

An overview of LTC workforce policy in the UK: Tensions and Synergies

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The UK Long-Term Care Policy Context



- Long-term care (LTC) is referred to as social care
- Long-term care, vocational education and health are devolved policy areas - different approaches and divergent reforms in the four nations: England, Wales, Scotland and Northern Ireland
- Regulation and enforcement by public bodies at national level
- Decentralised system: funding through local authorities
- Mixed economy of LTC: local authorities commission but do not typically provide publicly funded services.
- Fees paid to service providers affect the pay of all workers.

The long-term care workforce

- Large, majority female, older workforce,
- Diverse occupations from regulated professions to direct care roles.

Direct roles:

- Poor terms and conditions: zero-hours contracts, only statutory leaves, benefits and pensions
- Poverty (Allen et al 2022),
- Recruitment and retention challenges, high level of turnover (Skills for Care 2023),
- Migrant workers seen as the solution to challenges until recently.

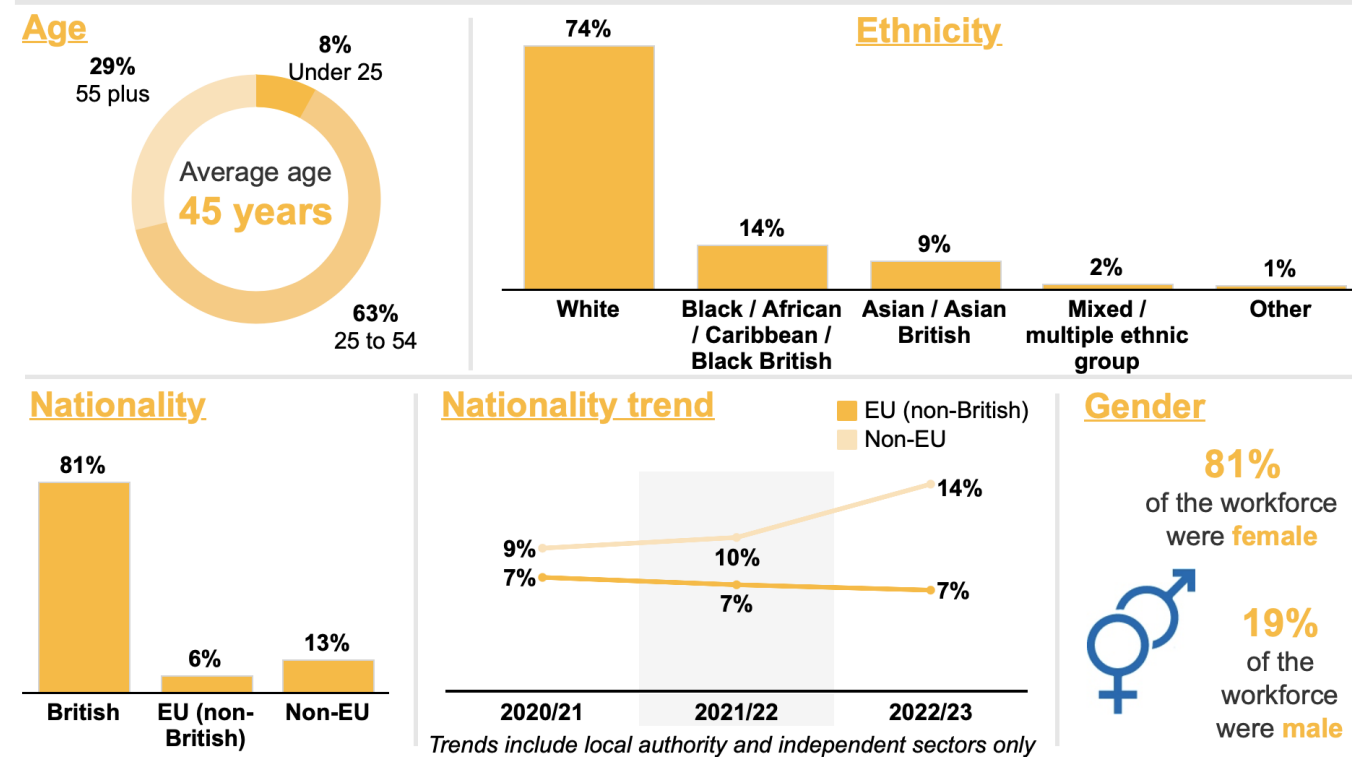


Image source: Skills for Care (2023)

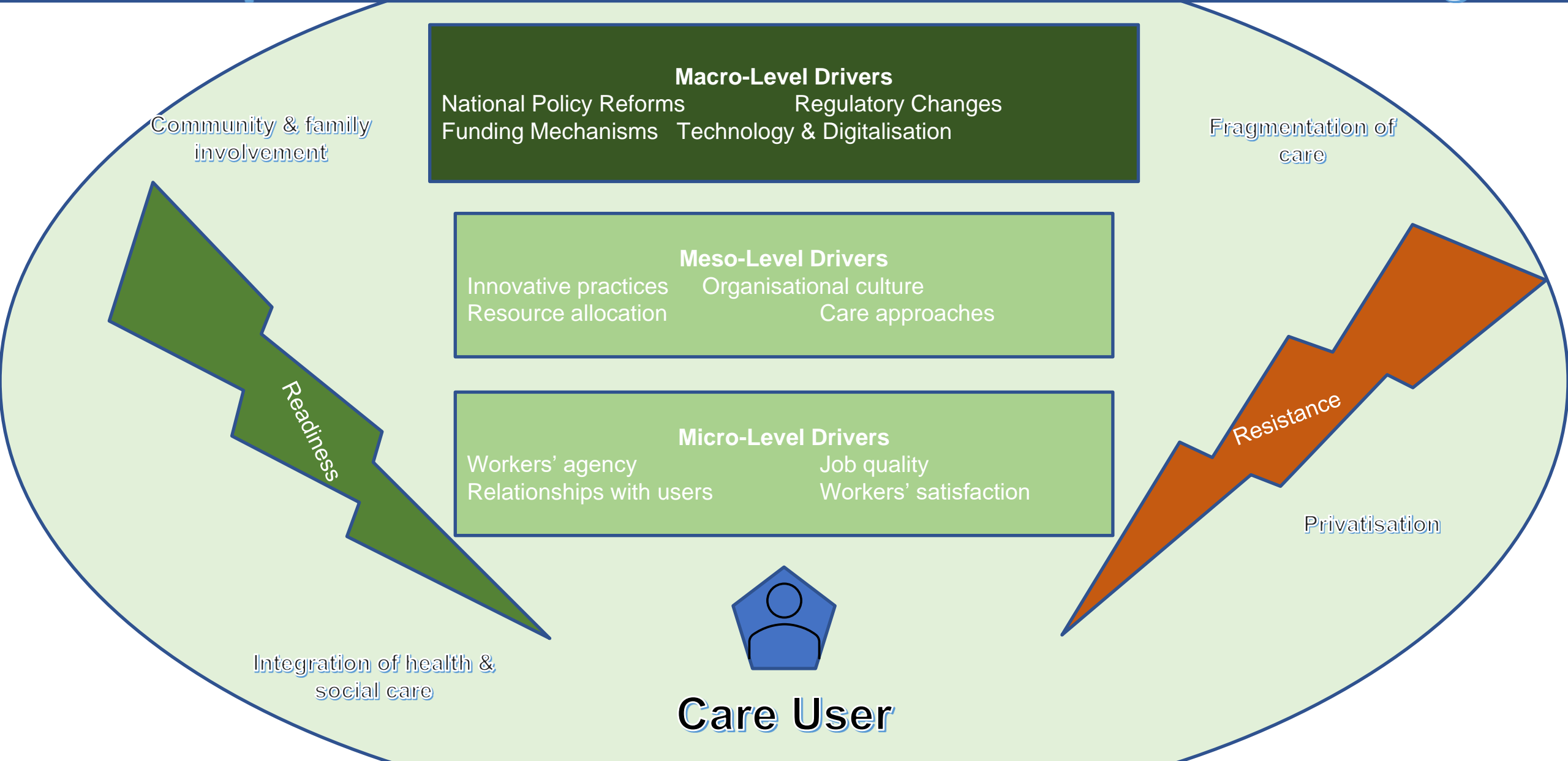
RG3: Care workforce change:

organisation, delivery and development

Policy tensions and synergies: Challenges and
Opportunities for Workforce Change in the
UK



Conceptual Framework of Social Care Workforce Change



Inquiry 1: Policy drivers and implications of care workforce change



Drivers of workforce change - after roundtable discussions

Social care policy reforms

Personalisation

Professionalisation

Integration with Health

National Care Service (plan in Scotland and Wales)

The introduction of real living wage (Wales)

'Ethical commissioning' (Scotland)

Intersecting drivers of change

Social care funding (reforms)

Policies affecting the flows of migrant workers

Digitalisation

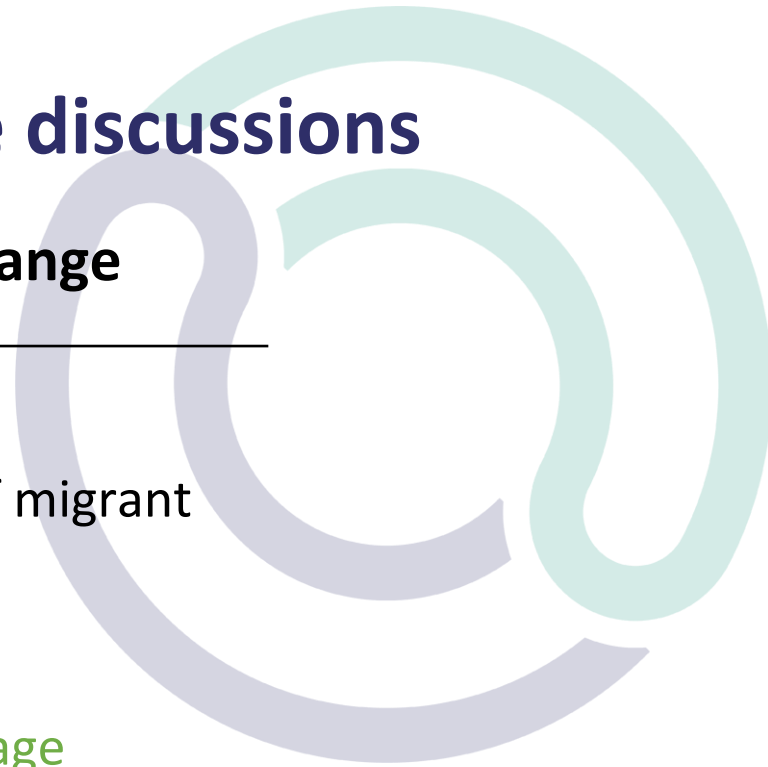
Regular uplift of minimum wage

Workforce plans in the NHS

Changing trends among informal carers

Devolution of social care as a policy area

Fair Work Convention (Scotland)



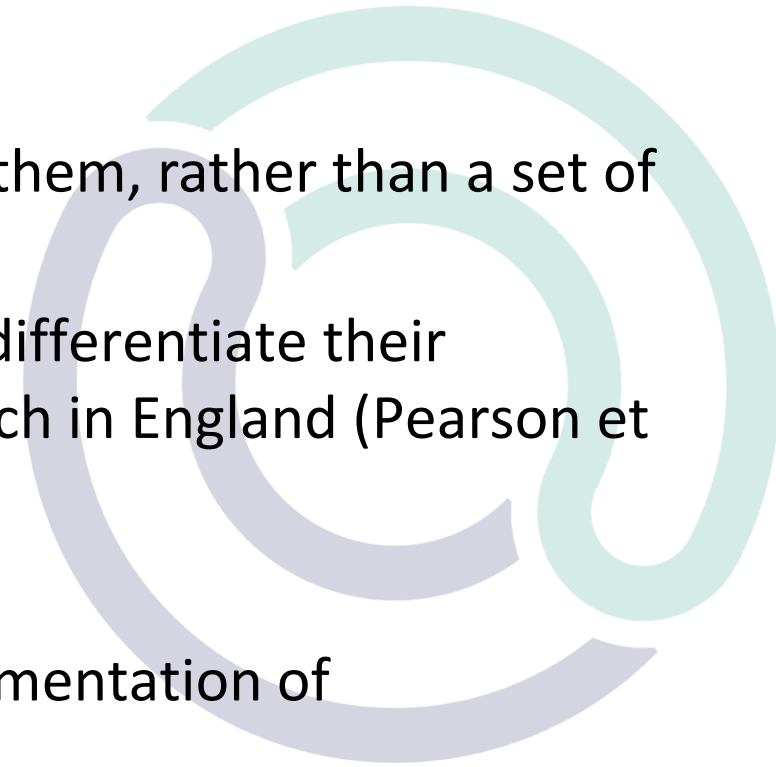
Key policy reforms & their impact on the LTC workforce



Professionalisation and Personalisation

Personalisation

- A way of thinking about public services and the people who use them, rather than a set of policy prescriptions (Needham, 2011)
- Scotland, Wales and Northern Ireland: self-directed support, to differentiate their approach from what is seen as the more market focused approach in England (Pearson et al., 2018).
- Personalisation is at the centre of The Care Act (2014)
- House of Lords Adult Social Care Committee called for the implementation of personalisation (2022)
- Mechanism: individualised funding, requiring local authorities to give all eligible users a personal budget.
- Direct payment spend as a proportion of total care spend is less than 10 per cent in all of the four nations of the UK (Atkins et al., 2021).
- Personalisation means different things to different groups of people drawing on social care – different expectations towards the workforce



Personalisation Impact on the LTC Workforce

- The language of personalisation has fundamentally changed the narrative about social care, but the impact on the workforce is less clear.
- Difficulties with the implementation of the Care Act (2014) at local authorities: skill mix of staff, high workloads and a lack of staff continuity (Needham et al, 2020).
- *The system does not enable “frontline workers to be personalised in the way they deliver [care and support]. Often, frontline care workers are not listened to.” (Roundtable 2)*
- The Personal Assistant workforce emerged as a result of the personalisation agenda. There is a growing body of literature describing that PAs often have the worst pay and employment conditions (e.g., Cominetti, 2023) but they are often more satisfied with their jobs than other direct care workers (Woolham et al., 2019).

Professionalisation

Scotland, Wales and Northern Ireland:

- A combination of compulsory registration, minimum level of training/certification, national induction framework and continuous development
- Some form of pay uplift

England:

- Care Certificate: 12-week induction training. Not a legal requirement on employers, not a qualification.
- Proposals for career path and skills passport (DHSC, 2023)
- General Election (July 2024) manifesto promise to establish a National Care Service (career path, pay bands, improved terms).
- Previously committed funding for workforce development cut (August 2024)

Caveat: PAs not covered by any of these practices in any of the four nations

Professionalisation Impact on the Workforce

Early days, more data and independent evaluation needed.

Unintended consequences

- Older care workers and those working part-time have left LTC jobs to avoid compulsory training and registration (Scotland and Wales) (stakeholder consultation).
- Training and registration potentially increases existing inequalities among care workers: who has time to train, who can afford to pay for training/miss out on work? (stakeholder consultation)



Policy Tensions and Synergies

Personalisation & Professionalisation



Policy synergies: personalisation and professionalisation

The training aspect of professionalisation is relevant here.

There is evidence that training around person-centred care can be really beneficial. (Roundtable 1)

‘Person-centred care’ is included in the standards of the Care Certificate.

- There is a particularly strong focus on care planning and it is emphasised that a person-centred care plan is a legal document.
- It is the responsibility of the care worker to make every effort to communicate and find out what the person they are supporting wants, rather than making decisions for them.



Policy tensions: Personalisation and professionalisation

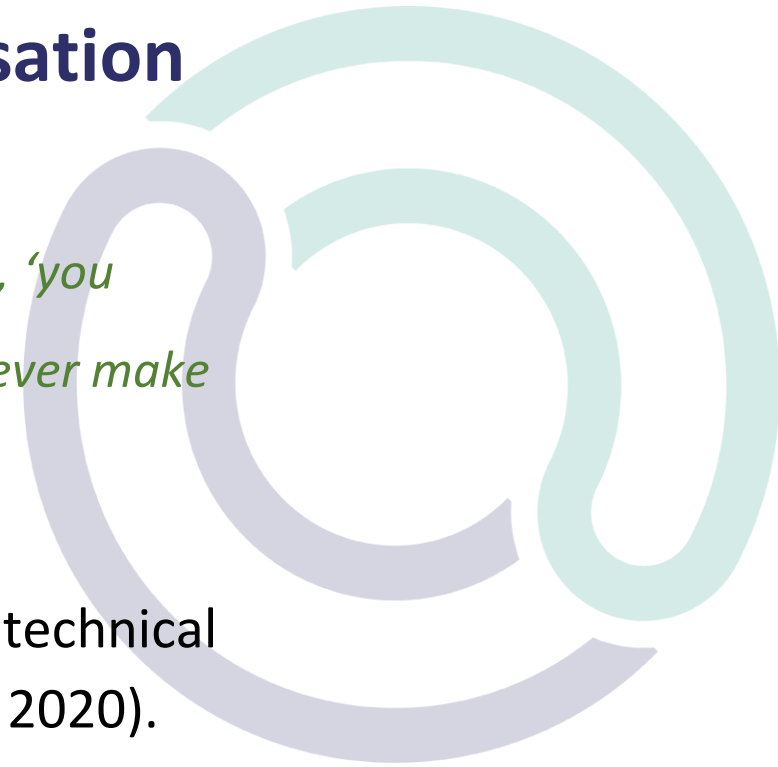
- Compulsory registration limits the pool of potential care workers

On what basis could you say to a working age adult with a disability, 'you can only employ someone from a register?' I mean, how could that ever make any sense? (Interview, pt 16)

- Individuals drawing on care argued to want 'soft skills' rather than technical skills, and they prefer to train their support workers (Farquharson, 2020).

There's a shift that takes away from the training, from medical skills towards soft skills, what the person wants. (Roundtable 1)

- Different needs and wants of different individuals, e.g., those with complex medical needs v those who do not need specialist support.



Key Takeaways

- LTC Policies do not always explicitly discuss the role of, and implications for, the workforce
- The significance importance of context, status of care work and its evolving nature
- Policy conflict between professionalisation and personalisation. Trade-offs? Different approaches in for different groups of individuals drawing on care?
- Unintended consequences: implementing professionalization during 'workforce crisis'
- Inequalities and diversity- differentiated impacts

Monitoring Care Workers' Quality of Life in a Dynamic Policy Landscape

- Why It Matters
 - Care workers' outcomes are key to improving job performance and care outcomes.
 - The quality of life of care workers impacts recruitment, retention, and the quality of care delivered.
 - Addressing workforce challenges requires continuous monitoring and support to adapt to changing policy landscapes.
- A Dynamic Policy Environment
 - Long-term care policies are evolving and shaping the workforce in intended and unintended ways.
 - To ensure these reforms benefit both care workers and care recipients, we must actively track the impact on job quality and care outcomes.
- Our Ongoing Work
 - Centre for Care: Bringing all drivers together (macro, meso and micro) to understand care workforce change
 - ASCK-WELL project developing a standardized measure of care workers' quality of life.

Thank you for listening
Happy to respond to questions

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