



Policy Drivers of Social Care Workforce Change: United Kingdom Insights, Impacts, and Future Directions

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ABOUT THE STUDY

This study aimed to explore the national policy drivers influencing changes in the adult social care workforce across the four nations of the UK. It addressed research questions regarding key policy reforms, their intended and unintended consequences for the care workforce, and the perceived synergies and tensions between these policy reforms. The final research question examined how existing policy drivers can interact with other macro-level influences to shape workforce change over the long term.

Key themes of workforce change were derived from an extensive literature review and framed as key forces shaping the sector. Following this, we conducted a three-stage consultation involving twenty-five social care stakeholders representing sector bodies, care providers' associations, trade unions, charities that support individuals accessing social care, informal carers, think tanks, and universities across the four UK nations. The stakeholders challenged, refined, and prioritised our initial findings and assumptions, developing future scenarios for the adult social care workforce by 2035. The consultation took place online between April 2023 and March 2024.

FINDINGS

Our evidence review identified six key policy drivers for changes in the care workforce across the home nations: personalisation, workforce professionalisation, the integration of health and social care, reforms in social care funding, digitalisation, and policies influencing the movement of migrant workers. While there was widespread agreement on the significance of these drivers, stakeholders prioritised various factors that had more immediate and direct impacts on the workforce. Specifically:

Commissioning replaced personalisation as a more influential driver, as stakeholders viewed local authority contracting and market shaping as the most direct determinant of workforce pay, job quality, and conditions.

Market structures took precedence over digitalisation, reflecting the real-world impact of fragmented care markets, competitive pressures, and inconsistent local policies, which were

regarded as more pressing concerns than digital transformation. While digitalisation emerged as a key driver in the literature review, stakeholders did not prioritise it. Although they acknowledged benefits such as digital care records, they raised concerns about the increased electronic monitoring of homecare staff. Furthermore, they questioned the feasibility of large-scale digital adoption considering the sector's chronic underfunding.

Tensions between personalisation and professionalisation emerged as a significant issue. Stakeholders highlighted the risk that rigid professionalisation efforts, such as compulsory qualifications, could reduce workforce flexibility while unintentionally alienating part-time and older workers instead of enhancing job quality.

Stakeholders argued that integration policies prioritise systems-level restructuring but fail to address practical workforce challenges, such as pay disparities, career pathways, and recognition of social care within the health sector.

Table 1 Refined set of policy drivers shaping the adult social care workforce:

Adult social care policy reforms	Professionalisation of the social care workforce
	Efforts to formalize care work through qualifications, registration, and career pathways. Stakeholders warned of unintended consequences such as increased workforce attrition, particularly among part-time and older workers.
	Commissioning (stakeholder priority)
	Stakeholders identified commissioning practices as the most direct determinant of job quality, wages, and working conditions. Calls for ethical and outcomes-based commissioning were emphasized.
	Integration of health and social care
	Aimed at seamless service delivery, but often structurally focused rather than workforce-centric. Differences in pay, training, and recognition between health and social care remain barriers to true workforce integration.
Intersecting drivers of workforce change	Long-term funding
	Chronic underfunding is the root cause of low wages, job instability, and the failure of other policy reforms. Without sustainable investment, professionalisation and integration policies will not succeed.
	Market structures (stakeholder priority)
	Stakeholders observed that market forces significantly shape workforce conditions, with provider competition influencing pay levels in some areas. However, inconsistencies in local authority market-shaping—driven by varying regulatory approaches and relationships with providers—contribute to regional inequalities in pay and employment conditions.
	Immigration policies (external care workforce pressure)
	Post-Brexit immigration policies have worsened workforce shortages in social care. While the Health & Care Worker Visa offers some relief, stakeholders highlighted significant barriers, including high costs, complex bureaucracy, and intense competition with the NHS for migrant workers. They stressed that without a more coherent strategy aligning workforce development with migration policy, recruitment and retention challenges will persist.

FUTURE SCENARIOS

Using the six drivers of workforce change listed in Table 1 as building blocks, the stakeholders developed future scenarios through structured foresight activities.

Scenario 1 centres on a transformed social care system characterised by higher-skilled jobs, clear career pathways, and improved job quality. While stakeholders envisioned close cooperation between health and social care, supported by values-driven local partnerships, the two systems would remain independent. This transformation would require significantly increased government funding, viewed as an investment in public services.

In contrast, **Scenario 2** imagines systemic transformation by optimising existing resources instead of relying on additional government funding. Local authorities would implement outcomes-based commissioning practices, and care providers would creatively address individual needs. Although the quality of care jobs and the well-being of care workers would not be directly addressed, they would improve due to enhanced commissioning.

When developing **Scenario 3**, stakeholders did not utilise the policy building blocks outlined earlier, instead, they identified assisted dying as an important issue for future workforce change. They envisaged a scenario where assisted dying has become legal and culturally accepted. In this future, care workers would have access to comprehensive training and mental health resources to support individuals depending on social care and their informal carers in navigating ethical and emotional challenges. This would necessitate the integration of high-quality end-of-life planning and support into health and social care services.

Scenarios 1 and 2 reflect stakeholders' contrasting approaches while upholding equally optimistic visions for the future of the care workforce.

Scenario 3 focuses on the ethical dimension of workforce transformation that would be essential if assisted dying were to become legal. **Scenarios 1 and 3** envisage a future through a workforce lens, whereas the stakeholders developing **Scenario 2** were primarily concerned with enhancing the quality of care.

CONCLUSIONS

This study highlights the complex interplay between key policy reforms—professionalisation, the integration of health and social care, and personalisation—when viewed through a workforce lens. While personalisation promotes co-production and flexibility, empowering care recipients with greater choice, professionalisation emphasises formal qualifications and structured career pathways, which may inadvertently restrict individuals' control over their care. Similar tensions exist between integration and personalisation, as stakeholders critique the UK's structural focus on integration, arguing that it prioritises system-wide reforms over collaborative, person-centred approaches.

The foresight activities carried out as part of this study developed three distinct future scenarios for the social care workforce in 2035. These scenarios examined varying levels of government funding, commissioning strategies, and ethical considerations, providing a comprehensive outlook on potential workforce transformations. They emphasised both the challenges and opportunities ahead, highlighting the importance of strategic planning and investment in workforce development.

Although the study originally focused on macro-level drivers—including national policy reforms, funding mechanisms, and regulatory changes—stakeholder engagement revealed that workforce experiences are shaped more directly by meso-level factors, such as commissioning practices and market structures. In the UK's decentralised social care system, local authorities play a pivotal role in shaping workforce conditions, particularly through commissioning decisions and provider fees, which significantly influence wages and employment standards.

Ultimately, while macro-level policies set the strategic direction, workforce transformation is experienced at the local level, where funding constraints, commissioning approaches, and market dynamics shape the lived realities of care workers. Addressing workforce challenges therefore requires better alignment between national policy ambitions and local implementation strategies, ensuring that reforms genuinely enhance conditions for both care workers and service users.

RECOMMENDATIONS

To improve outcomes for the social care workforce, the following actions are recommended:

- **Strengthening Local Authority Commissioning:** Increase local authorities' capacity to commission effectively and shape social care markets. Ethical and outcome-based commissioning should be prioritized to ensure fair pay, better working conditions, and high-quality care.
- **Addressing Policy Trade-offs:** Policymakers must acknowledge and actively manage tensions between personalisation and professionalisation by co-designing solutions with care workers, providers, and service users.
- **Investing in Workforce Stability and Development:** Sustainable funding must support fair wages, career progression, and workforce well-being. This includes addressing mental health challenges, job security, and training opportunities to create a resilient workforce.
- **Integrating Social Care with a Workforce-Centric Approach:** Integration policies should move beyond structural reforms to focus on practical workforce alignment, fair pay, and seamless collaboration across health and social care.
- **Engaging the Public in Care Reform:** Public support is essential for sustainable social care funding. Citizen engagement initiatives, including deliberative forums and public consultations, should be used to build broad-based consensus on workforce investment and the future of care.
- **Engaging with Potential Futures:** Policymakers should incorporate foresight activities into workforce planning by considering diverse future scenarios. This includes ensuring adequate funding for workforce development, encouraging innovative commissioning practices, and preparing the workforce for emerging ethical and emotional challenges, such as end-of-life care.

ABOUT THE CENTRE FOR CARE

The Centre for Care is a collaboration between the universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, Carers UK, the National Children's Bureau and the Social Care Institute for Excellence. Working with care sector partners and leading international teams, it addresses the urgent need for new, accessible evidence on care. Led by Centre Director Kate Hamblin and Deputy Director Nathan Hughes, its research aims to make a positive difference in how care is experienced and provided in the UK and internationally.

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