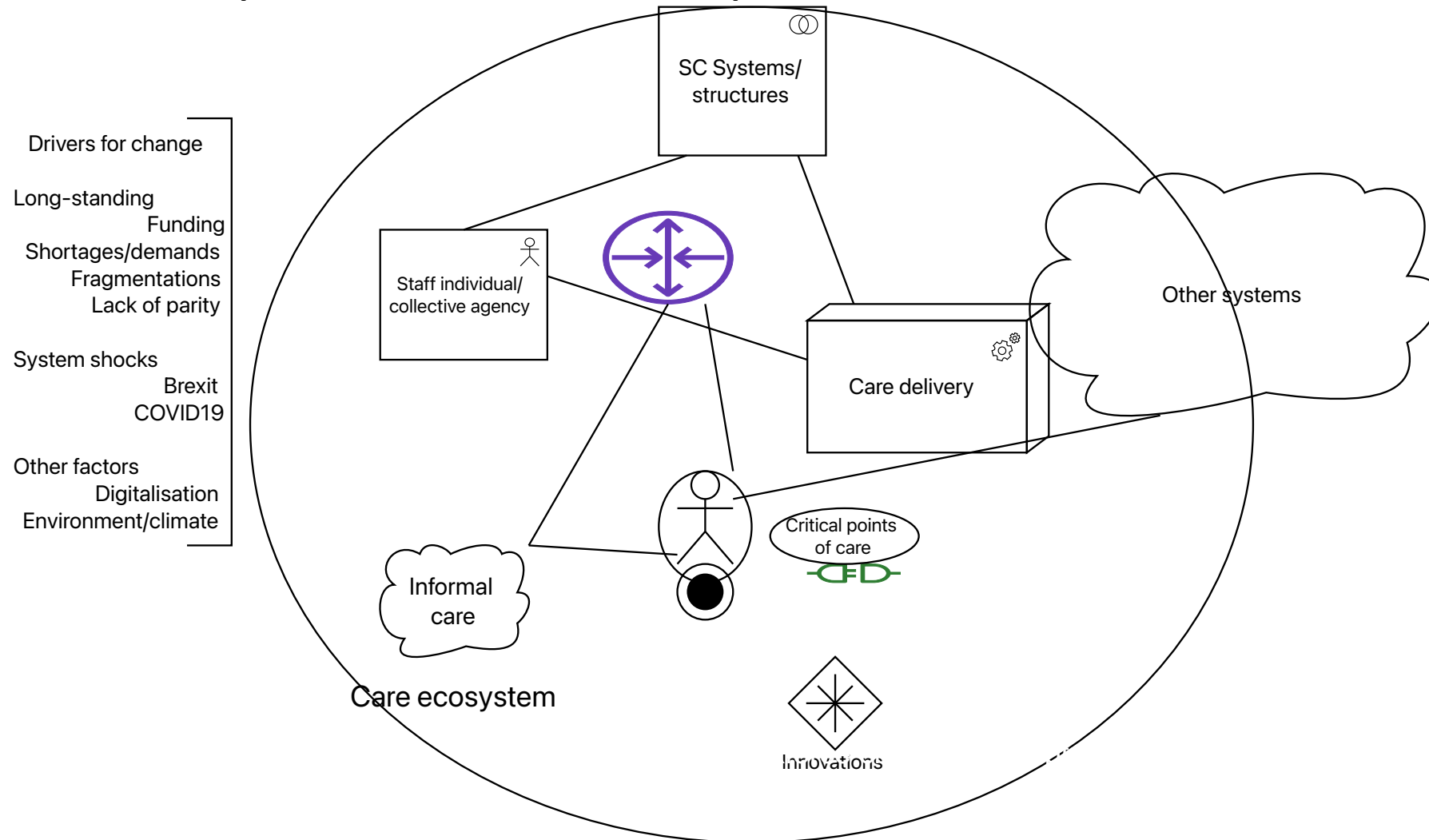
Care Workforce Change

- Care Workforce (who)
 - Roles, settings, user groups, transitions, integration/interaction with other workforce groups
- Drivers for change (why)
 - External factors (system shocks)
 - Policy direction (reforms)
 - Long standing challenges
 - Digital technologies and changing preferences
- Change (what and how)
 - Desired/forced
 - Paced/accelerated
- Levels of change (interdependent) - mechanisms
 - System/structure
 - Delivery/provision
 - Staff level: Individual and collective agency



RQ1: What are the main drivers for workforce change, both paced and sudden?

[Develop and refine a conceptual framework]



- Mapping (literature & evidence)
- Dialogue
 - What are the key drivers
 - What is the potential impact/change, and at what level
 - Potential outcomes
 - Risks and mitigating factors
- Theoretical development

Inquiry 1: The drivers and implications of care workforce change

Aim

- To understand macro level drivers of care workforce change – the implications of care policies for the workforce.

Methods

- Literature review
- Roundtables & prioritisation workshop (Cowan et al., 2021; JLA, 2021) with stakeholders
- Foresight exercise (building future scenarios)



Most impactful policies: literature review

List A: Social care policy reforms

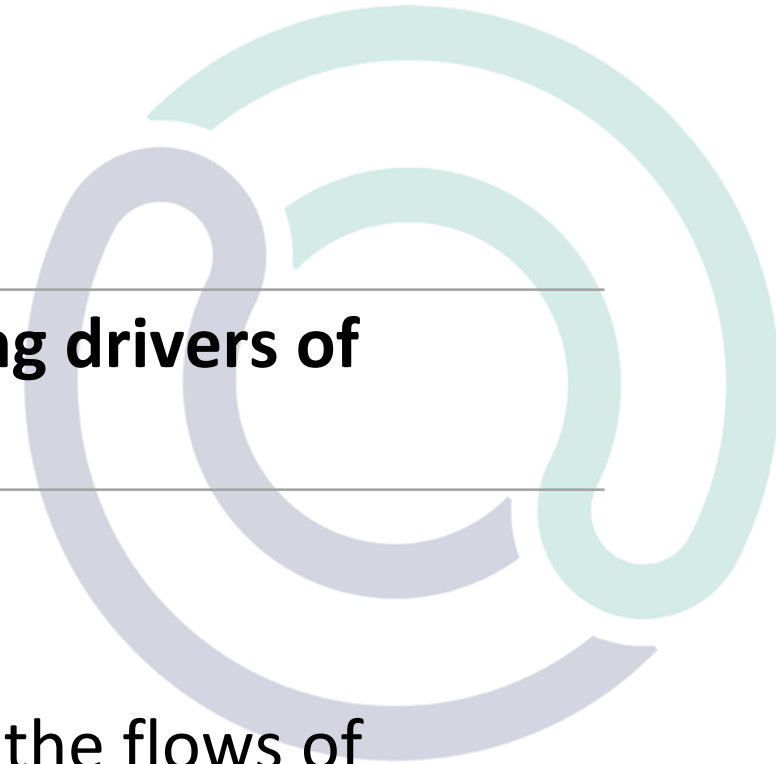
Personalisation/self-directed care and support
Professionalisation

Integration of social care with health/education

List B: Intersecting drivers of change

Funding reforms

Policies affecting the flows of migrant workers, , e.g., Brexit and the Health and Care Worker visa
Technological change/digitalisation



Stakeholders' perception of most impactful policies

List A: Social care policy reforms

1. **Personalisation**/self-directed care and support
2. **Professionalisation**: 1) registration for the purpose of public accountability; 2) professional regulation; 3) relevant, high quality training; 4) improved pay and terms & conditions of employment
3. **Integration** of social care with health/education
4. The (proposed) introduction of National Care Service in Scotland and Wales
5. The introduction of the real living wage for certain groups of care workers in Wales and Scotland
6. 'Ethical commissioning' - Scotland
7.

List B: Intersecting policies

- Funding** reforms
- Policies affecting the flows of **migrant workers**, e.g., Brexit and the Health and Care Worker visa
- Technological** change/digitalisation
- The introduction and regular uplift of the minimum wage/national living wage
- Workforce plans/policies in the NHS
- Devolution
- Changing trends among unpaid/informal carers
-

Stakeholders' prioritisation of critical policies

List A: Social care policy reforms

Professionalisation – including living/sector specific wage

Pay & conditions

Integration of social care with health/education – improved form

List B: Intersecting policies

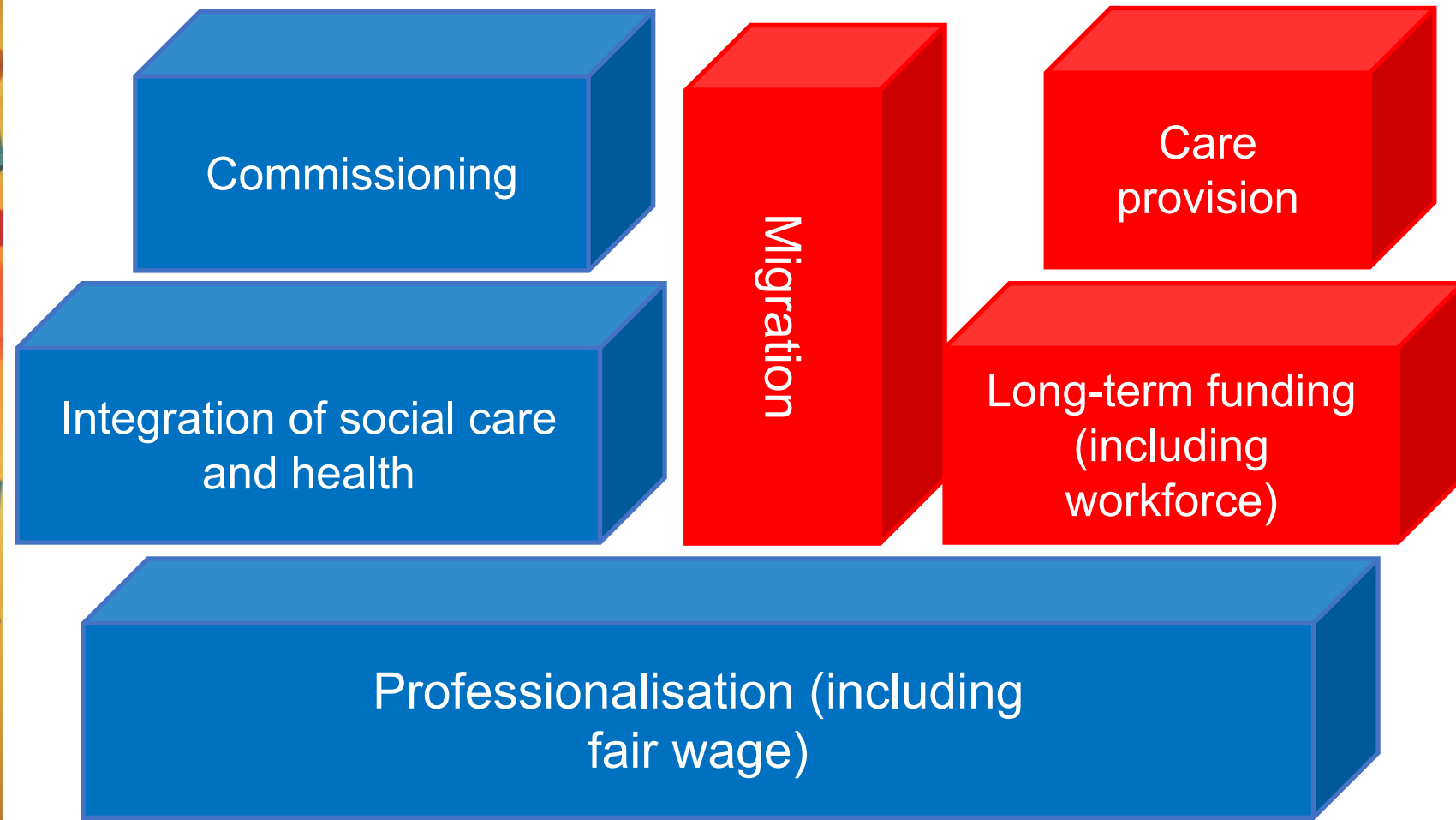
Long-term funding

Long-term workforce plan

Migration - Health and Care Worker visa



The outcome of hindsight



Foresight Methods: 1 out of 2 sessions completed

Hindsight

- ✓ Literature review
- ✓ One-to-one interviews
- ✓ Roundtable discussions
- ✓ Prioritisation workshop

Foresight

Scenarios: the UK SC workforce in 2035

- Imaginative but realistic descriptions of potential futures and how they were shaped by their contextual dynamics.
 - Not predictive – they help explore a range of potential future outcomes.
 - Use the building blocks to develop your scenario. You don't have to use all the six blocks.
 - An additional **wild** card
 - Think about contextual environment and impact
-

Interim Findings

- Employment and migration policy reforms have more important implications for the workforce than social care reforms
- Social care policy reforms (in England) are ‘intentions’
- Reforms/intentions are out of sync with the changing nature of care work (increasingly medicalised)
- Fragmentation – clashing values – “*care workers are pulled in different directions*” (Roundtable 2)
- Care workers’ autonomy would be central to translating policies into practice



Inquiry 2: The implications of technology for the care workforce and care work

- Case studies with care providers (different provider types, geographies and technologies being used).
- Examining how technologies are selected by providers and impact on care workers' roles and relationships with the people they support
- Methods: Interview, observations with 4 providers- Will present early findings from two case studies



Inquiry 2 Emerging findings: Case study 1

Residential care setting in south of England, electronic sign-in system, pull cords, sensor mats, e-learning and moving to a care management platform (including e-rostering and digital care records),

- **Care workers' skills, enthusiasm and 'tech-phobia'**- more positive than organisation anticipated:

'the challenge I had, at the very beginning, when it was paper-based, was why are we trying to do all of the notes right at the very end of the shift when it's a lot of notes to do, recorded in all these different folders, right at the very end?'

- **Accurate data** - more timely and accurate than paper notes at the end of a shift

- **'Foregrounding' particular tasks** – recording data in people's presence;

'You do feel like you're on your phone a lot, you feel unsociable with the residents... Every time I'm on it I feel like I have to apologise. I say, "I'm not on my phone, this is the work"'

- **Excess data** –

'there's a lot more questions on their personal care and things like that, that you wouldn't necessarily have put when you've written it down. So if they'd had their makeup put on, so that's for everybody, even the men and the shaving... You have to go through all of those'

Inquiry 2 Emerging findings: Case study 2

Home care provider, with attached residential facility in north of England. Main technologies used – app for monitoring/ data/ signing in with QR codes.

- **Ease of use – yet questions affordability & expectations**

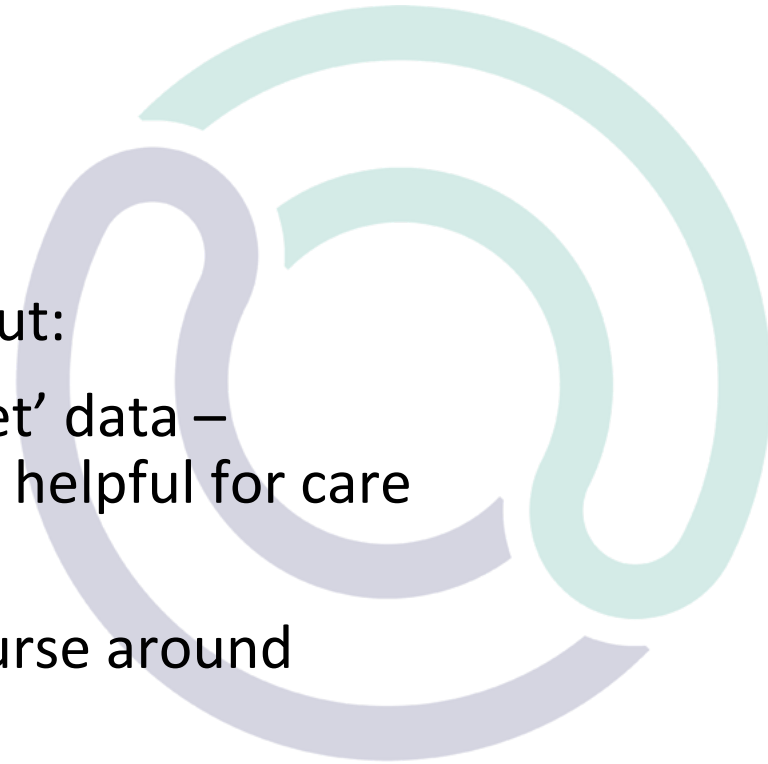
we can't afford to bring six people in to sit down at this table and do a day's worth of digital training'

'Regulators and our commissioners want to see a physical piece of paper with names written on it, [they] are not necessarily comfortable in navigating around the IT'

- **Foregrounding tech** – *“hang on a minute, she's sat down on her phone for five minutes”* and tech-related products: *QR codes disappearing as 'clients just don't want stuff like that.'*
- **Issues with switching platforms** – *'I've got no records before 2019 about my staff because [they] wouldn't give us information [...] I have to go to the boxes in the cellar.'*
- **Shift in resources:** care workers paying for data/ needing phones compatible with app, monitoring work.

Inquiry 2 Emerging findings

- Technology is driving/ facilitating the datafication of care, but:
 - Data for data's sake? Care workers still need to 'interpret' data – sometimes limited analysis, not necessarily meaningful/ helpful for care quality (does more data = better care?)
- Technologies *used* by providers less 'innovative' than discourse around technology – not always increasing efficiencies.
 - Becomes a disruptor in care work – reordering tasks, labour and time; altering foreground and background labour.



Examining England's 2023 Social Care Workforce Reforms: Insights and Ways Forward

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

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The views expressed in this presentation are views expressed are of the ASSERT team members and are not necessarily those of the NIHR or the Department of Health and Social Care

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

- Ongoing 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.

Results: Interviews

CFIR Domain	Key Findings
Inner setting	<ul style="list-style-type: none">• Disparities according to sized employers and settings – resource capacity and infrastructure
Outer setting	<ul style="list-style-type: none">• Instability in political leadership, a lack of cross-party consensus and external shocks such as Covid-19.• Concerns about the effectiveness without addressing issues such as pay and the risk of staff mobility to the NHS.
Intervention characteristics	<ul style="list-style-type: none">• Developed in response to government White Paper• Provide the basis for future professionalisation of workforce• Reforms perceived as substitute for pay uplift for the workforce• Requires good digital skills• Concerns regarding access for migrant workers, whose English is a second language and PAs/live-in carers

CFIR Domain

Key Findings

Implementation process

- Potential positive relationship between training and enhanced care quality in care.
- Difficulty in translating knowledge to behaviour change were noted

Inner Setting

- Capacity within organisations to deliver interventions is a significant barrier to effective implementation of these sorts of complex changes in long-term care settings

Outer setting

- Sector wide issues: lack of funding, staff shortages impacting overall implementation

Intervention characteristics

- Role of training in staff retention and job satisfaction, associated with elevated morale, reduced burnout and increased service longevity.

Early Findings form ASSERT

- 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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