

Research Briefing

5 September 2022

By David Foster

Adult social care workforce in England



Summary

- 1 Characteristics of the adult social care workforce
- 2 Recruitment and retention issues
- 3 Government policy
- 4 Overseas social care workforce

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Summary

Around [1.5 million people worked in the adult social care sector in England in 2021/22](#), more than in the NHS. The workforce was more diverse than the population as a whole and the majority of workers were women. Around a quarter of the workforce were on zero-hours contracts, including 55% of home care workers.

Recruitment and retention issues

The adult social care sector faces several longstanding workforce challenges, which, it is suggested, can impact on the availability and quality of care. These include:

- **High vacancy rates:** Skills for Care, the workforce development and planning body for adult social care in England, [estimates an average of 6.8% of roles in adult social care were vacant in 2020/21](#), equivalent to approximately 105,000 vacancies. The estimated vacancy rate for May 2022 was 10.3%.
- **Rising demand:** demand for social care is rising and this is expected to continue. This is projected to lead to an increase in demand for social care staff.
- **High turnover:** Skills for Care estimates the turnover rate of directly employed staff working in adult social care was 28.5% in 2020/21, equivalent to approximately 410,000 leavers over the year.
- Concerns around **low staff morale and burnout**, which the Covid-19 pandemic has likely exacerbated.
- Limited opportunities for **career progression** and little standardisation of training and qualifications.
- **Low pay:** care worker pay is among the lowest in the economy in general and is falling behind other sectors such as retail.

Most social care staff are employed by private sector providers who are responsible for setting their pay and conditions. However, public funding plays an important role. The [Health and Social Care Committee suggested in July 2022](#) (PDF) that “increases in pay and improvements in terms and conditions will not be possible without an increase in social care funding.”

Government policy

The Government has taken several actions to encourage the recruitment and retention of social care staff, including national recruitment campaigns and providing workforce recruitment and retention funding over the 2021/22 winter.

In December 2021, the Department of Health and Social Care (DHSC) published a [white paper on wider plans for social care reform](#). Chapter six set out the Government's strategy for the social care workforce, which will be supported by investment of at least £500 million over the next three years (2022/23 to 2024/25). The main policies include:

- The development of a Knowledge and Skills Framework and career structure for the social care workforce.
- A new Skills Passport to hold records of a person's learning and development.
- Investment in training routes and continuing professional development.
- A wellbeing and occupational health offer.
- Development of a new care workforce hub – a “central digital platform for the workforce.”

The [DHSC's White Paper on health and care integration](#), published in February 2022, additionally set out proposals aimed at ensuring staff are supported to provide integrated services. This includes exploring the introduction of an Integrated Skills Passport to enable staff to transfer their skills and knowledge between the NHS, public health and social care.

Stakeholder commentary

While stakeholders broadly welcomed the general principles in the December 2021 white paper, there are concerns over how adequate the committed funding will be.

It's been suggested the [policies fail to offer a long-term solution to the “fundamental problems”](#) in social care and do not amount to a workforce strategy for the sector. The lack of a focus on pay has also been highlighted.

Overseas social care workforce

Skills for Care estimates [16% of the adult social care workforce in 2020/21 identified as non-British compared to 8% of the population](#). 7% of the workforce identified as being an EU national and 9% from a non-EU nationality (excluding British). Historically there has been little direct recruitment of migrant workers into social care. Most migrant workers who started to work in social care were already in the UK.

Freedom of movement ended on 31 December 2020 and a new points-based immigration system was introduced. Concerns have been raised about the impact this may have on the adult social care sector. The Government has [emphasised that immigration should not be seen as an alternative to addressing wider issues in the sector](#).

Health and Care Worker visa

Following a recommendation from the Migration Advisory Committee in December 2021, the Government made care workers eligible for the Health and Care Worker visa and added the occupation to the Shortage Occupation List. The change came into effect on 15 February 2022 for an initial period of one year.

To qualify for the Health and Care Worker visa, care workers must earn at least £20,480 a year. The [Health and Social Care Committee has called for this threshold to be reduced](#), but the Migration Advisory Committee (MAC) argues this would risk facilitating low pay in the sector. The MAC has also recommended that [care workers be made eligible for the visa on a permanent basis](#).

In August 2022, press reports suggested the DHSC had launched a taskforce to bring more staff from overseas into both health and social care. It is suggested [one of the ideas is for an “online support hub”](#) to match people abroad with employers, although no decisions have been taken.

1 Characteristics of the adult social care workforce

1.1 Workforce size

Skills for Care, the workforce development and planning body for adult social care in England, [estimates there were 1.62 million adult social care jobs \(filled posts\) in England in 2021/22, across 17,900 organisations](#). This compares to around 1.4 million filled posts in the NHS. The sector employed around 1.5 million people.¹

Over three quarters (79%) of adult social care jobs were with independent sector employers. 7% were in local authorities, 7% were in the NHS, and 7% were employed by direct payment recipients.²

Around three quarters of jobs were directly providing care, including 860,000 care workers and 79,000 senior care workers.³ Managerial roles accounted for 7% of jobs and regulated professions (social workers, registered nurses, occupational therapists, and allied health professionals) accounted for 5%.

Since 2012/13, the number of filled posts in adult social care has increased by around 8%. Over the period, the workforce has shifted from local authority jobs towards independent sector jobs, and the number of jobs in domiciliary services has increased at a faster rate than jobs in residential services. While the total number of posts (filled and vacant) increased by 0.3% between 2020/21 and 2021/22, the number of filled posts decreased by 50,000 (3%). This is the only annual decrease since records began in 2012/13.⁴

¹ Skills for Care, [The size and structure of the adult social care sector and workforce in England](#), July 2022.

² Skills for Care, [The size and structure of the adult social care sector and workforce in England](#), July 2022.

³ In its April 2022 report on adult social care and immigration, the Migration Advisory Committee noted there is no formal boundary or clearly defined distinctive job roles between a senior care worker and care worker. Generally, a senior care worker will undertake similar duties to a care worker and may manage or monitor care workers (Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p25).

⁴ Skills for Care, [The size and structure of the adult social care sector and workforce in England](#), July 2022.

1.2 Workforce demographics

The social care workforce is more diverse than the labour force as a whole and women are overrepresented.⁵

Skills for Care estimates that in 2020/21:

- 82% of the adult social care workforce was female, but there was some variation between roles. 68% of senior managers were female, for example, compared to 84% of care workers.⁶
- The average worker was 44 years old and 27% of workers were aged 55 or over (compared to 21% of the economically active population). Care workers had the youngest age profile.⁷
- Black, Asian and Minority Ethnic workers made up 21% of the workforce, compared to 14% of the overall population of England. Workers from Black/African/Caribbean/Black British backgrounds accounted for 12% of the workforce compared to 3% of the overall population.⁸

1.3 Conditions of employment

Skills for Care estimates that in 2020/21, 89% of the adult social care workforce was employed on permanent contracts. Half usually worked full-time, and half were part-time. Both proportions varied by job role.⁹

Zero-hours contracts

24% of the workforce were recorded as being employed on a zero-hours contract, but there was variation between roles. For example, 55% of care workers working in domiciliary care were on a zero-hours contract.

⁵ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p29.

⁶ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp78-9.

⁷ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp79-80. The [Office for National Statistics defines economically active](#) as “people aged 16 and over who are either in employment or unemployed”.

⁸ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp82-3.

⁹ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp47-8.

While the proportion of workers employed on zero-hours contracts remained relatively stable between 2012/13 and 2020/21, Skills for Care suggests the proportion was “substantially lower prior to 2012.”¹⁰

In an [April 2022 report on adult social care and immigration](#), the Migration Advisory Committee suggested zero-hours contracts, shift work and night working are more prevalent among care workers than in other low paid occupations. Zero hours contracts can, the report said, “create uncertainty about hours but to some offer flexibility, particularly to those who may have other responsibilities or wish to keep working hours below the threshold for Universal Credit eligibility.” It added that “in as much as care workers can self-select into these contract features, this flexibility is likely to be beneficial rather than a restraint on hours and pay.”¹¹

In [its July 2022 report on the health and social care workforce](#) (PDF), the Health and Social Care Committee noted the flexibility zero-hours contracts give employers but cited evidence that they offer “no guarantee of work or financial security to workers.” The Committee recommended new regulations should be introduced by 2023 in which care workers initially employed on zero-hours contracts “must be offered a choice of contract after three months of employment.”¹²

15-minute commissioning of domiciliary care

The Health and Social Care Committee’s report on workforce noted some local authorities have moved towards commissioning domiciliary care in 15-minute increments. The report cited evidence from Professor Carol Atkinson, Professor of Human Resource Management at Manchester Metropolitan University, that many care providers would say they are forced into offering unfavourable terms and conditions, including low pay, zero-hours contracts, and poor career pathways, because of care being commissioned in this way.

The Committee concluded the practice “is having a devastating impact on the continuity of care offered to service users and the terms and conditions under which providers must provide care.”¹³ It added it “is within the Government’s gift to remedy this situation by providing adequate funding to the social care sector.”¹⁴

¹⁰ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp47-9.

¹¹ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p47.

¹² Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, p51.

¹³ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, p49.

¹⁴ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, p50.

1.4

Regulation

Except for the regulated professions (such as social workers and registered nurses), the social care workforce in England is not subject to professional regulation. This is an area where England differs from the rest of the UK:

- In Scotland, workers are required to register with the Scottish Social Services Council and must attain a specific qualification in line with their role within five years if they do not already possess one.
- In Wales, care workers must commit to complete a required qualification within three years if they do not already possess one.
- In Northern Ireland, registration is intended to demonstrate compliance with standards of conduct and practice rather than qualifications.¹⁵

In its report, the Migration Advisory Committee suggested England’s lack of “a regulatory body mandated by and accountable to government...may have hindered the development of a strong professional identity, underpinned by standards and qualifications.”¹⁶

¹⁵ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p23.

¹⁶ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p22.

2

Recruitment and retention issues

Adult social care faces several longstanding workforce challenges, including:

- increasing demand for care,
- high vacancy and turnover rates,
- low pay with limited pay progression, and
- poor terms and conditions compared to competing occupations.¹⁷

This section examines these issues in more detail.

Concerns have been raised that such workforce pressures can make it difficult to achieve and maintain good standards of care.¹⁸ Analysis by Skills for Care, for example, suggests providers with lower turnover rates, lower vacancy rates and higher levels of staff undertaking learning and development were more likely to receive higher Care Quality Commission (CQC) ratings.¹⁹

In its [April 2022 report on adult social care and immigration](#), the Migration Advisory Committee said workforce issues can leave providers unable to deliver services at all:

We were told that some agencies and employers were not only unable to deliver the quality of care that they wanted to, but in some cases were not able to deliver care at all – no longer supplying temporary social care workers, not taking on new work, and in some cases even handing back care packages to the LA. We were also told of the resultant risk to people’s independence and safety. Employers and individuals who draw on social care referred to people having to enter residential care rather than receive care in their own home; several also said that current staffing ratios were only being upheld with difficulty, and that if the staffing situation worsened there was a risk of

¹⁷ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p6; DHSC, [Evidence review for Adult Social Care Reform](#), 1 December 2021, para 4.51; Care Quality Commission, [The state of health care and adult social care in England 2020/21](#), October 2021, p69.

¹⁸ Moriarty, J., Manthorpe, J., & Harris, J. [Recruitment and retention in adult social care services](#). Social Care Workforce Research Unit, King's College London, January 2018, p3; Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p55; Nuffield Trust, [The adult social care workforce: next in the Secretary of State’s in-tray or last on the agenda?](#), 18 October 2021; Care Quality Commission, [The state of health care and adult social care in England 2020/21](#), October 2021, p42.

¹⁹ DHSC, [Impact Statement: Adult Social Care System Reform](#), February 2022, p48.

safeguarding failures. The implications of not delivering care are clearly greatest for those with the highest needs and least alternative support.²⁰

The report added “the duty of care often falls to unpaid family members and friends” where there are shortfalls in social care provision.²¹

[Statistics published by the Department of Health and Social Care \(DHSC\) in May 2022](#) indicated that, for the week ending 26 April 2022:

- 0.5% of care homes said their agreed staffing ratios had been breached. The proportion has remained under 1% since the time series began in December 2020 and peaked at 0.8% in January 2022.
- 5.3% of care homes said they were operating within agreed staffing ratios but there was a “a significant risk of escalation in the coming days.”
- 94.2% of care homes were operating within their agreed staffing levels.²²

In August 2022, based on a survey of local authorities carried out in April, the Association of Directors of Adult Social Services (ADASS) estimated around [300,000 people were waiting for a care assessment](#). In total, around 542,000 people were awaiting an assessment, review or the start of a service or direct payment.²³ In May 2022, ADASS additionally estimated around [170,000 hours a week of home care could not be delivered because of a shortage of care workers during the first three months of 2022](#), a seven-fold increase since Spring 2021.²⁴

Stakeholders have highlighted the need for sufficient social care services to alleviate pressure on the NHS by reducing emergency attendances and delayed discharges.²⁵

2.1 Vacancies

Skills for Care estimates an average of 6.8% of roles in adult social care were vacant in 2020/21, equivalent to approximately 105,000 vacancies. This was higher than the vacancy rate for the NHS (5.9%) and for the wider UK

²⁰ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p20.

²¹ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p15.

²² DHSC, [Adult social care in England, monthly statistics: May 2022](#), 12 May 2022.

²³ ADASS, [ADASS survey waiting for care](#), 4 August 2022.

²⁴ ADASS, [ADASS Waiting for Care Report May 2022](#), 13 May 2022.

²⁵ Care Quality Commission, [The state of health care and adult social care in England 2020/21](#), October 2021, p75; NHS Confederation, [System on a cliff edge: addressing challenges in social care capacity](#), 28 July 2022.

economy (2.1%).²⁶ The majority of vacancies (66,000) were for care worker roles (7.6% vacancy rate), but regulated professionals had the highest vacancy rate (9.0%).²⁷ The overall vacancy rate rose 2.3 percentage points between 2012/13 and 2020/21.²⁸

While the vacancy rate decreased at the start of the Covid-19 pandemic, likely due to fewer available jobs in the wider economy, it has risen steadily since May 2021 as the wider economy re-opened. As of August 2021, vacancy rates were back above their pre-pandemic levels.²⁹ Skills for Care estimated the vacancy rate in May 2022 to be 10.3%, compared to a pre-Covid level of 7.5%.³⁰ It should be noted that Skills for Care's monthly data is unweighted and may not be representative.³¹ In its July 2022 report on the size of the adult social care workforce, Skills for Care estimated there were 165,000 vacancies in 2021/22.³²

The Migration Advisory Committee noted that, while high vacancy rates have been prevalent across the whole UK labour market as part of the post-pandemic recovery, the social care sector “stands out in terms of faster rates of growth in vacancies.”³³

In a [survey of around 9,000 social care settings in England](#) carried out by the DHSC in autumn 2021, 82% of respondents reported recruiting staff was more difficult than six months previously. When asked which form of Government assistance with recruitment would be most useful, the most cited options were:

- Better recognition of the sector by Government.
- Add all care workers to the skills shortage list (see section 4 below).
- Speed up recruitment processes.³⁴

²⁶ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp67-68.

²⁷ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp68-69.

²⁸ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp70-71.

²⁹ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p110.

³⁰ Skills for Care, [Vacancy information - monthly tracking](#), last accessed 7 June 2022.

³¹ [PQ HL1611 \[on Care Homes: Vacancies\]](#), 8 July 2022.

³² Skills for Care, [The size of adult social care in England: workforce and trends](#), July 2022.

³³ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p8.

³⁴ DHSC, [Adult social care workforce survey: December 2021 report](#), 17 December 2021.

2.2

Future workforce demand

Demand for social care is rising and this trend is expected to continue.³⁵ While estimates vary and do not account for future policy changes, this is projected to lead to a significant increase in demand for social care staff:

- Based on [research commissioned by the DHSC on likely demand for care and support in the future](#), the Migration Advisory Committee suggested in April 2022 that the sector will need to recruit a further 236,000 full-time equivalents (FTEs) over the next 11 years to keep up with growing care demand. The analysis added that, while social care employs around 2% of the working-age population today, it may need to employ 4% to fulfil demand by 2033.³⁶
- In an October 2021 report, the Health Foundation estimated the sector would [need to employ 627,000 extra FTEs by 2031](#) on top of existing workforce shortages to improve services and meet need.³⁷
- In its [2021 report on the state of the adult social care sector and workforce](#), Skills for Care estimated, based on growth of the population aged 65 and above, the sector may need 490,000 extra jobs by 2035.³⁸

The DHSC does not routinely publish detailed projections on future workforce needs, which the Migration Advisory Committee described as “unfortunate.”³⁹

In July 2021 the DHSC commissioned Health Education England to review long-term strategic trends for the workforce, which will include adult social care. The review will “take a 15-year forward view to guide planning, education and training for the workforce.”⁴⁰

Health and Care Bill 2021-22

Several stakeholders, including the Health and Social Care Committee, have called for the Government to regularly publish independently verified

³⁵ For further information see: DHSC, [Evidence review for Adult Social Care Reform](#), 1 December 2021, chapter 3.

³⁶ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p28.

³⁷ Health Foundation, [REAL Centre Projections: Health and social care funding projections 2021](#), October 2021, p81.

³⁸ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p116.

³⁹ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p28.

⁴⁰ DHSC, [Joining up care for people, places and populations](#), February 2022, p51.

projections of future demand and supply of the health and social care workforce in England.⁴¹

During the Lords report stage on the Health and Care Bill 2021-22, an amendment was agreed to require the Secretary of State to publish independently verified assessments every two years of current health and social care workforce numbers and projections of future requirements.⁴²

On 30 March 2022, the Commons disagreed with the amendment. In his contribution, the Health Minister, Edward Argar, said:

...the Government are committed to improving workforce planning. We recognise the importance of having a properly trained workforce in sufficient numbers and in the right places. We are already taking the steps we need to ensure we have record numbers of staff working in the NHS. While we recognise the strength of feeling behind the amendment, we simply do not think it is necessary in its current form, and we urge the House to reject it.⁴³

On 5 April 2022, the Lords again agreed an amendment requiring the Secretary of State to publish workforce projections every three years.⁴⁴ This amendment was also subsequently disagreed by the Commons. The Health and Care Act 2022 does not include a requirement to publish workforce projections for social care.⁴⁵

Under section 41 of the Health and Care Act 2022, the Secretary of State is required, at least once every five years, to publish a report describing the system in place for assessing and meeting the workforce needs of the health service in England. In its [July 2022 report on the health and social care workforce](#), the Health and Social Care Committee said the Secretary of State should publish workforce projections for social care covering the next five, ten, and twenty years.⁴⁶

Impact of charging reforms on workforce

In September 2021, the Government [set out plans to reform how people pay for adult social care in England](#). The proposals include the introduction from October 2023 of an £86,000 cap on the amount anyone will have to spend on their personal care over their lifetime. The means test for accessing support will also be made more generous. Further information is available in the

⁴¹ Health and Social Care Committee, [Does the Government's White Paper deliver the reform needed by the health and social care sector?](#), 14 May 2021; King's Fund, Nuffield Trust and the Health Foundation, [NHS Bill must put a system in place to support better workforce planning](#), 14 April 2021.

⁴² [HL Deb 3 March 2022](#), cc971-993.

⁴³ [HC Deb 30 March 2022, c902](#).

⁴⁴ [HL Deb 5 April 2022, c2002-2028](#).

⁴⁵ [HC Deb 25 April 2022, cc522-542](#); [HL Deb 26 April 2022, cc219-238](#); [Health and Care Act 2022](#).

⁴⁶ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, p8.

Library briefing: [Proposed reforms to adult social care \(including cap on care costs\)](#).⁴⁷

The Government has acknowledged the reforms, including the need to deliver additional care assessments so self-funders can progress towards the cap, could result in workforce capacity issues.⁴⁸

A [report published by the County Councils Network in May 2022](#) estimated 4,300 extra social work staff would be needed to carry out additional assessments because of the reforms, a 39% increase in posts currently filled. The report suggested the operating model for conducting assessments will have to change fundamentally as it “not a feasible solution to find the additional workforce required.”⁴⁹

2.3

Turnover

Skills for Care estimates [the turnover rate of directly employed staff working in adult social care was 28.5% in 2020/21](#), equivalent to approximately 410,000 leavers over the year. However, many leavers move to another job in adult social care; 63% of recruitment in 2020/21 came from within the sector.⁵⁰

Turnover rates varied between sector, service, and job role. Care workers had the highest turnover rate of direct care-providing roles at 34.4%. The turnover rate for senior care workers was 17.4%. Registered nursing roles also had a relatively high turnover rate (38.2%), compared to other regulated professions such as social workers (12.8%).⁵¹

Turnover in the sector was not universally high; around a quarter of independent sector providers reported a turnover rate of less than 10%. The sector also had “an experienced core of workers”, with 79% of the workforce having worked in the sector for at least three years.⁵² The theme of a “segmented workforce in which there was a stable core of people who wanted to work in social care and another more mobile workforce who moved between care work and retail” has been noted in other research.⁵³

⁴⁷ Commons Library briefing CBP-9315, [Proposed reforms to adult social care \(including cap on care costs\)](#), 27 April 2022.

⁴⁸ DHSC, [Supporting local preparation: draft guidance](#), 14 March 2022, paras 1.20-1.22

⁴⁹ County Councils Network, [Preparing for Reform](#), 25 May 2022, pp6-7.

⁵⁰ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p56.

⁵¹ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp56-7.

⁵² Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p62.

⁵³ Moriarty, J., Manthorpe, J., & Harris, J. [Recruitment and retention in adult social care services. Social Care Workforce Research Unit](#), King's College London, January 2018, p9.

Turnover rates increased steadily by a total of 10.2 percentage points between 2012/13 and 2019/20 but decreased by 2.3 percentage points during 2020/21. Skills for Care suggested this direction change:

shows the influence of the Covid-19 pandemic, with fewer jobs available in the wider economy and some employees feeling the duty to stay with their employers and help the people they care for through the pandemic.⁵⁴

The report added that the increase in vacancy rates for direct care-providing roles since 2012/13 may be linked to the fall in unemployment rates in the UK over the same period. Generally, adult social care vacancy rates tend to be higher when whole economy unemployment rates are low.⁵⁵

Leaver rates since 2020/21 are not readily available, but the Nuffield Trust has said its own analysis suggests “[staffing levels appear to have tumbled](#).”⁵⁶

Impact of high turnover

The Migration Advisory Committee noted the “high, and generally rising, rates of employee turnover.” It added that some movement between employers can be healthy, but high levels can “be disruptive for organisations and are often symptomatic of underlying issues.”⁵⁷

In its [evidence review for adult social care reform](#), published in December 2021, the DHSC suggested:

whilst firm-level turnover for adult social care roles is broadly comparable to some other low paid occupations such as sales/retail assistants and cleaners, evidence suggests...people receiving care particularly value continuity as this enables them the chance to get to know their regular carers well.

High turnover may, therefore, have an “emotional impact” on care users and “may reduce the quality of care they receive.”⁵⁸

The “undeniable” value of continuity of care in social care settings, particularly for people reliant on non-verbal communication, was also highlighted by the Health and Social Care Committee in its July 2022 report.⁵⁹

High turnover can also cause issues for providers. Skills for Care has estimated it can cost up to £3,600 to recruit one replacement care worker.

⁵⁴ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p58.

⁵⁵ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p73.

⁵⁶ Nuffield Trust, [The long goodbye? Exploring rates of staff leaving the NHS and social care](#), 2 March 2022.

⁵⁷ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p8.

⁵⁸ DHSC, [Evidence review for Adult Social Care Reform](#), December 2021, para 4.54.

⁵⁹ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, p46.

Workers remaining in their roles may also face the increased burden of covering additional work, which could impact their wellbeing.⁶⁰

Causes of staff leaving

Skills for Care developed machine learning models to identify the most influential factors on workers' propensity to leave their jobs in 2020/21. The findings included:

- **A large proportion of staff turnover arose from workers leaving their posts soon after joining.** The turnover rate of care workers with less than a year of experience was 36.7% compared to 12% for those with 10 years or more experience.
- **The sector finds it difficult to retain younger workers.** The turnover rate amongst those aged under 20 years was 39.1% compared to 18.8% for those aged 50-59. The report noted this issue is not unique to adult social care.
- **Relatively small changes in hourly rates have little bearing on care worker turnover rates.** It's only once care workers are paid significantly above the National Living Wage that an improvement in turnover rates can be seen.
- **Care workers who received regular training and those with qualifications were less likely to leave their roles than those who didn't.**
- **Workers were more likely to leave if they were employed on zero hours contracts** (32.1% turnover rate compared to 22.6% for those not on zero-hours contracts).
- **Turnover rates were lower in establishments receiving high CQC scores.**⁶¹

The King's Fund has also suggested the [difficulty in attracting and retaining younger care workers compounds "a wider recruitment and retention issue in social care."](#)⁶²

In a [survey of almost 9,000 social care settings in England](#), carried out by the DHSC in autumn 2021, 70% of respondents reported that retaining staff was more challenging than six months ago.⁶³ The top three reasons believed to be the main cause of staff leaving were:

⁶⁰ DHSC, [Evidence review for Adult Social Care Reform](#), December 2021, para 4.55.

⁶¹ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp22-23.

⁶² King's Fund, [Why social care is losing the 'generation game' in recruitment \(and what can be done about it\)](#), 9 November 2021.

⁶³ DHSC, [Adult social care workforce survey: December 2021 report](#), 17 December 2021.

- Better pay outside the care sector.
- Not wishing to be vaccinated (see box below).
- Better hours and working conditions outside the care sector.

The top three reasons for domiciliary care providers were better pay outside the care sector; better hours and working conditions outside the care sector; and feelings of burnout/stress.⁶⁸

1 Mandatory vaccination

Between November 2021 and 15 March 2022 it was a legal requirement for staff working in care homes to be vaccinated against Covid-19 unless they met the criteria for an exemption. Regulations providing for mandatory vaccination for other social care settings were revoked before they came into force on 1 April 2022. Further information is available in section 8 of the Library briefing: [Coronavirus: Adult social care key issues and sources](#).⁶⁴

Although the policy of mandatory Covid-19 vaccination has now been reversed, the [Nuffield Trust noted](#) that data suggested “substantial falls in directly employed staff in [the care home sector] in the weeks leading up to the deadlines for first and second doses.”⁶⁵ Not wanting to be vaccinated was also the second most commonly cited reason for staff leaving the care home sector in the Government’s adult social care workforce survey.⁶⁶

In its August 2022 report on long-term funding of adult social care, the Levelling Up, Housing and Communities Committee noted that, although the Government reversed its policy on mandatory vaccination, this “may not mean that all affected care workers will have returned to the sector.”⁶⁷

⁶⁴ Commons Library briefing, CBP-9019, [Coronavirus: Adult social care key issues and sources](#).

⁶⁵ Nuffield Trust, [The long goodbye? Exploring rates of staff leaving the NHS and social care](#), 2 March 2022.

⁶⁶ DHSC, [Adult social care workforce survey: December 2021 report](#), 17 December 2021.

⁶⁷ Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care](#) (PDF), 4 August 2022, HC 19 2022-23, p52.

⁶⁸ DHSC, [Adult social care workforce survey: December 2021 report](#), 17 December 2021.

2.4

Morale, burnout and sickness

The way staff feel has been identified as “a very important factor driving the low retention of staff” in adult social care.⁶⁹ There are concerns that the Covid-19 pandemic “exacerbated existing problems with staff welfare.”⁷⁰

In its [October 2021 report on the state of health and social care in England](#), the Care Quality Commission said the negative impact of working under the sustained pressure of the pandemic, including anxiety, stress, and burnout “cannot be underestimated.” It added that social care staff “are exhausted and the workforce is depleted.”⁷¹

Skills for Care has highlighted the risk of staff leaving because of ‘burnout’ due to the pressures of the pandemic.⁷²

While high sickness rates can be reflective of a favourable sickness policy, they can also indicate low rates of wellbeing and possible burnout.⁷³ Data from Skills for Care shows the average number of sickness days lost in 2020/21 was 8.9 per employee, equivalent to approximately 12.7 million days.⁷⁴ Levels of staff sickness nearly doubled over the course of the pandemic, which Skills for Care said “will be a mixture of people being ill, self-isolation and people unable to work for other reasons, such as childcare issues.”⁷⁵

There are also other indications of low wellbeing among staff. [Figures from the Office of National Statistics from February 2021](#), for example, showed 26% of care workers were likely to be experiencing some form of depression at the start of 2021 and 27% were likely to be experiencing an anxiety disorder (compared to 20% and 18% respectively for all adults). The DHSC has noted “this situation may likely be exacerbated over time if the demand for services increases at a faster rate than the workforce size.”⁷⁶

In addition, in the DHSC’s autumn 2021 workforce survey, 71% of respondents reported maintaining staff morale was more challenging than in the previous six months. The main consequences of low staff morale were reported to be:

⁶⁹ Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care \(PDF\)](#), 4 August 2022, HC 19 2022-23, p52.

⁷⁰ Health and Social Care Committee, [Workforce burnout and resilience in the NHS and social care \(PDF\)](#), 8 June 2021, HC 22 2021-22, pp4-5 & paras 104-109 & 121.

⁷¹ Care Quality Commission, [The state of health care and adult social care in England 2020/21](#), October 2021, p23.

⁷² Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p57.

⁷³ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p66.

⁷⁴ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p54.

⁷⁵ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p67.

⁷⁶ DHSC, [Evidence review for Adult Social Care Reform](#), December 2021, para 4.55.

staff unwilling or unable to take on more hours, being less energised on unable to “do more” and indicating they were thinking of leaving.⁷⁷

In its August 2022 report on long-term funding of adult social care, [the Levelling Up, Housing and Communities Committee highlighted the stress that 15-minute visits can cause for care staff](#), because they feel they cannot properly meet the needs of the people they are supporting.⁷⁸

In its [May 2021 report on workforce burnout and resilience in the NHS and social care](#), the Health and Social Care Committee said the scale and impact of workforce burnout can only be assessed with a metric for staff wellbeing and mental health that covers both the NHS and social care. It recommended the NHS Staff Survey should be extended to cover the social care sector.⁷⁹

2.5

Qualifications and career development

In addition to staff numbers, the skills of the workforce are important in determining access to, and quality of care.⁸⁰ The low status of social care has been highlighted as a reason for retention and recruitment problems.⁸¹

Qualifications

Of the 1.5 million people working in adult social care, around three quarters work in direct care roles which do not have formal qualification requirements.⁸² There is also little standardisation of qualifications in the sector.⁸³

Skills for Care estimates 44% of the workforce providing direct care held a relevant social care qualification in 2020/21. 75% of senior care workers were recorded as having a social care qualification at Level 2 or above, as were 41% of care workers.⁸⁴ Of the 56% of direct care-providing staff who did not hold a relevant social care qualification, 58% had achieved, partially completed, or were working towards the Care Certificate (see box below),

⁷⁷ DHSC, [Adult social care workforce survey: December 2021 report](#), 17 December 2021.

⁷⁸ Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care \(PDF\)](#), 4 August 2022, HC 19 2022-23, p53.

⁷⁹ Health and Social Care Committee, [Workforce burnout and resilience in the NHS and social care \(PDF\)](#), 8 June 2021, HC 22 2021-22, paras 36-37.

⁸⁰ DHSC, [Evidence review for Adult Social Care Reform](#), December 2021, para 4.56.

⁸¹ Moriarty, J., Manthorpe, J., & Harris, J. [Recruitment and retention in adult social care services. Social Care Workforce Research Unit](#), King's College London, January 2018, p14.

⁸² PQ 56183 [on [Care workers: Qualifications](#)], 15 October 2021.

⁸³ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p23.

⁸⁴ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp108-109.

41% had five or more years' experience in the sector, and 73% had completed training.⁸⁵

In December 2021, the DHSC suggested the fact that 56% of direct care providing staff did not have a relevant social care qualification showed “scope for further upskilling of the workforce and formal recognition of their existing skills.” It added that ensuring staff take the relevant qualifications and training would be “key to the care provided to users.”⁸⁶

2 The Care Certificate

The Care Certificate was launched in April 2015 and replaced the Common Induction Standards. It is a set of standards which social care workers need to meet to provide safe and compassionate care. It comprises 15 standards and must be completed within 12 weeks of beginning the process. According to Skills for Care, 67% of direct care-providing staff in the adult social care sector have achieved, partially completed, or were working towards the Care Certificate.⁸⁷

In its July 2022 report on the health and social care workforce, the Health and Social Care Committee noted that providers often want care workers to re-do their care certificate when they move roles. It said that this, “along with the fact that the Care Certificate is not externally validated, means it is seen “as of little value.” The report recommended the Government introduce a new mandatory Care Certificate by 2023 which is externally accredited and portable between social care providers and between social care and the NHS.⁸⁸

The Government has committed to invest in a portable Care Certificate which is recognised across the sector (section 3.3 below provides more information).

Career development

In its [August 2022 report on long-term funding of adult social care](#) (PDF), the Levelling Up, Housing and Communities Committee highlighted a lack of opportunities for career progression as one of the factors driving low retention in adult social care. This is partly, the report said, “down to a lack of

⁸⁵ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p112.

⁸⁶ DHSC, [Evidence review for Adult Social Care Reform](#), December 2021, para 4.56.

⁸⁷ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p107.

⁸⁸ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, p48.

professionalisation and career pathways within the sector, and partly down to very minimal pay increases as one climbs up the career ladder.”⁸⁹

Data from Skills for Care suggests the most common career pathway for ancillary staff is to progress to care worker, and then to senior care worker or supervisory roles. Senior care workers or supervisors are most likely to move into first-line managerial or registered manager roles.⁹⁰

In its [July 2022 report on the health and social care workforce](#) (PDF), the Health and Social Care Committee said “better training and career development pathways in social care will be an essential part of driving recruitment and retention in the sector.” It recommended the Government should restore free access for social care staff to the same NHS training as community health colleagues by July 2023.⁹¹

In its [report on the state of health and adult social care in England 2020/21](#), published October 2021, the Care Quality Commission similarly called for “a clearly defined career pathway for social care staff – linked to training and supported by consistent investment that will enable employers to attract and retain the right people.”⁹²

In its April 2022 [report on adult social care and immigration](#), the Migration Advisory Committee also said the social care sector would “benefit from increased professionalisation, with workers incentivised to invest in their career.” It added that the Committee supported training to “further upskill the workforce and increase the public perception of care work and formally recognise the skills which workers build over their time in their role.” This type of formal training, the report said, “should be adequately funded throughout the UK to ensure that care workers can continue to learn whilst they work.”⁹³

Previous research has, however, highlighted unease in the social care sector that the consequence of investing in training health and care assistants and nurses could be that they then leave to work in the NHS.⁹⁴

⁸⁹ Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care](#) (PDF), 4 August 2022, HC 19 2022-23, p51.

⁹⁰ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p110.

⁹¹ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, p47.

⁹² Care Quality Commission, [The state of health care and adult social care in England 2020/21](#), October 2021, p75.

⁹³ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p24.

⁹⁴ Moriarty, J., Manthorpe, J., & Harris, J. [Recruitment and retention in adult social care services. Social Care Workforce Research Unit](#), King's College London, January 2018, p1.

2.6

Pay

Pay is regularly identified as a key issue for the social care sector.⁹⁵ In the DHSC's autumn 2021 survey of social care settings in England, "better pay outside the care sector" was the top cause of staff leaving.⁹⁶

In its [October 2020 report on the social care workforce](#), the Health and Social Care Committee argued that low pay "devalues social care workers who are often highly skilled; is a factor in high turnover rates and high numbers of vacancies; and as a result, undermines the quality and long-term sustainability of social care."⁹⁷

Pay rates

Skills for Care estimates the full-time equivalent mean annual pay rate for care workers in 2020/21 was £20,700 in the local authority sector and £17,900 in the independent sector. It noted that although care worker pay has increased since 2012/13, "it's still amongst the lowest of the economy in general."⁹⁸

While historically care worker pay has been higher than some of the lowest paid jobs in the economy, by 2020/21 the gap had narrowed. For example, sales and retail assistants earned 13 pence less per hour on average than care workers in 2012/13. By 2020/21 they earned 21 pence more.⁹⁹ This issue is discussed in more detail in a blog post by Simon Bottery, Senior Fellow at the King's Fund, published on 23 August 2022: [Odds stacked against it: how social care struggles to compete with supermarkets on pay](#).¹⁰⁰

The social care sector is also in competition with the NHS for employees and can find it hard to compete with the salaries and benefits on offer.¹⁰¹ Skills for Care estimates, for example, that the average salary of care workers in the

⁹⁵ Levelling Up, housing and Communities Committee, [Long-term funding of adult social care \(PDF\)](#), 4 August 2022, HC 19 2022-23, p53.

⁹⁶ DHSC, [Adult social care workforce survey: December 2021 report](#), 17 December 2021.

⁹⁷ Health and Social Care Committee, [Social care: funding and workforce](#) (PDF), 22 October 2020, HC 206 2019-21, para 51.

⁹⁸ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p73.

⁹⁹ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p74.

¹⁰⁰ King's Fund, [Odds stacked against it: how social care struggles to compete with supermarkets on pay](#), 23 August 2022.

¹⁰¹ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, pp40 &43; Moriarty, J., Manthorpe, J., & Harris, J. [Recruitment and retention in adult social care services](#). [Social Care Workforce Research Unit](#), King's College London, January 2018, p7.

independent sector (£17,900) in 2020/21 was around £3,500 less than similar roles in the NHS.¹⁰²

In its April 2022 report, the Migration Advisory Committee highlighted employment practices which may make effective pay even lower, including:

- Travel time between people receiving care and support and the extra time required to adhere to infection protocols sometimes not being counted as working time, despite the requirement it should be.¹⁰³
- In 2021, the Supreme Court ruled that workers on sleep-in shifts were not entitled to the National Minimum Wage while asleep. In this situation, the rate of pay is not regulated.¹⁰⁴

The report recommended “workers in social care should be paid for the hours while at work, whether this is time spent travelling or sleeping.”¹⁰⁵

In its July 2022 report on the health and social care workforce, the Health and Social Care Committee said it was “completely unacceptable that the practice of not paying for travel time means that some domiciliary care workers are effectively working for less than the minimum or living wage.” It recommended the Government should issue new, clarified guidance and that the HMRC enforcement body must be proactive in ensuring all care workers are receiving at least the minimum wage or living wage for all the time they spend working.¹⁰⁶

Low pay for care workers is not unique to the UK. The Migration Advisory Committee highlighted research showing that across EU member states, those working in residential long-term care were paid 79% of average earnings. The figure for the UK was 71%; the figures for France and Germany were 79% and 82% respectively. Non-residential care workers in the UK were paid 67% of average earnings in the UK compared to 80% in EU member states.¹⁰⁷

¹⁰² Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p104.

¹⁰³ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p48.

¹⁰⁴ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p8.

¹⁰⁵ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p9.

¹⁰⁶ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, pp50-51. The report explained that: “It is not unlawful not to pay care workers for travel time, as long as their total pay averages out at or above minimum wage once travel time is factored in. However, for some workers, travel time between appointments means that their average pay does drop below minimum wage.”

¹⁰⁷ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p42.

Pay progression

As well as low levels of overall pay, it is also argued that pay progression in adult social care is poor compared to other sectors.¹⁰⁸

The Migration Advisory Committee said care workers who have been working with the same employer for 5-10 years can expect to earn 3% more than those who have been with the employer for less than a year. In competing occupations, the differential is 7%.¹⁰⁹

The Committee additionally said in 2021 the median senior care worker only earned 74 pence more per hour than the median care worker, despite having additional responsibilities.¹¹⁰ It said, “poor pay progression within and between roles in social care not only drives high turnover at an organisational level but may also disincentivise individuals from pursuing a career in the sector.”¹¹¹

The Health and Social Care Committee highlighted pay as “a crucial factor in recruitment and retention in social care”. It added that, “whilst pay increases are sorely needed, merely raising wages is not enough. A long-term, sustainable strategy is needed which includes the prospect of pay progression, professional development, training, and career pathways.”¹¹²

Impact of the National Living Wage

The [National Living Wage \(NLW\)](#) was introduced on 1 April 2016 for all working people aged 25 and over. The adult social care sector was among the “most vocal” in expressing concern about its introduction, with “warnings across the sector that the NLW would intensify the already existing funding crisis.”¹¹³

According to Skills for Care data, between September 2012 and March 2016, the nominal (not adjusted for inflation) median care worker hourly rate increased by an average of 16 pence per year. After the introduction of the NLW from April 2016, it increased by an average of 35 pence per year. Skills for Care also noted the 6.2% increase in the NLW in April 2020 contributed to a 6% increase in the median nominal care worker hourly rate between March

¹⁰⁸ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p44.

¹⁰⁹ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p44.

¹¹⁰ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p45.

¹¹¹ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p45.

¹¹² Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, pp43-44.

¹¹³ Moriarty, J., Manthorpe, J., & Harris, J. [Recruitment and retention in adult social care services. Social Care Workforce Research Unit](#), King's College London, January 2018, p8; Low Pay Commission, [The National Living Wage Review \(2015-2020\)](#), May 2022, para 1.13.

2020 and March 2021, the highest increase over the period from September 2012.¹¹⁴

There is some evidence, however, of the NLW leading to wage compression in the sector and a reduction in pay differentials between less and more experienced staff.¹¹⁵ Skills for Care notes, for example, that care workers in the bottom 10% of the pay scale benefited most from the NLW (a real terms increase of 19.2% between 2016 and 2021). In comparison, care workers in the top 10% saw a 9.3% increase over the same period. Skills for Care explains: “with the increasing wage floor, some social care organisations haven’t been able to maintain the pay differential, with funding going towards increasing the hourly rate of the lowest paid workers, and higher paid staff receiving slower pay growth.”¹¹⁶

Similarly, before March 2017, care workers with five or more years of experience in the sector could expect an hourly rate of around 26 pence to 37 pence higher on average than a care worker with less than a year of experience. The “experience pay gap” had reduced to 6 pence an hour by March 2021.¹¹⁷

In its April 2022 report, the Migration Advisory Committee noted the role of the NLW in increasing wages for the lowest paid while also compressing the distribution of pay. “There is now little premium”, the report said, “for relevant experience and the additional pay for working as a senior care worker, compared to a care worker, is often unlikely to be sufficient to persuade workers to take the extra responsibility that would come with promotion.”¹¹⁸

2.7

Public funding for adult social care

Most social care staff are employed by private sector providers who are responsible for setting their pay and conditions.¹¹⁹ However, given most care providers accept both publicly and privately funded clients, public funding has been described as “integral to social care provision” and “pivotal to wage setting”.¹²⁰

¹¹⁴ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp99-100.

¹¹⁵ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p41.

¹¹⁶ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp101-102.

¹¹⁷ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p102.

¹¹⁸ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p6.

¹¹⁹ [PQ 149362](#), 29 March 2022.

¹²⁰ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p19.

The Migration Advisory Committee's April 2022 report said the "persistent underfunding of the care sector by successive governments" was the most important factor in social care workforce problems.¹²¹

While social care is undervalued for several reasons, the report said, "chiefly it is a direct result of insufficient public funding."¹²²

The report said "the structure and shortfall in social care funding" has limited the scope for wages and prices to rise in response to high vacancy rates. It added that this "varies across care providers and their reliance on publicly funded care packages."¹²³

On the introduction of minimum hourly wage rates for care workers, the Committee recommended the Government should introduce a fully funded minimum rate of pay for care workers in England that is above the NLW, where care is being provided through public funds. It suggested a minimum starting point of £10.50 for immediate implementation but urged the Government "to go significantly further as quickly as possible."¹²⁴ Thought must also be given, the report said, to maintaining differentials, to reward both experience and seniority, rather than just merely increasing minimums."¹²⁵

Similarly, in its [National Living Wage Review \(2015-2020\)](#), published in May 2020, the Low Pay Commission highlighted social care as "a particularly acute example" of a sector where public funding has failed to keep pace with the rising NLW. It urged the Government "to take responsibility for funding a rising minimum wage in social care...where it is the ultimate source of funds."¹²⁶

In its July 2022 report on the health and social care workforce, the Health and Social Care Committee said "increases in pay and improvements in terms and conditions will not be possible without an increase in social care funding." The Committee repeated its earlier recommendation that annual funding for social care should be increased by £7 billion by 2023/24. It said this will "account for demographic changes, uplift staff pay in line with the National Minimum Wage and protect people who face catastrophic social care costs."¹²⁷

¹²¹ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p50.

¹²² Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p42.

¹²³ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p37.

¹²⁴ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p9.

¹²⁵ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, pp8 & 42.

¹²⁶ Low Pay Commission, [The National Living Wage Review \(2015-2020\)](#), May 2022, para 5.25.

¹²⁷ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, p6.

In its August 2022 report on long-term funding of adult social care, the Levelling Up, Housing and Communities Committee similarly called on the Government to urgently allocate additional funding to adult social care of at least £7 billion a year.¹²⁸

2.8 Workforce planning

Some stakeholders suggest better workforce planning is needed to solve the workforce issues in adult social care. A blog post published by the Nuffield Trust, for example, said that historically there has been “a vacuum of national leadership” on the issue of the adult social care workforce, with “no government workforce strategy...for over a decade.”¹²⁹

In its May 2021 report, the Health and Social Care Committee argued “better workforce planning” was “at the heart of the solution to workforce burnout and resilience.”¹³⁰ The report highlighted the NHS’s People Plan and recommended the Government creates one for social care, aligned to the NHS’s ambitions. It said: “the absence of a People Plan for social care serves only to widen the disparity in recognition and support for the social care components of health and social care.”¹³¹

The Migration Advisory Committee supported the Health and Social Care Committee’s recommendation. It added that “a long term, coherent workforce strategy, that is fully implemented with adequate public funding, is vital to make social care an attractive, viable and sustainable career.”¹³²

The lack of a people plan for social care has also been highlighted by the Care Quality Commission.¹³³

In its response to the Health and Social Care Committee’s report, the Government said it was “committed to the reform of the adult social care system and will consider the Committee’s recommendations for a People Plan for Social Care in the context of this work.”¹³⁴

¹²⁸ Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care \(PDF\)](#), 4 August 2022, HC 19 2022-23, p4.

¹²⁹ Nuffield Trust, [The adult social care workforce: next in the Secretary of State’s in-tray or last on the agenda?](#), 18 October 2021; Department of Health, [Working to Put People First: The Strategy for the Adult Social Care Workforce in England](#) (PDF), April 2009.

¹³⁰ Health and Social Care Committee, [Workforce burnout and resilience in the NHS and social care](#) (PDF), 8 June 2021, HC 22 2021-22, para 135.

¹³¹ Health and Social Care Committee, [Workforce burnout and resilience in the NHS and social care](#) (PDF), 8 June 2021, HC 22 2021-22, para 163.

¹³² Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p7.

¹³³ Care Quality Commission, [The state of health care and adult social care in England 2020/21](#), October 2021, p70.

¹³⁴ DHSC, [The government response to the Health and Social Care Committee report on workforce burnout and resilience in the NHS and social care](#), 15 February 2022, para 3.20.

In its [white paper on health and care integration](#), published in February 2022, the DHSC noted adult social care is “a largely private sector market and core responsibilities of workforce planning and market shaping are devolved to local authorities who are accountable to their local populations.” It added the Government would “continue to work closely with local authorities and care providers to monitor workforce pressures, including identifying whether further action may be required.”¹³⁵

¹³⁵ DHSC, [Joining up care for people, places and populations](#), February 2022, pp51-52.

3 Government policy

In responses to parliamentary questions, the Government has noted that most social care workers are employed by private sector providers who set their pay and conditions.¹³⁶ However, it has also highlighted several actions taken to encourage the recruitment and retention of social care staff, including:

- National recruitment campaigns.
- Working with the Department for Work and Pensions to promote careers in adult social care to jobseekers.¹³⁷
- Providing workforce recruitment and retention funding over the 2021/22 winter.¹³⁸
- Investing at least £500 million over the next three years in social care workforce professionalisation and development, wellbeing and mental health support.¹³⁹
- Making social care workers, care assistants and home care workers eligible for the Health and Care visa and adding the roles to the shortage occupation list.¹⁴⁰

This section provides further information on some of these policies. Policy on international recruitment is covered in section 4 below.

3.1 Recruitment campaigns

The DHSC has conducted several social care recruitment campaigns since 2019:

- The “Every Day is Different” campaign ran from February 2019 to April 2019.¹⁴¹ An evaluation of the campaign found that over half the target audience (people aged 20 to 39) acted after seeing the

¹³⁶ PQ 23772 [[on Care Workers: Pay](#)], 23 June 2022.

¹³⁷ PQ 154774 [[on Care Homes: Staff](#)], 19 February 2021.

¹³⁸ PQ HL3355 [[on Care Workers: Recruitment](#)], 22 October 2021.

¹³⁹ PQ 52527 [[on Social Services: Vacancies](#)], 21 September 2021.

¹⁴⁰ PQ 102666 [[on Care Workers: Recruitment](#)], 12 January 2022; PQ 157423 [[on Social Services: Vocational Guidance](#)], 21 April 2022.

¹⁴¹ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp74-75.

advertisements. 26% of care staff surveyed also reported having seen an increase in enquiries, applications, interviews or vacancies filled.¹⁴²

- In April 2020, the DHSC launched ‘Care for others. Make a difference’ to build on the previous national recruitment campaign.¹⁴³ The Government estimated that in 2020/21, campaign activity generated 274,044 new users to the adult social care recruitment campaign website, of which 46.75% subsequently searched for jobs in adult social care in their local area. This included only those users who consented to tracking cookies online, so the actual number of users was thought to be higher.¹⁴⁴
- In November 2021, the DHSC launched a Made with Care recruitment campaign across broadcast and social media. The campaign ran until March 2022.¹⁴⁵

3.2 Workforce recruitment and retention funding

On 17 January 2021, the DHSC announced it would provide [£120 million for local authorities to support staffing levels in adult social care](#). It said the funding could be used to:

- provide additional care staff where shortages arise;
- support administrative tasks so experienced and skilled staff can focus on providing care; and
- help existing staff to take on additional hours if they wish with overtime payments or by covering childcare costs.

The funding was available up to 31 March 2021.¹⁴⁶

Workforce Recruitment and Retention Fund

On 21 October 2021, the DHSC announced a [£162.5 million Workforce Retention and Recruitment Fund](#) up to the end of March 2022. Local authorities were able to access the ring-fenced funding “based on their need helping to boost the number of people working in adult social care and supporting those

¹⁴² Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p75; DHSC, [Adult Social Care Recruitment National Roll Out Campaign End of campaign evaluation summary](#) (PDF).

¹⁴³ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p75.

¹⁴⁴ PQ 75892 [\[on Social Services: Recruitment\]](#), 26 April 2022.

¹⁴⁵ DHSC, [Adult social care campaign to build bigger and better workforce](#), 3 November 2021; DHSC, [Famous faces urge people to take up a career in care](#), 18 January 2022.

¹⁴⁶ DHSC, [Social care sector to receive £269 million to boost staffing levels and testing](#), 19 January 2021; DHSC, [Workforce Capacity Fund for adult social care](#), 23 February 2021.

already working in the sector to continue to deliver high-quality care.”¹⁴⁷ Further information on the fund was provided in [guidance published by the DHSC](#).¹⁴⁸

On 10 December 2021, the Government announced further support for the social care sector to protect people from the spread of the Omicron Covid-19 variant. This included an [additional £300 million for the Workforce Retention and Recruitment Fund](#) (taking total funding to £462.5 million). Funding could be used “to pay for bonuses and bring forward planned pay rises for care staff, fund overtime and staff banks increasing workforce numbers up until the end of March [2022]”.¹⁴⁹

In [response to a parliamentary question in February 2022](#) the Care Minister, Gillian Keegan, said the Government had no current plans for further workforce recruitment and retention funds after 2021/22. She added the Government was “continuing to work with providers, councils and partners to assess the situation and consider what further action may be necessary.”¹⁵⁰

3.3 Adult social care reform

Background

In September 2021, the Government [set out plans to reform adult social care in England \(PDF\)](#) to be funded through a new Health and Social Care Levy. £5.4 billion of revenue from the Levy will be used to fund reforms over the next three years (2022/23 to 2024/25):

- £3.6 billion will be used to reform how people pay for social care, including the introduction of a cap on care costs. Further information on these reforms is available in the Library briefing: [Proposed reforms to adult social care \(including cap on care costs\)](#).¹⁵¹
- £1.7 billion will be used to support wider system reform, including around the workforce.¹⁵²

“Fair cost of care” reforms

Local authorities can use their position as a large purchaser of social care to obtain lower fee rates from care providers, which can be less than the cost of

¹⁴⁷ DHSC, [Multi-million-pound fund to boost adult social care workforce](#), 21 October 2021.

¹⁴⁸ DHSC, [Workforce Recruitment and Retention Fund for adult social care](#), 3 November 2021.

¹⁴⁹ DHSC, [Support package to protect care sector this winter](#), 10 December 2021.

¹⁵⁰ [PQ 122721 \[on Social Services: Recruitment\]](#), 10 February 2022.

¹⁵¹ Commons Library briefing CBP 9315, [Proposed reforms to adult social care \(including cap on care costs\)](#).

¹⁵² HM Treasury, [Autumn Budget and Spending Review 2021](#), HC 822, October 2021, para 4.8.

providing the care. To compensate, providers often attempt to cross-subsidise by charging more to people who fund their own care.

The Government is proposing two related measures aimed at addressing these issues:

- Enabling self-funders to access local authority fee rates.
- Funding local authorities so they can increase the rates they pay for care.

The Government said it will provide an additional £1.36 billion over the next three years – referred to as the Market Sustainability and Fair Cost of Care Fund – to help local authorities increase the rates they pay to care providers where necessary (move towards paying a “fair cost of care”). £16 million will be allocated in 2022/23 and £600 million in both 2023/24 and 2024/25. The funding is part of the £3.6 billion from the Health and Social Care Levy allocated for social care charging reforms.¹⁵³

The Government expects local authorities to conduct a cost of care exercise to determine sustainable rates and identify how close they are to them. It said the additional funding should then be used “to genuinely increase fee rates, as appropriate to local circumstances.”¹⁵⁴

Section 3.3 of the [Library Briefing on the proposed adult social care reforms](#) provides more information.¹⁵⁵

Commentary on implications of reforms for the workforce

In its [August 2022 report on long-term funding of adult social care](#) (PDF), the Levelling Up, Housing and Communities Committee said that when challenged on workers’ pay, the Minister, Gillian Keegan, pointed to the fair cost of care policy.

However, the report said “if all that does is reduce the cross-subsidy by self-funders, there will be little additional money in the system to add to workers’ wages.”¹⁵⁶ The report recommended the Government’s guidance for the fair cost of care exercises should require councils and providers to move towards pay rates for care workers that align with the NHS and that reward more senior staff with meaningfully higher pay than entry level workers.”¹⁵⁷

¹⁵³ DHSC, [Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023](#), 16 December 2021.

¹⁵⁴ DHSC, [Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023](#), 16 December 2021.

¹⁵⁵ Commons Library briefing CBP-9315, [Proposed reforms to adult social care \(including cap on care costs\)](#).

¹⁵⁶ Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care \(PDF\)](#), 4 August 2022, HC 19 2022-23, p54.

¹⁵⁷ Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care \(PDF\)](#), 4 August 2022, HC 19 2022-23, p57.

While welcoming the reforms aimed at ensuring local authorities paid a “fair cost of care”, the Health and Social Care Committee similarly argued that they “must not be used as an excuse to reinforce the low pay which is endemic in the sector.” It added that the Government must ensure the cost of care is calculated on the basis of paying care workers the same rate as equivalent NHS roles.¹⁵⁸

People at the Heart of Care white paper

The [People at the Heart of Care: adult social care reform white paper, published 2 December 2021](#), gave further details on plans for wider reform of adult social care.¹⁵⁹ The [white paper](#) set out the Government’s “10-year vision” for adult social care in England along with specific policies to be implemented over the next three years.

The white paper acknowledged the “already pressing recruitment and retention challenges and barriers” in the adult social care sector and said these can only be met by ensuring staff feel recognised and rewarded, and by prioritising their health and wellbeing.¹⁶⁰ It additionally noted “large parts of the workforce are unregistered and undertrained with no clear career structure and learning offer” and said the Government hoped “to make social care a more rewarding career with attractive progression opportunities.”¹⁶¹

Chapter 6 of the paper set out the Government’s strategy for the social care workforce. This will be supported by investment of at least £500 million over the next three years (2022/23 to 2024/25) with the aim of creating:

- A well-trained and developed workforce.
- A healthy and supported workforce.
- A sustainable and recognised workforce.¹⁶²

The main policies include:

- The development of a **Knowledge and Skills Framework (KSF) and career structure** for the social care workforce. The white paper said the KSF will be an “articulation of the knowledge and skills required for roles within the sector and set out clear pathways for career progression.” It will be accompanied by investment in learning and development to enable people to progress within the KSF. The KSF will “draw on and

¹⁵⁸ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, p44.

¹⁵⁹ DHSC, [People at the Heart of Care: adult social care reform white paper](#), 1 December 2021.

¹⁶⁰ DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, pp66-67.

¹⁶¹ DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, p27.

¹⁶² DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, p68.

complement the existing skills offer delivered by colleges and training providers in England”¹⁶³.

- **Investment in a portable Care Certificate** (see box 3 above). The Government will work with the sector to design and create a delivery standard recognised across the sector, so workers do not need to repeat the Care Certificate when moving roles. Longer-term, the Government wants it to be a requirement for all care workers to have reached this baseline standard.¹⁶⁴
- **A new Skills Passport** to hold records of portable care certificates and other types of learning and development.¹⁶⁵
- Funding for **continuous professional development** for registered nurses, nursing associates, occupational therapists, and other allied health professionals.¹⁶⁶
- Investment in **social worker training routes**.¹⁶⁷
- **A wellbeing and occupational health offer** “to provide immediate relief from burnout, trauma and mental illness.” This will include (but not be limited to) counselling, coaching, a bespoke support helpline, mental health training and a workplace wellbeing fund.¹⁶⁸ On 19 May 2022, the DHSC published guidance for employers and managers on the [health and wellbeing of the social care workforce](#).¹⁶⁹
- Development of a **care workforce hub**, as “a central digital platform for the workforce.” The hub will signpost the support available for the workforce and allow care workers to find resources to help with their careers. It will also embed the new skills passport. The white paper said both the hub and skills passport will be voluntary in the first instance. It added that they will establish a “foundation for registration of staff”, which the Government intends to “explore further.”¹⁷⁰

The white paper said the “adult social care recruitment market is hyperlocal and local areas are best placed to support providers with recruitment, utilising their oversight of local labour markets and future service demand.” It added that the Government recognised this is challenging and would provide support to identify best recruitment practices locally and “explore what

¹⁶³ DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, pp68-71.

¹⁶⁴ DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, pp68 & 70-71.

¹⁶⁵ DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, pp70-71.

¹⁶⁶ DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, pp67-68.

¹⁶⁷ DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, p72.

¹⁶⁸ DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, pp73-74.

¹⁶⁹ DHSC, [Health and wellbeing of the adult social care workforce](#), 19 May 2022.

¹⁷⁰ DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, pp75-76.

further action government can take to support local areas to recruit new people into the care sector.”¹⁷¹

The white paper argued that the outlined reforms would address some structural barriers to working in the sector by:

... making adult social care a career of choice with development and progression opportunities and access to wellbeing and occupational health support. This will help to make adult social care a more competitive and attractive sector to work in. These policies will sit alongside the increase in the rate of the National Living Wage which will support existing initiatives and campaigns to attract new staff.¹⁷²

Further information on the reform proposals was provided in a DHSC press release on 5 April 2022: [£500 million to develop the adult social care workforce](#).¹⁷³

3 Workforce Development Fund

The [Workforce Development Fund](#) is funding from the DHSC to support professional development of adult social care staff by contributing towards the cost of vocational training. The funding is disseminated by Skills for Care.

In August 2022, the Government announced the [Workforce Development Fund](#) was confirmed for an additional year (2022/23). The press release said this would offer stability “ahead of new and improved training opportunities” from April 2023, using some of the £500 million workforce funding.¹⁷⁴

Government impact statement

In February 2022, the [DHSC published an impact statement on the white paper](#) (PDF). This was not intended to provide a full options appraisal, but to explain the rationale for, and potential effects of, the proposed reforms. It focused on measures funded over the next three years and did not attempt to account for the effects of the 10-year vision of social care.¹⁷⁵

The impact statement set out what the Government aims to achieve through its workforce proposals:

Broadly, these policies aim to intervene now to increase the stock and resilience of skilled workers which should have the knock-on impact of improved retention and increased productivity. This should then positively impact on either the quality of care provided or access to care, if not both. This, alongside wider reforms, could generate self-sustaining longer-term

¹⁷¹ DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, p76.

¹⁷² DHSC, [People at the Heart of Care: adult social care reform white paper](#), December 2021, p76.

¹⁷³ DHSC, [£500 million to develop the adult social care workforce](#), 5 April 2022.

¹⁷⁴ DHSC, [Social care staff to benefit from improved career options and training](#), 10 August 2022.

¹⁷⁵ DHSC, [Impact Statement: Adult Social Care System Reform](#), (PDF) February 2022, p13.

improvements, if providers and LAs perceive benefits and make greater local investment. Targeted investment in professionalisation of the adult social care workforce can also help to deliver wider government “levelling up priorities” – as well as “build back better” resulting from more high skilled job opportunities located across the country.¹⁷⁶

The impact assessment provided more details on the benefits of the reforms. It also provided a summary of the potential impacts on affected groups.¹⁷⁷

Stakeholder commentary on the white paper

While initial stakeholder responses broadly welcomed the principles in the white paper, it's been suggested that the committed funding is insufficient.

The Association of Directors of Adult Social Services (ADASS), for example, said the white paper “[sets out strong values and principles and has great ambition](#).” It added, however, that “the sums identified so far can be no more than pump-priming” and there is “much more funding to find.”¹⁷⁸ [The Health Foundation similarly suggested](#) the £1.7 billion for wider system reform “will do nothing to tackle the high levels of unmet need, persistent workforce shortages and recruitment difficulties, and the precarious position facing many care providers.”¹⁷⁹

In a [detailed response, the Local Government Association \(LGA\) said](#), “while much of the ambition for the workforce is to be welcomed, it will not hang together cohesively without proper action on pay.” Without such action, it added, many of the ideas will be hard to deliver because people will have no guarantee of increased pay for their increased skills. The response said clarity was needed on whether the £500 million of funding is for setting up and establishing the various initiatives or if it is expected, for example, to cover the actual delivery of training.

Overall, the LGA said the white paper “sets out a number of potentially helpful proposals and aspirations for the care workforce” but said it did not amount to “a comprehensive workforce strategy, as it is described in the white paper.”¹⁸⁰

In May 2022, the King’s Fund published an [assessment of the Government’s progress on adult social care reform](#). It said there had been “almost total failure” in addressing workforce issues and gave the Government a rating of 2 out of 10. Describing the effectiveness of the Government’s response as “severely limited”, it said “there is no long-term solution to workforce issues.

¹⁷⁶ DHSC, [Impact Statement: Adult Social Care System Reform](#), (PDF) February 2022, pp45-46.

¹⁷⁷ DHSC, [Impact Statement: Adult Social Care System Reform](#), (PDF) February 2022, pp45-58.

¹⁷⁸ ADASS, [ADASS Press Release: ADASS Responds to Social Care White Paper](#).

¹⁷⁹ Health Foundation, [New vision for social care will feel like hollow words without the money to deliver it](#), 1 December 2021.

¹⁸⁰ LGA, [LGA response to "People at the heart of care: adult social care reform white paper"](#), 30 December 2021.

The Government's impact assessment on its reform included workforce but failed to mention pay."¹⁸¹

In its [August 2022 report on long-term funding of adult social care](#), the Levelling Up, Housing and Communities Committee said that, while witnesses welcomed aspects of the white paper, they felt it “failed to tackle the “fundamental problems” and “really big issues” of pay, turnover, conditions, and status, or to “coherently address the current crisis.” Witnesses said the £500 million allocated towards the workforce was insufficient, and the report noted the sum did not appear to be based on “any attempt to work out what the workforce needs in terms of funding.”¹⁸²

The report noted that the Care Minister, Gillian Keegan, confirmed to the Committee that the chapter on workforce in the white paper is the Government's social care workforce strategy. Nevertheless, the Committee concluded it does “not amount to a strategy” and recommended the Government should “publish a 10-year strategy for the adult social care workforce.”¹⁸³

3.4 Health and social care integration white paper

In February 2022 the Government published a white paper on health and care integration, [Joining up care for people, places and populations](#).¹⁸⁴ The paper set out several proposals aimed at ensuring staff are supported to provide integrated services, including:

- Reviewing regulatory and statutory requirements that prevent the flexible deployment of health and social care staff across sectors.
- Exploring the introduction of an Integrated Skills Passport to enable health and care staff to transfer their skills and knowledge between the NHS, public health and social care.
- Exploring opportunities for cross-sector training and learning.

The white paper said these proposals will strengthen those laid out in the People at the Heart of Care white paper.¹⁸⁵

In its August 2022 report, the Levelling Up, Housing and Communities Committee welcomed the proposals in the integration white paper, including the Integrated Skills Passport, but highlighted there is nothing in it (or the

¹⁸¹ King's Fund, [Reform of adult social care: some progress, but nowhere near enough](#), 10 May 2022.

¹⁸² Levelling Up, housing and Communities Committee, [Long-term funding of adult social care \(PDF\)](#), 4 August 2022, HC 19 2022-23, pp55-56.

¹⁸³ Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care \(PDF\)](#), 4 August 2022, HC 19 2022-23, pp55-56.

¹⁸⁴ DHSC, [Joining up care for people, places and population](#), February 2022.

¹⁸⁵ DHSC, [Joining up care for people, places and populations](#), February 2022, p48.

People at the Heart of Care white paper) on pay. The report recommended proposals for integration “must include a requirement to work towards achieving parity of pay for comparable roles across the NHS and social care.”¹⁸⁶

3.5 Health and Social Care Committee’s Expert Panel report

In 2020, the Health and Social Care Committee established a panel of experts to evaluate – independently of the Committee – the Government’s progress against its own commitments in different areas of health and social care policy. In July 2022, the Expert Panel published a [report evaluating the Government’s commitments in the area of the health and social care workforce in England](#).¹⁸⁷

The report evaluated the following Government commitments related to the social care workforce:

- Workforce planning: “Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs”.¹⁸⁸
- Building a skilled workforce: “£1 billion extra of funding every year for more social care staff and better infrastructure, technology and facilities”.¹⁸⁹
- Wellbeing at work: “Listen to the views of social care staff to learn how we can better support them – individually and collectively”.¹⁹⁰

The Expert Panel judged the Government’s overall progress against each of the three commitments as inadequate.¹⁹¹

¹⁸⁶ Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care \(PDF\)](#), 4 August 2022, HC 19 2022-23, pp5, 53-54 & 57.

¹⁸⁷ Health and Social Care Committee, [Expert Panel: evaluation of Government’s commitments in the area of the health and social care workforce in England](#) (PDF), 25 July 2022, HC 112 2022-23.

¹⁸⁸ [The Conservative and Unionist Party Manifesto](#), 2017, p66.

¹⁸⁹ [The Conservative and Unionist Party Manifesto](#), 2019, p12.

¹⁹⁰ Department of Health and Social Care, [Adult Social Care: Quality Matters overview](#), July 2017, p8.

¹⁹¹ Health and Social Care Committee, [Expert Panel: evaluation of Government’s commitments in the area of the health and social care workforce in England](#) (PDF), 25 July 2022, HC 112 2022-23, pp9-13.

4

Overseas social care workforce

Skills for Care estimates 16% of the adult social care workforce in 2020/21 identified as non-British compared to 8% of the population. 7% of the workforce identified as an EU national and 9% had a non-EU nationality (excluding British).¹⁹²

The proportion of EU nationality workers increased from 5% in 2012/13 to 7% in 2020/21. The NHS has a slightly lower reliance on EU nationals than adult social care, with 5.4% of NHS staff holding nationalities of EU countries.¹⁹³

Although figures are not strictly comparable, the UK broadly sits in the middle of OECD countries in terms of the share of foreign-born workers in the adult social care workforce.¹⁹⁴

In its [April 2022 report on adult social care and immigration](#), the Migration Advisory Committee noted that less than 10% of migrants working in social care in 2019 had arrived in the UK in the last five years; over half had lived in the UK for at least 15 years.

The report said this “emphasises that the vast majority of migrant workers in social care are not recent recruits that have come to work in social care from abroad, but rather are long-term residents in the UK who just happen to work in social care.”¹⁹⁵ It added that historically, there has been “very little direct international recruitment of migrant workers into social care. Most migrant workers, including those from the EEA, who start a job in social care were already in the UK.”¹⁹⁶

¹⁹² Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp84 & 87.

¹⁹³ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, pp84 & 87.

¹⁹⁴ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p34.

¹⁹⁵ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p33.

¹⁹⁶ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p33.

4.1

Immigration rules

Freedom of movement ended on 31 December 2020 and [a new points-based immigration system was introduced](#).¹⁹⁷

Initially, the new immigration rules effectively meant people could not come to the UK on the basis of taking up care worker roles (care workers were not eligible for the Health and Care Worker visa). People could still arrive to take up some regulated professional roles.¹⁹⁸

In its 2021 annual report, the Migration Advisory Committee recommended the Government make care workers eligible for the Health and Care Worker visa and place the occupation on the Shortage Occupation List. The Government accepted this recommendation. The change came into effect on 15 February 2022 for an initial period of one year.¹⁹⁹

Applicants for a Health and Care Worker visa must, among other things, be sponsored by an eligible employer and meet a salary threshold. Occupations on the Shortage Occupation List generally benefit from reduced salary thresholds. The threshold for care workers is a minimum of £20,480 a year or £10.10 an hour.²⁰⁰

There are several other routes through which migrants may work in social care – for example, a migrant entering as a dependent of another migrant on a work visa. The Migration Advisory Committee has suggested family and dependent visas are likely to remain an important route for the social care sector given the key features of the workforce (often female and aged over 35).²⁰¹

The Migration Advisory Committee's report provides a detailed overview of current immigration policy for social care workers (pages 53-58).²⁰² Among other things, the report noted that while the end of freedom of movement has made the immigration system more restrictive for EEA workers, it has become more liberal for non-EEA workers who can work in a wider range of social care

¹⁹⁷ Commons Library briefing CBP-8911, [The new points-based immigration system](#).

¹⁹⁸ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p11.

¹⁹⁹ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p53; DHSC, [Biggest visa boost for social care as Health and Care Visa scheme expanded](#), 24 December 2021.

²⁰⁰ UK Visas and Immigration, [Skilled Worker visa: going rates for eligible occupation codes](#), 15 February 2022.

²⁰¹ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, pp53-58.

²⁰² Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, pp53-58.

roles under the Health and Care Worker visa than under the previous Tier 2 (General) visa.²⁰³

4.2 Government taskforce and code of practice

On 8 August 2022, [Community Care reported](#) the DHSC had launched a taskforce to bring more staff from overseas into both health and social care in time for winter. The report quoted a DHSC spokesperson as saying: “The taskforce will work with experts across government and the NHS and social care sectors to agree actions that will boost staff numbers ahead of the challenging winter period. Further details will be set out in due course.”²⁰⁴

On 18 August 2022, [The Times reported](#) that one of the ideas to emerge from the international recruitment taskforce is an “online support hub” to match people abroad willing to work in social care with employers who cannot find staff. The report added that no final decision on the hub has been taken and the Government wants to see if companies were interested before the idea could be implemented.²⁰⁵

The DHSC has also published a [code of practice for the international recruitment of health and social care personnel](#), which sets out best practice benchmarks for employers and recruitment agencies to ensure effective, ethical international recruitment.²⁰⁶

4.3 Commentary on new immigration rules

Concerns have been raised about the impact of the new immigration rules on the social care sector, including indirectly (eg, social care losing staff to other sectors that previously relied on overseas recruitment).²⁰⁷ This was particularly the case before the Government announced that care workers would be eligible for the Health and Care Worker visa and added to the Shortage Occupation List.²⁰⁸

²⁰³ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, pp53-54.

²⁰⁴ [Government seeks overseas care staff to fill mounting shortages](#), Community Care, 8 August 2022.

²⁰⁵ [Overseas hiring spree to bail out care homes](#), The Times, 18 August 2022.

²⁰⁶ DHSC, [Code of practice for the international recruitment of health and social care personnel](#), 2 August 2022.

²⁰⁷ Levelling Up, housing and Communities Committee, [Long-term funding of adult social care \(PDF\)](#), 4 August 2022, HC 19 2022-23, p52.

²⁰⁸ For example, see [Sector-wide condemnation as post-Brexit immigration plan cuts off entry to care workers](#), Community Care, 14 July 2020; Health and Social Care Committee, [Social care: funding and workforce \(PDF\)](#), 22 October 2020, HC 206 2019-21, para 72; Nuffield Trust, [The adult social care workforce: next in the Secretary of State’s in-tray or last on the agenda?](#), 18 October 2021.

In its [report on the state of the adult social care workforce 2021](#), Skills for Care said the change to immigration rules provided “an additional supply challenge for the sector.” The report added: “data collected since March 2021, as would be expected given the new rules and COVID-19 travel restrictions in place, shows a sharp drop in the number of people arriving in the UK to take up adult social care jobs (1.8% of new starters in January-April 2021 compared to 5.2% during the same period in 2019).”²⁰⁹

In its [evidence review for adult social care reform](#), published in December 2021, the DHSC noted the generally low level of international direct recruitment into social care jobs. This suggests, the review said, that “the immediate impact of recent changes to migration law on the workforce employed to deliver social care may have been limited”. It added that the medium-term impact “may be more substantial.”²¹⁰

The Government has also emphasised that “[immigration should not be seen as the go to solution to the workforce challenges in social care, rather than addressing wider issues in the sector.](#)”²¹¹

In an [article published on 25 August 2022](#), the Health Foundation suggested reported plans for an international recruitment drive “would not solve the sector’s workforce problems” and the Government needed to develop a longer-term plan.²¹²

Migration Advisory Committee report

In its [April 2022 report on adult social care and immigration](#), the Migration Advisory Committee noted social care has not come to rely on EEA workers in the same way that some other sectors of the economy have during the era of freedom of movement.²¹³ The report went on to say that over time, the ending of freedom of movement “will likely reduce the share of EEA workers in the labour market, and we expect this will feed through into their reduced employment in social care.”²¹⁴ It added that the problems in recruitment and retention issues were not driven by the ending of free movement, but it “has contributed to shortages in the social care workforce.”²¹⁵

The report’s recommendations included:

²⁰⁹ Skills for Care, [The state of the adult social care sector and workforce in England 2021](#), October 2021, p11.

²¹⁰ DHSC, [Evidence review for Adult Social Care Reform](#), December 2021, para 4.53.

²¹¹ [PQ 1086 \[on Care Homes: Staff\], 12 May 2022](#).

²¹² Health Foundation, [A short-term drive on international recruitment is no quick fix for social care](#), 25 August 2022.

²¹³ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p34.

²¹⁴ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p35.

²¹⁵ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p62.

- Maintaining the current salary threshold for the Health and Care Worker visa. The report acknowledged that some employers find the threshold problematic but argued reducing it would “mean explicitly allowing the immigration system to facilitate the already too widespread practice of paying care workers less than the value they provide, and less than the amount that is required for this labour market function effectively.”²¹⁶
- The decision to make care workers eligible for the Health and Care Worker visa should be made permanent.
- The Government should keep care workers on the Shortage Occupation List until the next review of the list is completed.²¹⁷

More generally, the report argued that while immigration policy may be able to alleviate some of the sector’s short-term issues, “it is not the best solution to these problems.” The real solution, the report said, “lies...in the design and funding of the system itself”. It added that the Government “needs to take a holistic view of immigration alongside the long-standing funding issues and unfavourable terms and conditions within the sector” (see section 2 above).²¹⁸

Health and Social Care Committee Report

In its [July 2022 report on the health and social care workforce](#), the Health and Social Care Committee said it had received submissions noting the minimum salary requirement for the Health and Care Worker Visa (£20,840) “is much higher than average pay in the sector” and suggesting re-evaluation of the salary requirement “because it is limiting the usefulness of the visa as a recruitment tool.”²¹⁹

Some stakeholders told the Committee that social care worker, care assistance and home care worker roles should be put on the shortage occupation list indefinitely. The Committee’s report also cited stakeholder concerns that many small social care providers may find the cost of recruiting overseas workers prohibitive.²²⁰

The Committee recommended a reduction in the salary requirement for the Health and Care Worker visa to the average salary for a social care worker (around £17,900 in the independent sector). It also recommended that care workers should be added to the Shortage Occupation List and the

²¹⁶ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, p11.

²¹⁷ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, pp11-12.

²¹⁸ Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022, pp10 & 62.

²¹⁹ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, pp53-54.

²²⁰ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, pp53-54.

Government should consider measures to reduce the cost of overseas recruitment (eg, waiving the cost of sponsorship certificates and licenses).²²¹

In its [August 2022 report on long-term funding of adult social care](#), the Levelling Up, Housing and Communities Committee similarly recommended the Government should “monitor the impact of adding care workers to the Shortage Occupation List on vacancies and be prepared to extend the visa period beyond 12 months, to lower the salary threshold, or both.”²²²

The Health and Social Care Committee’s report highlighted use of exploitative practices in international recruitment including the use of repayment clauses stipulating a worker must pay a fee if they leave before their agreed contract ends. The report also raised concerns about the risk of modern slavery in the sector. The Committee’s recommendations included:

- The NHS must review its recruitment processes to ensure no international health and care staff are subject to punitive repayment clauses in their contracts.
- Local authorities must evaluate the risk of modern slavery in their adult social care supply chains.²²³

On 2 August 2022, the Government updated its [code of practice for the international recruitment of health and social care personnel](#) to “strengthen best practice benchmarks including the setting of principles on the use of repayment clauses in employment contracts” and to “set out the routes of escalation for concerns about exploitative recruitment or employment practices.”²²⁴

²²¹ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, pp54-55.

²²² Levelling Up, Housing and Communities Committee, [Long-term funding of adult social care](#) (PDF), 4 August 2022, HC 19 2022-23, p57.

²²³ Health and Social Care Committee, [Workforce: recruitment, training and retention in health and social care](#) (PDF), 25 July 2022, HC 115 2022-23, pp55-56.

²²⁴ DHSC, [Code of practice for the international recruitment of health and social care personnel](#), 2 August 2022.

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