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South West London Social Care Workforce Strategy 2022 – 2025



Commissioned by The South London Partnership on behalf of the six South West London Boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.



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About SCIE

The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

About South London Partnership

The South London Partnership is a cross-political party sub-regional collaboration of five London boroughs: Croydon, Kingston upon Thames, Merton, Richmond upon Thames and Sutton plus Wandsworth for the purpose of health and care. Working together and with partners in and beyond our area, SLP champions and seeks to build on the many strengths of South London as a place for people to live, work and thrive.

We are ambitious for our future – for the opportunities it can offer people and businesses and for the contribution we can make to London and the whole of the UK. Building on many years of collaborative working, SLP focuses on issues where working together can add value to what individual boroughs could achieve on their own.

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1. Foreword

The adult social care workforce in South West London faces huge challenges to recruit and retain employees. South London Partnership (SLP) has commissioned this Strategy to coordinate action from local authorities, the NHS, education and skills providers, and independent sector social care providers.

People who use social care support will recognise the problem of getting and keeping high quality staff to deliver social care support and care. Social care service providers face extremely difficult recruitment and retention challenges. Social Care commissioners face chronic problems in finding sufficient support and care to meet the needs of the residents of our Boroughs.

The national context for this work shows projected growth of 500,000 roles by 2035¹ which means difficulties will intensify in coming years.

The latest data produced in 2020/21 shows there are 36,000 roles in social care in the SLP area. This is a 20% increase from 2012². These jobs are subject to a turnover rate of 30.7% with nearly 10% of roles vacant at any one time.

Difficulties in finding and keeping good people have an impact not only on the availability of support and care but also on quality and consistency. People who use social care want reliable and consistent support from people who treat them with respect and dignity.

As system leaders we are keen to not only comply with our responsibilities to meet assessed and eligible need but also to do so in a way that helps people to live full and safe lives as independently as possible. This will require a sustainable, skilled and well supported workforce.

We are committed to working together across SLP to use this Strategy to support this aim through taking steps to promote social care as a rewarding career, to encourage great training and skills development and to remove as many of the barriers to working in the sector as we can.

South West London Directors of Adult Social Care

1 'Skills for Care, 'The state of the adult social care sector and workforce in England', 2021.

2 Skills for Care ACS-WDS.

Glossary

Terminology/ Abbreviation	What we mean in this Strategy
South London Partnership (SLP)	South London Partnership. This partnership consists of the Boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. (Wandsworth participates in South London Partnership work for health and care.)
The Social Care Institute for Excellence (SCIE)	<p>The Social Care Institute for Excellence (SCIE) improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in social care and social work.</p> <p>SCIE worked alongside Skills for Care to develop this strategy.</p>
Skills for Care (S4C)	Established in 2001, Skills for Care is the strategic workforce development and planning body for adult social care in England. Skills for Care worked alongside SCIE to develop this strategy.
Social Care Workforce Development Lead (SWL Workforce Lead)	Social Care Workforce Development Lead, South West London. This is a one-year secondment post recently invested in by the South London Partnership which will provide support to coordinate action required to put the social care workforce strategy into action.
South West London	The geographical area covered by the six Local Authorities in the South London Partnership, and which is consistent with the South West London Integrated Care System geographical footprint.
The social care Workforce and the Types of Services and Support involved.	<p>This strategy is primarily focussed on the 34,000 workers in the adult social care sector in South West London. These staff are employed by independent sector service providers and work within Care Quality Commission (CQC) regulated settings.</p> <p>The wider workforce in South West London of 2000 people in local authority adult social care roles and the further workers in the NHS are also considered as part of recommendations and strategic opportunities that require cross-sector action.</p> <p>(continued)</p>

(continued)

Types of Service³

Residential Social Care:

A care home is a place where personal care and accommodation are provided together. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it. Both the care that people receive and the premises are regulated.

In residential care with nursing, qualified nursing care can be provided, to ensure that the full needs of the person using the service are met.

Community Social Care:

Domiciliary Care which provides personal care for people living in their own homes; **Extra Care Housing** which usually consists of purpose built accommodation in which varying amounts of care and support can be offered, and where some services and facilities are shared; **Shared Lives**, which is care and/or support provided by individuals, couples and families who have been approved and trained for that role by the service registered with Care Quality Commission; and **Supported Living** which involves a person living in their own home and receiving care and/or support in order to promote their independence.

Preventative and Information Advice and Guidance Services

Throughout the strategy preventative and information advice and guidance services are referred to. These services are provided by Local Authorities in line with Care Act Guidance⁴ (Chapters 1 and 2 clarify responsibilities).

Strengths and Asset-Based Approaches⁵ and New Ways of Working

In recent years Local Authorities and the NHS have developed a range of approaches to developing strengths-based practice to recognise the value of social support and community assets that can support people to remain as independent as possible in their homes. This involves investment in roles such as information advice and guidance professionals, social prescribers and care navigators, and in community assets that provide relevant support and opportunities.

³ Full definitions here: <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/service-types>.

⁴ <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.

⁵ <https://www.scie.org.uk/strengths-based-approaches>.

Adult Social Care Workforce Data Set (ASC-WDS)	<p>This data set is maintained by Skills for Care on behalf of the Department for Health and Social Care. This is made up of data from 8,000 organisations and 650,000 workers. It is the most authoritative source of adult social care workforce data and allows analysis of trends over an extended timescale.</p> <p>Any unattributed data in this Strategy is drawn from this source and in particular from State of the Adult Social Care Sector and Workforce in England, 2021⁶ and from this data for South West London is produced in full at Appendix 1. The South West London Strategy at Appendix 1 is based on Local Authority estimates at September 2020 and independent sector estimates at March 2021.</p>
Department for Health and Social Care (DHSC)	<p>The DHSC is responsible for the development of national strategy for health and social care and has recently published a workforce strategy for social care as part of the White Paper, 'People at the heart of care'⁷.</p>
Integrated Care Systems (ICS) and 'Place'	<p>Integrated Care Systems came into being in July 2022. There are 42 Integrated Care Systems in England which have responsibility for commissioning health services at local level. They replace Clinical Commissioning Groups. The South West London Integrated Care System covers the same area as the six London Boroughs that are the geographical scope for this strategy.</p> <p>Where the strategy refers to place this is generally referring to areas within ICS's which in London are usually Borough Boundaries. Within each place local areas are split into primary care networks footprints which are generally populations of 30,000 to 50,000.</p>

6 <https://www.skillsforcare.org.uk/adult-social-care-workforce-data-old/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf>.

7 <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>.

2. Executive summary

Maintaining a sustainable social care workforce in South West London requires sustained and coordinated action.

The health and social care sector is the third biggest employer in South West London, and adult social care is the second biggest area of expenditure for English local authorities behind education.

The health and social care sector is the third biggest employer in South West London⁸, and adult social care is the second biggest area of expenditure for English local authorities behind education⁹.

The people who work in social care provide support that is critical to the wellbeing of many of the residents of the six Boroughs that make up the SLP.

There are chronic problems with recruitment, retention, low pay (the average hourly rate paid to care workers in the independent sector in South West London is less than half the average hourly rate in the general economy) high turnover (in 2020/21 average turnover in social care was 31%), and 39% of people in the sector (14,000 jobs) have zero hours contracts.

People receiving care value continuity¹⁰ and yet in South West London around one in every three social care workers leaves their role each year. In a sector that already struggles with the viability of service providers this turnover creates estimated costs for providers¹¹ of £3,600 per member of staff¹². South West London has greater turnover than the England average and the costs of housing and transport and the gap between social care wages and the wider economy pay rates are issues that affect South West London disproportionately.

The Department for Health and Social Care has recognised the importance of social care workforce issues in the White Paper, 'Putting people at the heart of care'¹³, which contains a workforce strategy and commits to a £500m investment.

"The home carers services were unbelievable over the lockdown period. The staff brought love to my house that I've never even dreamed of. It was not only for my husband's care but also lifted my depression. I thought they were as the angels to me, because I knew how to smile again when they were here."

(Sharon and Jan's Support described in 'People at the heart of care', DHSC 2021.)

8 <https://secure.webpublication.co.uk/218657/.SLPEconomicRecoveryActionPlan/#page=1>.

9 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1039427/Local_authority.

10 Social Care Institute for Excellence, 2014, 'What older people want: Commissioning home care for older people' and; Scope, 2015, 'Disabled people's experiences of social care – Findings from the Better Care Project 2014-15 in: The evidence review for adult social care reform. <https://www.gov.uk/government/publications/evidence-review-for-adult-social-care-reform>.

11 Financial viability and stability in the adult social care sector, CQC 2022. <https://www.cqc.org.uk/publications/major-reports/financial-viability-stability-adult-social-care-sector>.

12 <https://www.skillsforcare.org.uk/Documents/Standards-legislation/CQC/Safe-staffing/Calculating-the-cost-of-recruitment.pdf>.

13 <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>.

Social care leaders¹⁴ joined together to outline their vision for the social care workforce strategy which includes investment in staff training, efforts to build the status of, and reward for, social care work, more effective workforce planning and the promotion of social justice and equalities. This strategy will support authorities in South West London to work together to support this vision.

In South West London, engagement informing this strategy found positive examples of action to support the social care sector. However, this work is not consistent with the scale of the strategic issues and the importance of the sector to the economy and the quality of life of residents in South West London.

If participating authorities do nothing, then current challenges will intensify. Based on the population growth of those aged 65 years or older, the sector will require a further 10,000 more jobs by 2035¹⁵. Further increases in capacity will also be needed to meet the steady growth in working age adults¹⁶ who require support and care which makes up just under half of adult social care expenditure on services¹⁷.

This is not merely an issue of demand and capacity it is an issue of quality of life and the response to the fragile nature of the social care workforce requires more coordinated and rigorous action.

This Strategy will also support the six local authorities in the SLP to align resources, share learning and work together to improve access to, support for and ultimately the sustainability and quality of social care in South West London. Successful action will also require wider commitments. This Strategy also seeks to galvanise collaborative action from wider Council services, from service providers and from key partners in education and skills provision.

All recommendations are for work across South West London. Working together will deliver greater commissioning leverage with education, skills development and social care providers. Working as a partnership reflects the need for action beyond borough boundaries to develop conditions that are system-wide. It also begins to address evident variations in the conditions that support delivery of a sustainable social care workforce across the six participating Boroughs¹⁸.

The 12 Recommendations¹⁹ for action in South West London are:

- Create the infrastructure to support the delivery of the Strategy.
- Develop and align South West London Authorities' social care Workforce Strategies.
- Promote social care employment career opportunities, develop routes into social care employment and address underrepresentation and inequalities in the social care workforce in South West London.
- Work with social care employers to develop targeted initiatives to improve retention of social care employees.
- Refine Local Authority Social Care Provider Quality Assurance to include co-designed (with social care employers) recruitment and retention measures.

14 Association of Directors of Adult Social Services (ADASS), Care Provider Alliance (CPA), Care and Support Alliance (CSA), Local Government Association (LGA), Skills for Care, Social Care Institute for Excellence (SCIE) and Think Local Act Personal (TLAP).

15 See full data report for South West London at Appendix 1.

16 https://www.health.org.uk/sites/default/files/upload/publications/2020/Social%20care%20for%20adults%20aged%2018-64_Analysis.pdf.

17 <https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care>.

18 See Table 1 below for further detail of variations across Boroughs.

19 Detailed descriptions are in Section 5 of this Strategy.

- Create a South West London social care workforce dashboard to track the impact of Workforce Strategy action.
- Influence and contribute to local and national debates about value and reward for people working in social care.
- Coordinate South West London Action to develop new ways of working²⁰ that promote independence and wellbeing and manage demand for social care support.
- Develop the South West London Social Care Academy to support Londoners hardest hit by the pandemic to get skills, experience and good work.
- Take action in South West London to implement the workforce strategy outlined in 'People at the heart of care'.
- Reduce barriers to employment such as the cost of housing and transport.
- Work together in South West London to deploy resources and funding to address social care workforce challenges.

3. Introduction

The SLP on behalf of the six London Boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth²¹ commissioned the Social Care Institute for Excellence (SCIE) and Skills for Care to develop a joint social care workforce development strategy seeking the following key outcomes:

- improving recruitment into the social care sector
- improving retention levels across the social care sector
- ensuring consistent, accessible local training offers
- providing local career development and progression opportunities
- the SLP acting as a facilitator for joint work across the six participating authorities to create more positive conditions for the building of a sustainable social care workforce.

The Social Care Institute for Excellence and Skills for Care bring shared expertise in social care transformation, workforce development and workforce planning in adult social care. SCIE and Skills for Care have worked together successfully on a number of initiatives over recent years. These include developing 'Care Improvement Works', a joint resource to improve access to learning tools and resources that support improvement of adult care services, as well as working together with other national partners to develop a joint submission to Government on a future social care workforce strategy – 'Our vision for a future workforce'²².

This Strategy has developed through liaison with representatives of SLP, learning from service providers, local authority adult social care commissioners and workforce leads, people who use services, local authority skills and employment leads, education and skills and social care providers.

²⁰ For a directory of innovations in social care see: <https://www.thinklocalactpersonal.org.uk/innovations-in-community-centred-support/>.

²¹ Wandsworth works with the SLP on Health and Care.

²² <https://www.local.gov.uk/our-vision-future-care-workforce-strategy>.

This Strategy presents an overview of the national and South West London contexts for this work and includes data and analysis of the current situation, issues arising and gaps that need addressing. The Strategy concludes with recommendations, and associated plans for implementation. The detailed data set about the social care workforce in South West London, drawn from the Adult Social Care Workforce Data Set is published in full **at Appendix 1**.

4. Background

4.1. The national context

A national response to a widespread consensus that change is urgently needed is contained in the workforce strategy that is part of the White Paper, 'People at the heart of care'²³. The strategy proposes a cross health and social care framework for health and care careers, the development of Portable Care Certificates and a new national knowledge and skills framework that will provide, 'hundreds of thousands of training places and qualifications at all levels'. This will enable access to the knowledge and skills to meet both individual and career development goals and support the portability of skills accreditation. The workforce strategy seeks outcomes for people who use social care to have the following outcomes:

We want people to be able to say...

- I receive care and support that is safe, responsive to my needs and respects my rights.
- I am supported by a workforce who have the right training, qualifications and values and are concerned about what matters to me.
- I receive care from a workforce whose careers are valued and whose professional development and wellbeing are prioritised.
- Social care is a rewarding career with clear opportunities to develop and progress and where I feel valued in my role.
- I feel recognised for the important role I play in delivering high quality personalised support.
- I feel recognised for the skills I bring, and am able to develop more skills that help me tackle new challenges as I become more experienced.
- There is a culture in my workplace that supports my health and wellbeing.
- I have the confidence to use technology that supports people's needs and to free up time to deliver outstanding quality care.

²³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061871/people-at-the-heart-of-care_asc-form-print-ready-with-correction-slip.pdf.

Improving the conditions and support for developing sustainable provision social and support needs to include a partnership of the National Health Service, local authorities, social care and education and skills providers, housing and economic development.

Figure 1. Overview of the size and structure of the adult social care sector and workforce in England, 2020/21.

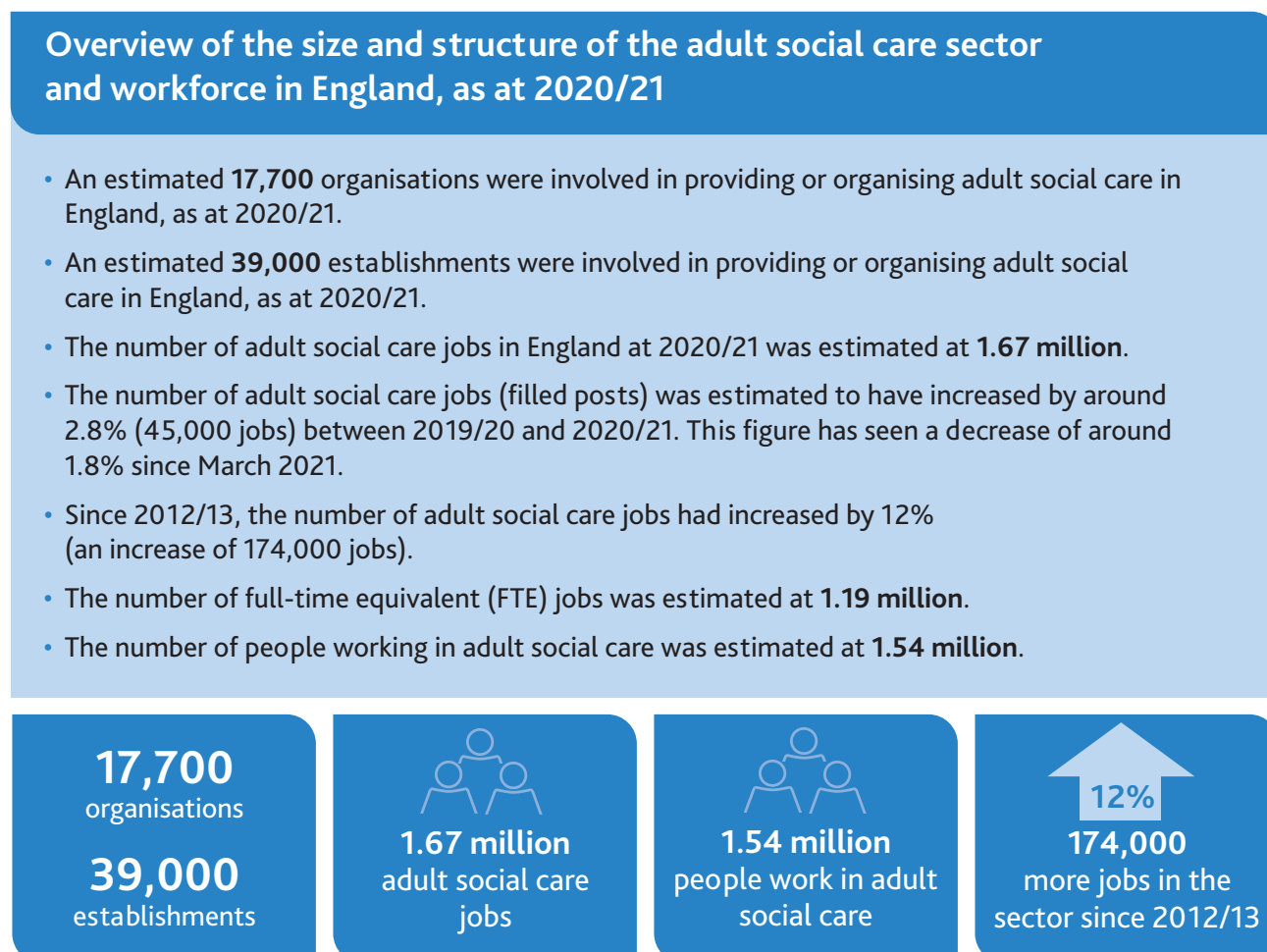


Figure 1 shows an overview of data from the 'State of the adult social care sector and workforce in England 2021'²⁴ report. The document noted the significant short-term pressures on the sector arising from the pandemic that not only highlighted difficulties but also the skills and compassion that the workforce displayed during extraordinary times. It also recognises the long-term structural issues for the sector and the consequent need for, 'long-term investment and support to recognise and value people working in social care, to invest in their training and offer real career pathways'.

24 <https://www.skillsforcare.org.uk/adult-social-care-workforce-data-old/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf>.

Underlying trends also point to structural changes in the sector since the figures were initially collected in 2012. Over three quarters (79%) of jobs in adult social care were employed by independent sector employers compared to local authorities which accounted for 7% of all jobs. Since 2012/13, the distribution by type of employer has changed considerably. The sector has seen a shift away from local authority jobs (10% of the workforce in 2012/13) and towards independent employers (76% of the workforce in 2012/13).

The number of jobs in domiciliary services increased at a faster rate between 2012/13 and 2020/21 (an increase of 135,000 jobs and 22%) than jobs in residential services (an increase of 25,000 jobs and 4%). The uptake of the Care Certificate was higher for direct care providing roles in domiciliary care settings (45% completed and 26% in progress/partial) compared to residential settings (average of 31.5% completed and 22.5% in progress/partial).

Underlying trends in terms of the growth of the sector mean the problems with recruitment and retention are likely to intensify in coming years. The number of adult social care jobs in England in 2020/21 was estimated at 1.67 million, which increased by around 2.8% (45,000 jobs) between 2019/20 and 2020/21. The overall increase in the number of jobs between 2012/13 to 2020/21 was estimated at around 174,000 (a 12% increase). With an aging population projected to grow from 10.5 million to 13.8 million between 2020 and 2035, the increase in adult social care jobs is projected to increase by 490,000 across England.

The need to consider the health and wellbeing of a workforce, amplified by the pandemic, is recognised in the Department for Health and Social Care (DHSC) (2022) guidance on the health and wellbeing of the adult social care workforce²⁵. This guidance outlines advice for employers and promotes a range of wellbeing resources for people working in the sector.

Leaders in adult social care are clear about the need for investment in and the capacity issues associated with social care²⁶. Social Care Leaders (Association of Directors of Adult Social Services, Care Provider Alliance, Care and Support Alliance, Local Government Association, Skills for Care, SCIE and Think Local Act Personal) came together to outline the following vision for the workforce²⁷:

- Staff are recognised, valued and rewarded
- Invest in training, qualification and support
- Create clear career pathways and develop opportunities
- Build and enhance social justice, equality, diversity and inclusion in the workforce
- Effective workforce planning
- Expansion of the workforce in roles which enable prevention and support the growth of innovative models of support.

25 <https://www.gov.uk/government/publications/health-and-wellbeing-of-the-adult-social-care-workforce/health-and-wellbeing-of-the-adult-social-care-workforce>.

26 For example, <https://www.careengland.org.uk/news/care-workforce-crisis>, <https://www.nursinginpractice.com/community-nursing/workforce-crisis-engulfing-social-care-is-worst-ever-warn-sector-leaders/>; <https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/161061/missed-opportunity-to-tackle-nhs-and-social-care-staff-shortages/>; and <https://www.nuffieldtrust.org.uk/news-item/the-ongoing-workforce-crisis-in-social-care-needs-urgent-action-ahead-of-bleak-winter>.

27 <https://www.local.gov.uk/our-vision-future-care-workforce-strategy>.

The Care Providers Alliance brings together 10 national associations representing social care support and care providers. Workforce is one of 10 key workstreams for the Alliance which recognises the, 'structural and financial problems that our sector faces in terms of workforce planning'²⁸. The Nuffield Trust²⁹ identifies factors including low fee rates, the fragmented nature of the market and sustained lack of policy focus on social care that contribute to an unstable and unsustainable social care context. The National Audit Office³⁰ identified low pay, tough working conditions and perceptions of social care work as low status as key factors that were barriers to recruitment. Professor Martin Green OBE, Chief Executive of Care England, outlines sector hopes in advance of the creation of the new workforce strategy³¹:

"We need to develop some clear skills and competency frameworks, and a set of portable qualifications, so that people can easily move between employers in social care and indeed between the social care and health sectors. The adult social care workforce needs to be recognised as a profession; care workers are skilled individuals who need commensurate pay and career pathways."

Local Authorities, alongside Integrated Care Systems are developing their approaches to adult social care support which share common themes in relation to supporting people to live as independently as possible, a focus on prevention and early intervention and a reduction in reliance on acute and institutional care³².

There has been a significant increase in the proportion of social care roles in domiciliary care since 2012 (59% which is in contrast to decreases in all other parts of the workforce) and this part of the sector now accounts for 51% of job roles. Domiciliary care also has the highest turnover (35.1%) and highest proportion of zero hours contracts (66% compared to 13% or less in residential, community care and day services).

This trend reflects national policy efforts in the NHS to reduce pressure on acute hospital settings³³ and in social care to promote independence and wellbeing through strengths-based approaches using innovative models of support and care³⁴.

The implications of the development of these new ways of working are twofold. Firstly, there is a cross health and social care priority to ensure that preventative, information and advice, and guidance and public health approaches improve people's health and wellbeing and also minimise the unnecessary use of, and dependence on, funded support. Secondly education and training providers will need to develop their offer to support this growing element of the workforce, and local authority commissioners are developing their commissioning intentions to shift investment to preventative and community-based support.

The Care Providers Alliance recognises the importance of the development of new ways of working in adult social care, 'at a time when funding is constrained and the available workforce is limited, new ways of working can help us increase the capacity, quality and efficiency of services, enabling more people to be supported and in better, more personalised ways'³⁵.

Think Local Act Personal have a directory of new ways of working that shares learning from innovations in social care which is summarised in Figure 2, below.

28 <https://careprovideralliance.org.uk/press-releases-vision-for-a-future-workforce-strategy-july-2021>.

29 <https://www.nuffieldtrust.org.uk/files/2021-04/nuffield-trust-social-care-provider-market-web1.pdf>.

30 <https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England.pdf>.

31 <https://www.careengland.org.uk/news/workforce-challenges>.

32 For example, <https://www.scie.org.uk/strengths-based-approaches>;
<https://www.longtermplan.nhs.uk/>.

33 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1087354/Hospital-Discharge-and-Community-Support-Guidance-2022-v2.pdf.

34 <https://www.thinklocalactpersonal.org.uk/innovations-in-community-centred-support/>.

35 https://careprovideralliance.org.uk/assets/pdfs/cpa_new_ways_of_working_190125.pdf.

Figure 2. Innovations in community-centred support³⁶.



The Government is committed as part of the 'Putting people at the heart of care' White Paper to, **'work with local authorities, housing providers and others to agree how we will target our new investment in housing and to design our new Innovative Models of Care Programme** that will support local places to bring proven innovations from the margins to the mainstream'³⁷.

Integrated Care Systems have been tasked with developing initiatives to tackle health and social care workforce challenges³⁸ and this work will support wider system action that will help to address capacity and quality. As part of the national launch of Integrated Care Systems, workforce development planning includes the objective of driving and supporting broader social and economic development:

"Leaders ensure that their organisations leverage their role as anchor institutions and networks to create a vibrant local labour market, promote local social and economic growth in the wider community, support all ICS partners to 'level up', address wider health determinants and inequalities at the heart of poor health"³⁹.

The importance of strategic action is further reinforced by the Government evidence review for social care reforms⁴⁰ which concludes that:

36 <https://www.thinklocalactpersonal.org.uk/innovations-in-community-centred-support/>.

37 Section 8.5, page 92, 'Putting people at the heart of care'.

38 See for example: https://www.england.nhs.uk/wp-content/uploads/2021/06/B0662_Building-strong-integrated-care-systems-everywhere-guidance-on-the-ICS-people-function-August-2021.pdf and locally <https://www.south-westlondonics.org.uk/our-work/workforce/>.

39 https://www.england.nhs.uk/wp-content/uploads/2021/06/B0662_Building-strong-integrated-care-systems-everywhere-guidance-on-the-ICS-people-function-August-2021.pdf.

40 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037884/evidence-review-for-adult-social-care-reform.pdf.

"Ultimately, current workforce pressures and low skills investment impact on provider costs, workforce wellbeing and the quality of, and access to, care. Given the decrease in workforce size over 2021/22, the forecast growth in care and support needs presents a risk that these impacts may be worsened on current trends. If that happens, workforce supply pressures may mean a greater number of people needing to provide unpaid care for friends and relatives. This would reduce their own labour market participation, with consequent impacts on the wider economy (as discussed earlier in this chapter). These pressures are likely to grow over time unless mitigated by the newly reformed system."

4.2. The South West London context

South London Partnership has a track record of working successfully sub-regionally to address shared priorities. This strategy will add social care workforce challenges to existing work programmes with a view to supporting South West London Authorities to act collaboratively and consistently. This is an opportunity that needs to be taken to address the scale of the strategic issues involved.

As part of the commissioning process for this work SLP outlined key concerns:

- Significant skills gaps within social care.
- The need to develop a workforce which is fit for the future and aligned with developing work led by the South West London Integrated Care System.
- Higher costs of living, limited availability of affordable housing, as well as strong competition for talented staff.
- Recruiting and retaining social care staff across South West London.

By working together participating authorities can make use of shared materials, pool resources, minimise duplication and address gaps and unwarranted variation in opportunities and outcomes that are evident from the workforce data that informs this Strategy.

The health and care sector is a major employer in South West London. The SLP Economic Recovery Action Plan⁴¹ notes South West London had around 400,000 jobs in 2021. Health and Care roles make up the third biggest category of those jobs with around 60,000 roles (see Figure 3). The Recovery Plan notes the sub-regional economy is estimated to have contracted by 12.1% in 2020 compared to 10.4% across London and 11.4% for the UK with 32,000 jobs lost over 2020 and 2021. One of the focus areas of the Recovery Plan is strengthening pathways into health and care roles. This aligns with the London Recovery Board⁴² Plan which cites Health and Social Care as one of four areas that offer Londoners opportunities to find good work.

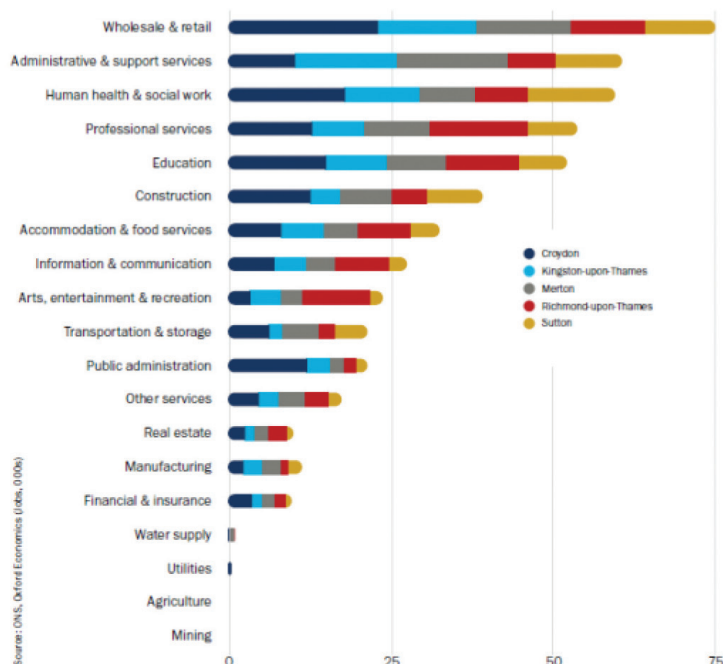
⁴¹ <http://southlondonpartnership.co.uk/slp-economic-recovery-action-plan/>.

⁴² <https://www.london.gov.uk/coronavirus/londons-recovery-coronavirus-crisis/london-recovery-board>.

Figure 3. Employment roles by sector in South West London.

OUR SUB-REGION WAS HOME TO 440,000 JOBS IN 2019.

Most of these are in sectors that have recently been described as the 'foundational economy' – providing goods and services that provide daily essentials for households, like retail, health and social care, education, accommodation and food, etc.



4.2.1 Strategic issues arising from the South West London ASC-WDS data

The data headlines in Figure 4 below are drawn from Adult Social Care Workforce Data Set (ASC-WDC)⁴³. A full report for South West London is at Appendix 1 of this Strategy. The data highlights a number of strategic issues:

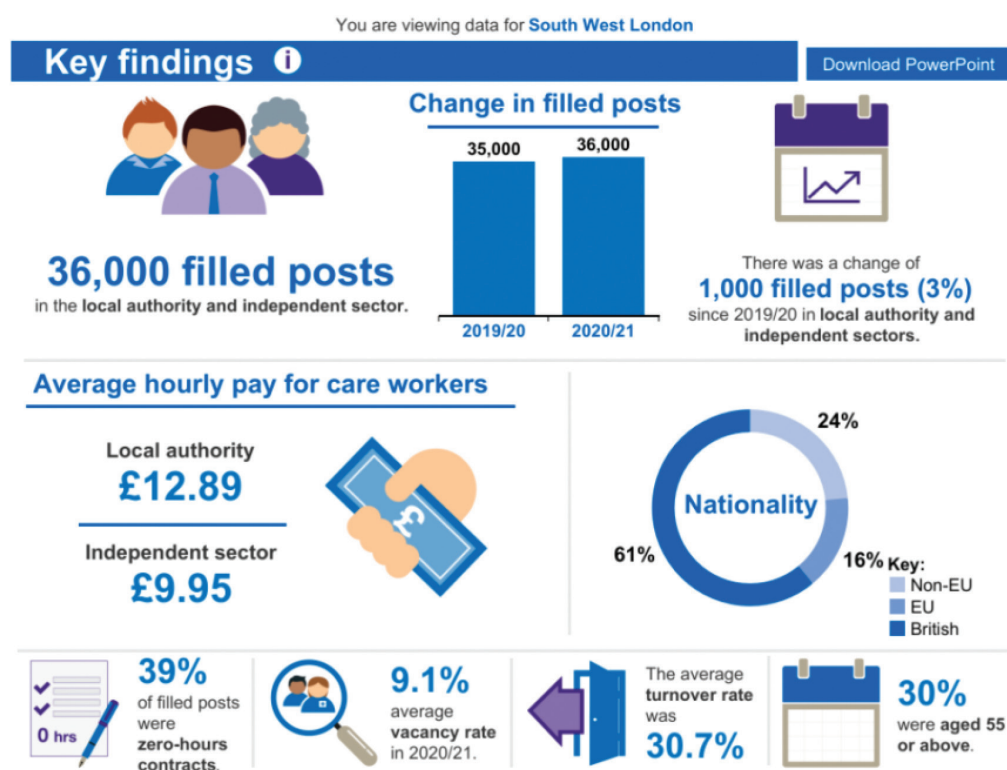
- **Demographic growth** will increase demand for social care support by 2035.
- **Recruitment and retention** issues mean there is turnover of over 30% and vacancies of over 10% for care workers.
- **Pay** for care workers (who are the subject of highest rates of turnover) is low in comparison to average hourly rates across the economy. The average care workers hourly rate is less per hour than the London Living Wage.
- **Skills and training rates** are relatively low for social care workers. Only 40% of direct care workers have a relevant qualification at level 2 or above and this is less than the London (43%) and England (46%) averages.
- **Variations in data** across the six participating Boroughs illustrate the need for sub-regional work to create positive and consistent conditions for a sustainable social care workforce.

Underlying strategic issues are compounded by the legacy of the pandemic which is indicated by the doubling of absence in the 2020/21 year in South West London. The average number of sickness days in 2020/21 (8.6) was over double that of 2019/20 (4.1).

Figure 4 below shows 36,000 filled posts in social care (which has risen from 30,000 in 2012), the low relative pay of care workers, nearly 10% vacancies and a turnover rate of over 30%. Of the 36,000 roles 34,000 are employed by independent sector providers of social care and support.

43 <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/adult-social-care-workforce-data.aspx>.

Figure 4. South West London key findings from analysis of ASC-WDS.

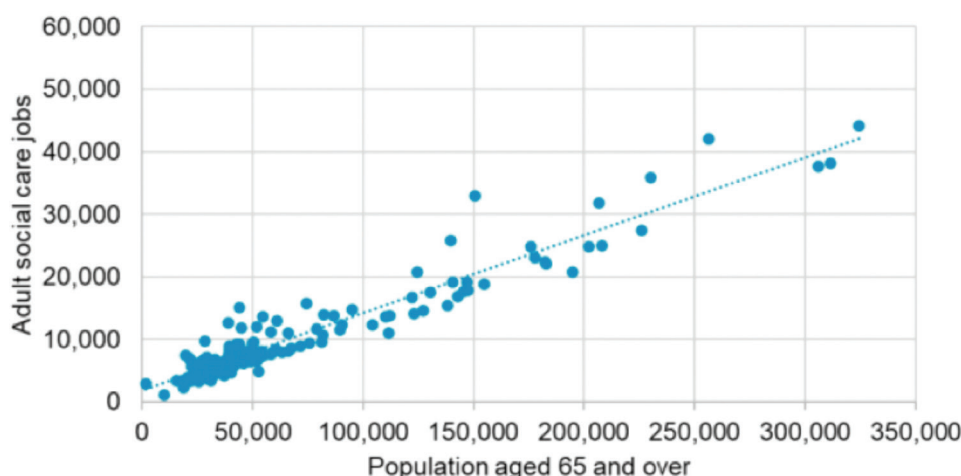


Demography

If participating authorities do nothing, then current challenges will intensify. Based on the population growth of those aged 65 and above the sector will require a further 10,000 more jobs by 2035⁴⁴.

Figure 5⁴⁵ below shows the relationship between ageing population and the numbers of social care roles.

Figure 5. Relationship between adult social care jobs and population aged 65 and 75 and above, in each local authority area in 2020.



Further increases in capacity will be needed to meet the steady increase in working age adults⁴⁶ who require support and care which makes up just under half of adult social care expenditure on services⁴⁷. The current struggle to meeting existing demand reinforces the need to look for new ways of working that aim to support people to remain as independent as possible for as long as possible.

⁴⁴ See full data report for South West London at Appendix 1.

⁴⁵ Chart 32 in Appendix 1.

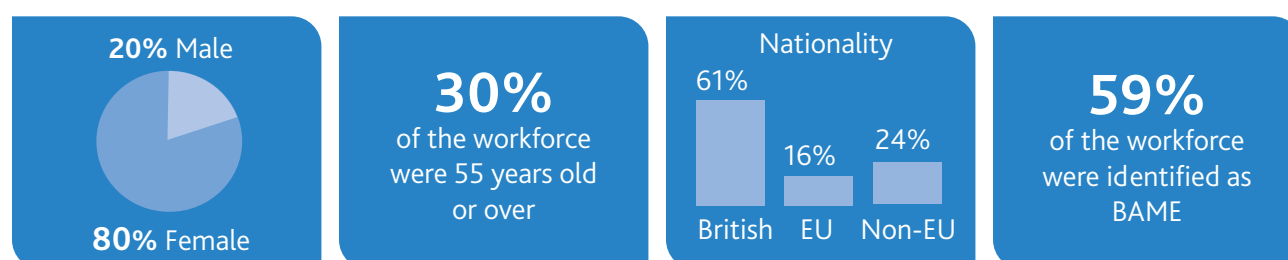
⁴⁶ <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2019-to-2020/family-resources-survey-financial-year-2019-to-2020#disability-1>.

⁴⁷ <https://www.kingsfund.org.uk/audio-video/key-facts-figures-adult-social-care>.

Figure 6. Demographics of the social care workforce in South West London.

Overview of the demographics of the adult social care workforce in South West London, 2020/21

- The adult social care workforce in South West London was 80% female and 20% male.
- The average age of a worker was 47 years old and 30% (11,000 jobs) were aged 55 or over.
- Around 41% of registered nurses were 55 years old or older.
- Black, Asian and Minority Ethnic (BAME) workers made up 59% of the workforce.
- The majority (61%) of the adult social care workforce were British, 16% had an EU nationality and 24% a non-EU nationality.



Black, Asian and Minority Ethnic (BAME) workers make up 59% (compared to 41% in the general population) of the workforce in South West London. Whilst 59% of the workforce are BAME they only filled 46% of managerial roles. Eighty per cent of the workforce are female, this percentage reduces to 62% in managerial roles. These inequality issues are reflected in the recommendations for action, in line with the Skills for Care Race Equality Standard⁴⁸.

Over the last five years, South West London has seen a growing reliance on EU (non-British) workers in adult social care, gradually increasing from 9% in 2012/13 to 16% in 2020/21.

In February 2022 new immigration rules came into place in the UK. Care work is now a shortage occupation, meaning people can immigrate into the UK providing the job meets the minimum salary level of £20,480 per year. The Migration Advisory Committee reported on this issue in June 2022⁴⁹. The report noted, 'that the ending of Freedom of Movement in January 2021 had exacerbated challenges in recruitment, with the sharp reduction in the pool of potential candidates in the UK having had both direct and indirect impacts on the sector'.

An ageing population will bring pressures on the social care workforce both in terms of the number of people who require support and also in terms of the intensity and specialist nature of the support required, as there are increasing numbers of people over the age of 85 who are far more likely to have support requirements associated with frailty and dementia.

There is particularly high turnover of younger members of the workforce reflected in the recruitment and retention section below, and in recommendations for action.

⁴⁸ <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/Workforce-Race-Equality-Standard.aspx>.

⁴⁹ <https://www.gov.uk/government/publications/recruitment-and-retention-in-adult-social-care-a-qualitative-study/recruitment-and-retention-in-adult-social-care-a-qualitative-study-accessible#conclusion>.

Demographic data also shows that only 20% of the workforce are men. FE News highlights the role that education providers can plan in addressing gender bias in the sector: 'Education is a key element to resolving bias and subsequent staff shortages throughout the job market, allowing individuals to recognise the unconscious bias they may hold in their individual lives'⁵⁰. The Guardian article, 'Jobs for the boys'⁵¹ highlights research from Anchor Housing⁵² that notes that 85% of men would not consider a role in social care.

The article also notes positive action that is being taken by employers to address this issue and links to recruitment practice that targets male candidates⁵³.

Recruitment and retention

Nearly 10,000 people in the social care workforce leave their roles each year in South West London. Whilst many workers move to other roles in the sector this does not mitigate the recruitment costs to a fragile sector, or the impact on consistency of care. The highest turnover rate is amongst those with the lowest pay, and who are the care workers that provide direct support where consistency of care is a key feature of service quality.

Vacancy rates in the sector have grown from 7.1% in 2012 to 9.1% in 2020/21. Vacancy rates for care workers are 10.6% in South West London compared to 7.6% in England. Feedback from engagement included local factors such as the cost of housing and transport, and pay rates, as key barriers to recruitment.

The data shows that those with less than one year of experience in role were most likely to leave. Those who are younger are also much more likely to leave their roles. Those on zero hours contracts and those without qualifications were more likely to leave their roles. This data informs recommendations for targeted retention initiatives in recommendation 2.

The Care Provider Alliance have produced top tips to support retention captured from employer's approaches across England.

- Recruit from the local community
- Recruit based on values and behaviours
- Encourage people to find out about social care
- Communicate clearly with applicants
- As far as possible, offer flexible working conditions
- Support staff by providing payment for things like travel, induction, and DBS certificates
- Promote a positive working environment
- Promote person-centred care
- Ensure staff utilise all available benefits.

Full list and further links at, <https://careprovideralliance.org.uk/workforce-top-tips-for-retention-cpa-lga-briefing>.

50 <https://www.fenews.co.uk/exclusive/breaking-bias-in-the-workplace-men-in-social-care/>.

51 <https://www.theguardian.com/careers/2019/nov/20/jobs-for-the-boys-the-drive-to-get-more-men-into-social-care-roles#:~:text=Men%20make%20up%20only%2018,care%20is%20only%20for%20women>.

52 <https://www.anchor.org.uk/media/social-care-sector-unites-warn-impending-workforce-crisis-and-raise-perception-care>.

53 <https://www.hrzone.com/talent/acquisition/gender-imbalance-in-the-social-care-sector-time-to-plug-the-gap>.

Figure 7. Recruitment and retention overview.

Overview of recruitment and retention in the adult social care workforce in South West London, 2020/21

- The turnover rate in South West London was 30.7%; more than the London region (27.6%).
- Workers with less than one year of experience in role had a higher turnover rate (40.1%).
- The sickness rate (7.6 days) in South West London was higher than the London region (7.3 days) but lower than the average in England (8.7 days).
- The average vacancy rate in South West London was 9.1% (3,200 vacancies). This varied within the local authority areas within South West London.

30.7%

Turnover rate
in the past
12 months



40.1%

Average turnover for
workers in role for
under one year

65%

Of recruitment
was from within
adult social care

9.1%

Vacancy
rate (3,200
vacancies)



Pay

" I always knew that I wanted to help create a better society. After graduating, I sought out roles where I could support people to overcome the social barriers that hold them back, driven by my own experience of needing such support growing up. Over the years, this work has been incredibly rewarding. It has given me control over many of the inequalities I have faced. However, economic inequality, as for many people, has been hard to shake off. Reading this report, I was taken back to the perilous uncertainty of fixed term contracts and pay that is unreflective of living costs, which I, and many others in the sector, have experienced. I know all too well the emotional stress of just surviving day-to-day, never having enough for the basics of life, leaving little space for comfort, joy and most importantly, stability. I was determined to use my education, skills, and experience to drive social change, but the drain on my wellbeing and the uncertainty of low pay often meant I was running on empty. Like many colleagues, I struggled to see the work I love as a viable option. This year, I started working for a Living Wage Accredited Employer and the change in my standard of living has been beyond what I could have imagined. Not having to worry about making just enough to get by means I can focus on the joy that working in the third sector brings. I feel valued in a meaningful way, which ultimately means I am more motivated at work and have a stronger commitment to my employer. I truly believe the benefits of paying a Living Wage extend far beyond the immediate impact for workers. It also has a profound effect on an organisation's productivity, morale, and reputation. I am passionate about a real Living Wage, and I hope this report demonstrates just how important an issue it is; not just for workers but for the third sector organisations that employ them too."

Glynn Davies, sector worker and member of Third Sector Steering Committee in All Work and Low Pay, Living Wage Foundation.

The average hourly pay for care workers in 2020/21 in South West London was £9.95 per hour which is less than the London Living Wage.

Whilst care worker hourly pay rates have increased by 32.5% since 2012 the statutory hourly rate increased by 43.4% over the same period.

The average hourly pay across all sectors in the economy was, on average, £24.03 per hour in South West London. This was much higher than the average hourly pay for care workers (£9.95 per hour) in adult social care in both the local authority and independent sectors.

There is a clear relationship between pay rates and turnover and vacancy rates, with those roles with lower rates of pay having the highest turnover and vacancy levels. Social workers in local authorities have a turnover rate of 11.1%, whereas the turnover rate of care workers is three times higher than this. Between 2012 and 2020/21 care worker turnover rates have increased by 14.5 percentage points, from 22.4% to 36.9%.

There is the potential for SLP to continue to raise this issue through sector representative forums such as ADASS and the LGA. Both forums have and continue to raise these issues.

The forthcoming social care reforms will support the development of a 'Fair cost of care'⁵⁴. This will not in itself increase mean costs of care but there are opportunities to remove some structural inequalities in the market where self-funders cross-subsidise those funded at lower rates by local authorities. 'Putting people at the heart of care' highlights an initiative by Wirral Council to incentivise providers to pay the Living Wage Foundation's voluntary rate for front line staff⁵⁵.

Figure 8. Pay in the adult social care workforce in South West London.

Overview of pay in the adult social care workforce in South West London, 2020/21

The information in this chapter was taken from local authorities as at September 2020 and from the independent sector between April 2020 and March 2021 (National Living Wage - £8.72).

Pay rates were collected at the individual worker level, all pay information is full-time equivalent(FTE) based on 37 contracted hours per week being classed as one full-time job.

- The average hourly pay for a care worker in the independent sector was £9.95. In the local authority sector, it was higher, at £12.89 per hour.
- A similar proportion (4%) of care workers were paid the National Living Wage of £8.72 in 2020/21 compared to between 1% and 9% being paid the previous National Minimum Wage (2012-2016).
- The average hourly rate for direct care roles in the independent sector in each of the local authority areas in South West London was less than the London Living Wage of £10.85.

£35,100

Registered nurse
independent sector
FTE pay

£45,300

Social worker
local authority sector
FTE pay

£12,89

Care worker
local authority sector
mean hourly pay

£9.95

Care worker
independent
mean hourly pay

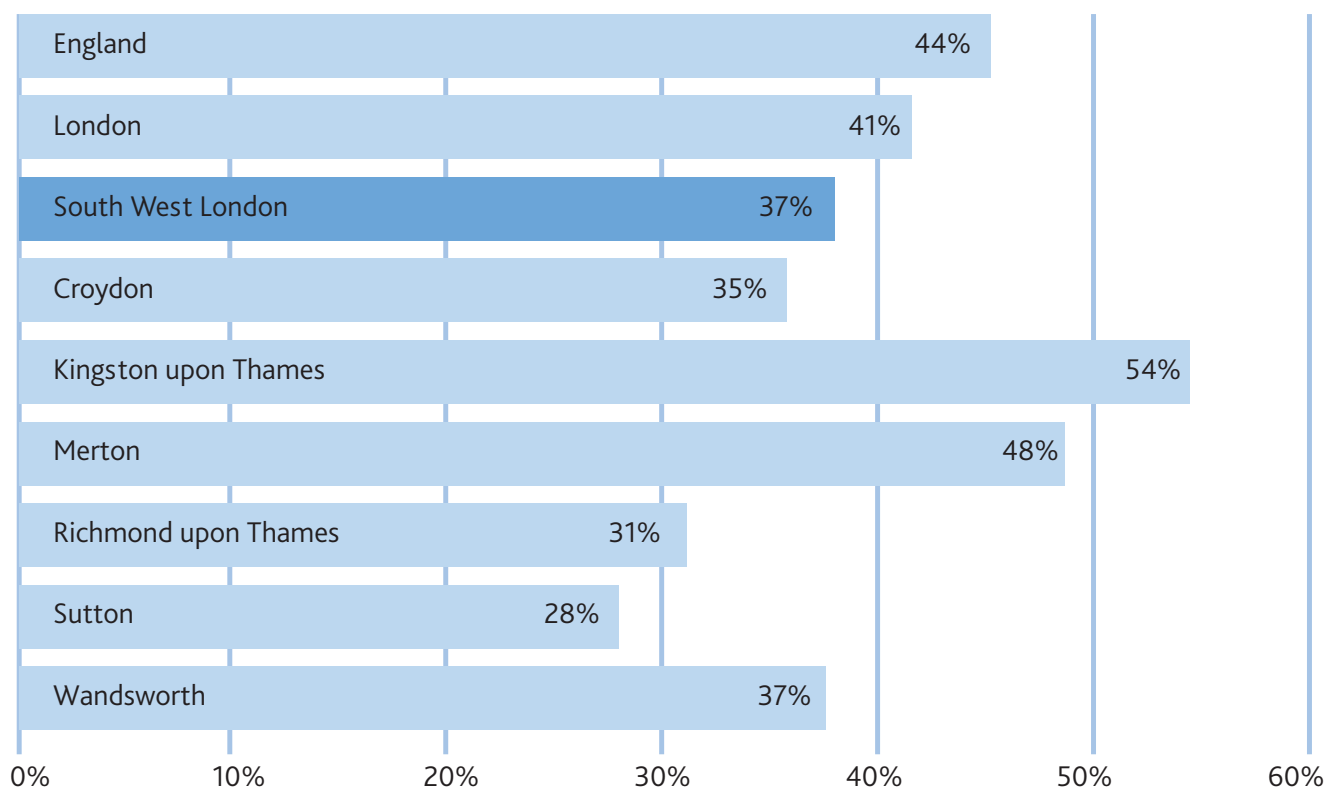
54 <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/adult-social-care-charging-reform-further-details>.

55 <https://democracy.wirral.gov.uk/ieDecisionDetails.aspx?AllId=25040>.

Qualifications and training

Around 40% of the workforce in South West London held a relevant social care qualification at level 2 or above. This was slightly lower than the average in the London region (43%) and England (46%).

Figure 9. Proportion of direct care jobs with an adult social care qualification at level 2 or above by geographic area, 2020/21.



Of workers without a relevant social care qualification, the majority had either completed an induction, had engaged with the Care Certificate, had completed training or had more than five years of experience in the adult social care sector.

Although the Care Certificate is available to all, the main target group for this qualification is workers who are new to social care, and is most common amongst direct care workers. In South West London, around 87% of direct care staff had engaged with the Care Certificate (either completed the Care Certificate, were in the process of doing so, or partially completed it).

By local authority area, the completion rate was much lower in Sutton (38%) than in the other areas. Wandsworth had the highest proportion at 76%. However, the proportion of those in progress or who had partially completed the Care Certificate was 39% in Sutton which was higher than Wandsworth (19%). The area with the overall highest engagement was Merton with 90% of direct care workers engaged with the Care Certificate.

There was little difference in the proportion of direct care workers who were in progress or had partially completed the Care Certificate in South West London (24%) compared to the London region (27%) and England overall (26%). However, 63% of direct care workers had completed the Care Certificate in South West London compared to 55% in the London region and 42% in England.

The ASC-WDS provides employers with the option of recording training data in addition to accredited qualifications. The ASC-WDS has 22 training categories under which any training can be recorded.

Data based on all workers at establishments with training data recorded in the ASC-WDS showed that Fire safety (81%), Moving and Handling (78%) and Health and Safety (77%) were the top training categories in South West London. These were also the top three training categories in the London region. None of the top 10 training categories included person-centred or strengths-based working practice which is significant in terms of recommendations from Care England about connecting the workforce with values-based practice (see top tips for recruitment and retention above), and also in terms of aligning workforce practice with the shift towards new models of care and ways of working that will be required to meet the demands of the future.

Figure 10. Qualifications and training in South West London.



Variations in data across South West London Local Authorities

There are significant variations evidenced by the data that reinforce the need for collective action to build more consistently positive context for the social care workforce in South West London. Not all variations are unwarranted but those that are the result of gaps in local action or could benefit from sharing learning and resources should be the subject of collaboration in the pursuit of better market conditions and support for social care providers and employees.

Examples of significant variation include differences in the proportion of zero hours contracts, turnover rate, average years of experience in role and qualification rates.

Table 1. Variations in data across South West London Authorities.

Data (and table/chart number from Appendix 1)	Range of results across South West London Local Authorities
Proportion of zero hours contracts (Chart 5)	31% (Wandsworth) to 45% (Merton)
Estimated turnover rate 2021 (Chart 7)	27.1% (Croydon) to 42.8% (Merton)
Average years of experience in role (Chart 13)	2.9 (Sutton) to 4.8 (Wandsworth)
Difference in average hourly pay of care workers compared to average across the economy (table 3)	£10.37 (Sutton) to £18.14 (Wandsworth).
Completed Care Certificate Status for those new to the sector since 2015 (Chart 28)	38% (Sutton) to 76% (Wandsworth)
Proportion of direct care jobs with an adult social care qualification at level 2 or above by geographic area, 2020/21 (Chart 30)	28% (Sutton) to 54% (Kingston)

4.3. Findings and commentary from engagement in South West London

4.3.1. Scope and methodology

The purpose of engagement was to complement a review of data and literature with the perspectives of stakeholders in South West London. The scope of the engagement included local authority leads in social care and workforce, NHS workforce leads, social care provider representatives, education and skills providers and people who use social care.

A stakeholder engagement plan was initiated following the clarification of scope; the primary focus of this strategy being the workforce employed by independent social care providers, including those providers which are not directly commissioned by the local authorities.

Weekly project touchpoints took place with the SLP team to manage ongoing communication, provision of key information and to make timely decisions while ensuring the project continued to meet their expectations. An advisory group was established comprising representatives from each local authority, and both the Health and Care Programme Manager and the Head of Economy Skills and Employment from SLP to steer the work and ensure it added value to each Borough.

Initial interviews were undertaken with senior leaders from the six South West London Boroughs along with local authority workforce development leads. This enabled the development of key lines of enquiry which were reviewed by the advisory group after which workshops were held with provider representatives and NHS workforce leads to identify current gaps, issues and opportunities in South West London.

Interviews were held with employment, training and education providers to explore their offer in relation to social care and transferrable approaches they had seen adopted in other areas in which they work.

In total, the Engagement comprised 83 participants with 13 people attending interview, and 70 people attending focus groups and workshops.

In addition, the team worked with data collected in the Adult Social Care Workforce Data Set to develop intelligence and insight related to South West London workforce and service provision. This enabled the identification of key overarching trends in the South West London social care workforce. This data is used throughout the report to complement and triangulate findings that emerged from the Thematic Analysis⁵⁶ of feedback from engagement with stakeholders in South West London.

A limitation of the engagement was that it did not include people with lived experience or people working as personal assistants, in the context of support and care organised using direct payments. In 2020/21 38.3% of people using social care services received direct payments in England and 24.4% in London. In South West London this figure ranged from 17% to 40.1%⁵⁷.

4.3.2. Strategic issues and emerging responses from engagement with stakeholders in South West London

This section records themes arising from engagement with stakeholders in South West London. Emerging responses were developed following discussion with commissioning leads and the Advisory Group and inform the recommendations in section 5 of the Strategy.

4.3.2. Work in progress in South West London to address workforce challenges

Positive action is being taken across South West London Boroughs including initiatives to recruit and retain staff, promotion of social care as a valued sector to develop a career in, and targeted support for groups (for example young people who are not in education, employment or training and geographically and demographically defined groups) who are underrepresented in the workforce.

These examples provide examples to learn from and build on. Other sectors such as construction, hospitality, green skills, digital and retail are the subject of more mature SLP hosted programmes (for example construction and green skills academies). The range of action noted below shows the potential to act and the strategy aims to build a consistent and sustained range of action that learns from this work.

⁵⁶ Using methodology drawn from Braun V. & Clarke V. (2013). Successful Qualitative Research. London: Sage and; Dodd, S.J. & Epstein, I. (2012). Practice Based Research in Social Work: A Guide for Reluctant Researchers. Abingdon: Routledge.

⁵⁷ Figures from LG Inform, https://lginform.local.gov.uk/reports/lgastandard?mod-metric=4277&-mod-area=E12000007&mod-group=AllRegions_England&mod-type=namedComparisonGroup.

Examples of positive action in South West London

'Sutton care works'⁵⁸ is a pop-up shop in the main shopping centre in Sutton. Sutton Care Works will help showcase the different roles, techniques and skills needed for a job in social care. Sutton Care Works supports local social care providers and agencies who are looking to fill care roles as well as offering demonstrations of specialist equipment, and assistive technology. This work promotes employment opportunities in social care and also brings together both local authority staff and the wider group of providers and agencies to act on raising the profile of social care and taking face-to-face recruitment efforts to the community.

Sutton's Valuable People. This six-month programme from Skills for Care is to support providers with values based interviewing skills, workforce data, and social media skills to recruit staff and develop an organisational plan through 1-2-1 support from Skills for Care.

Croydon Works⁵⁹. Croydon Works is Croydon's Job and Training Hub. It has been operating since 2016 as the primary free recruitment service, working in partnership with employers; Job Centre Plus, Croydon College and Croydon Council. This broad partnership is a great foundation for providing support with recruitment and is proud of its focus on sustainable work and finding the right fit for the person they are supporting towards work. In association with Croydon works, Croydon Adult Learning and Training⁶⁰ (CALAT) are working with Mind and Reed recruitment agency to provide assistance to individuals and communities who may need extra support as part of their journey towards and into employment. This involves identifying the gaps in skills, learning requirements in relation to language skills and foundation level qualifications, and particular support requirements that can relate to mental health or disability. As with the 'Merton Towards Employment' initiative this is an example of a resource in South West London that could provide more targeted work on the development of the social care workforce.

Kingston have taken action to address some of the barriers to taking up social care employment. Free parking permits for Home Care workers was trialled for three months from February to May 2022. The benefits were more visits could be made by care workers, and in a more timely manner. It also meant that visits which were difficult to access by public transport were more easily made. A bespoke ESOL course delivered by Kingston Adult Education (KAE) to support RBK's social care workforce involved 12 participants for a course which took 10 sessions to complete. This occurred between September and December 2021.

Richmond and Wandsworth have developed a Workforce action plan and a social care recruitment site is in development to raise the profile of social care in both boroughs. The site will showcase how the Boroughs work through the voices of staff (via video) and list qualified, unqualified, back office and provider vacancies.

The following headlines from Croydon's wide ranging actions provide an exemplar of cross cutting action that reflects the complexity of the challenges for social care employers:

58 <https://www.sutton.gov.uk/-/consider-a-career-in-care-sutton-care-works-opening-on-11-may>.

59 <https://www.croydonworks.co.uk/about-us>.

60 <https://www.calat.ac.uk/>.

Social Care Workforce Activity Overview - London Borough of Croydon

Our approach includes:

Integrating our plan into the wider strategic across the organisation and using a collaborative approach with neighbouring boroughs. We are ensuring all key stakeholders such as the Mayor, Director of Adult Social Care, and all portfolio holders are involved and support with overall decisions.

There will be co-production and a collective agreement from providers supporting the plan. We are also working jointly with employment, training agencies and DWP to support with recruitment and training needs.

We have **raised the profile** so far with the following activities:

- Working on a social care marketing campaign.
- Hosting provider engagement events.
- We continue to host recruitment fairs for providers with employment/jobs brokerage teams.
- Working in partnership with a recruitment specialist to offer a zero fee recruitment service for providers.
- Offer an interview service to providers with ongoing support after successful recruitment as part of signing up to the platform.
- Implemented parking permits in the borough for carers to help retain staff and reduce the risk of PCNs.
- The LA have agreed to transfer the apprenticeship levy via our training provider CALAT to providers to include nursing courses.
- We have increased our communication channels and provided useful contact lists to save time which includes a SPOC for recruitment and retention advice.

We have included recruitment and retention for providers into our social care strategy group with representatives from both homecare and care homes to act as champions for the adult social care providers in the borough.

Merton Towards Employment⁶¹, funded by the Community Infrastructure Levy Fund, is a programme initiated for people aged 16-40 with priority given to anyone who:

- has been in care
- is, or was, known to the youth offending service
- left school without gaining a level 2 qualification in English and Maths (less than a grade C at GCSE)
- is a teenage parent
- is homeless or lives in a hostel.

This project is about changing perceptions, changing attitudes, and changing life chances through supporting people into and towards work. This is an example of an initiative that addresses both the employment prospects of community members who have particular support requirements in relation to employment but who may also have life experience that can be an asset to their employment prospects in health and care. It is also an example of an initiative that could be better aligned with the workforce strategy in terms of supporting people into the social care workforce.

61 <https://www.merton.gov.uk/communities-and-neighbourhoods/finding-jobs-training/towards-employment>.

Merton Council worked with Community Catalysts to hold a **'big conversation'**⁶² designed to hear from people who have a stake or interest in daytime support for people with a learning disability and/or autism in Merton. This initiative brought together local people to talk about the lives they want to lead and engaged with 381 people. People with learning disabilities and/or autism, their families, support providers and professionals took part. This work is part of the process of making sure that the sector develops in line with what people who use and rely on services actually want.

This work is also related to the development of new ways of working. There is an increasing recognition that the current social care market offer is neither fit for the future in terms of sustainable capacity nor sufficiently well aligned with the increasing focus on preventative, place and strengths-based action to promote independence and wellbeing. This kind of co-production exercise will be essential in all areas of development relating to the Strategy.

The South West London Integrated Care System Team launched a project called 'Jobs That Care' in local schools to help raise awareness with children and parents about the wide range of career opportunities in the NHS and social care. This is an example of work that should be integrated into wider workforce development to include social care.

In Croydon and Kingston, the ICS team looked at taking health and social care to the high street which gave the opportunity to talk about routes into employment, including roles in health and social care.

Emerging response

Whilst some great exemplars of positive action are in place across South West London Boroughs it is also clear what is needed is system-wide development of initiatives that will be supported by this Strategy. In this context system-wide action needs to involve not only adult social care commissioners but also the wider economic development functions of local authorities, joint action across health and social care and the building of responses in a way that involves and co-produces action with social care providers and those who use and rely on social care support.

This is not only about ensuring a focus on the social care workforce across authorities and across education, employment and skills providers, it is about building and sustaining this across the SLP and refining the strategy in response to measuring impact.

The Strategy and associated recommendations will need to support sustained action across South West London that both reflects the scale of the challenges in this area and also the impact of doing nothing on the quality of life of people who live in South West London. South London Partnership can provide support for coordination and some infrastructure for these developments at sub-regional level and individual authorities will be able to apply some of this to local contexts where action is required at borough level.

Supporting infrastructure will be needed to build the necessary action and progress that mirrors work facilitated by SLP in other sectors.

This is proposed to include the development of a social care academy, the need for an ongoing specialist role or dedicated resource within SLP (in the form initially of the SWL Workforce Lead) and the establishment of a cross-sector Workforce Board and Steering Group.

62 <https://www.communitycatalysts.co.uk/project/merton/>.

The opportunity to develop a social care skills academy in South West London as part of the Greater London Authority's Mayor's Academy Programme will provide an opportunity to build on learning from other sectors and in particular from the development of the Mayor's Construction Academy.

The Hub creates a partnership of relevant organisation such as social care employers, education and training providers. The overarching aim of the Academy is to support Londoners into 'good work' defined in the Academy Prospectus⁶³ as:

A job, apprenticeship or paid work placement for a learner who is not in employment upon enrolment to an adult skills AEB learning aim which:

- relates to a priority sector, is a minimum of 16 hours/week and is expected to last at least four consecutive weeks;
- pays a basic salary of the London Living Wage or above and does not involve the use of zero hours contracts;
- supports the learner to achieve self-employed status for sectors where self-employment is a pre-requisite to employment. Evidence of a consultancy role meeting the above requirements would need to be met.

The features of the Academy align closely with this Strategy with funding directed at key priorities such as promoting careers and progression and building the link between training and employment outcomes in the sector. The embedding of the Strategy will also enhance the ability of South West London Local Authorities to make the most of the Academy features and do so in a way that builds a sub-regional impact.

The Academy prospectus makes it clear that the funding available needs to build on existing infrastructure, and the recent investment in the SWL Workforce Lead and proposed governance arrangements in this Strategy provide a good foundation for development.

The Academy through proposed links to the Health Hubs in each ICS area will also support a stronger social care presence in South West London health and care workforce planning. The recommended focus on care workers and senior care workers is welcome as this group is the subject of the highest turnover and numbers of vacancies in South West London.

The Academy focus on working with accredited training providers and the deployment of AEB Job Outcome Funding alongside the Academy responsibility to work towards a the Skills Academies Quality Mark⁶⁴ will drive closer collaboration in South West London in relation to education and training in the social care sector.

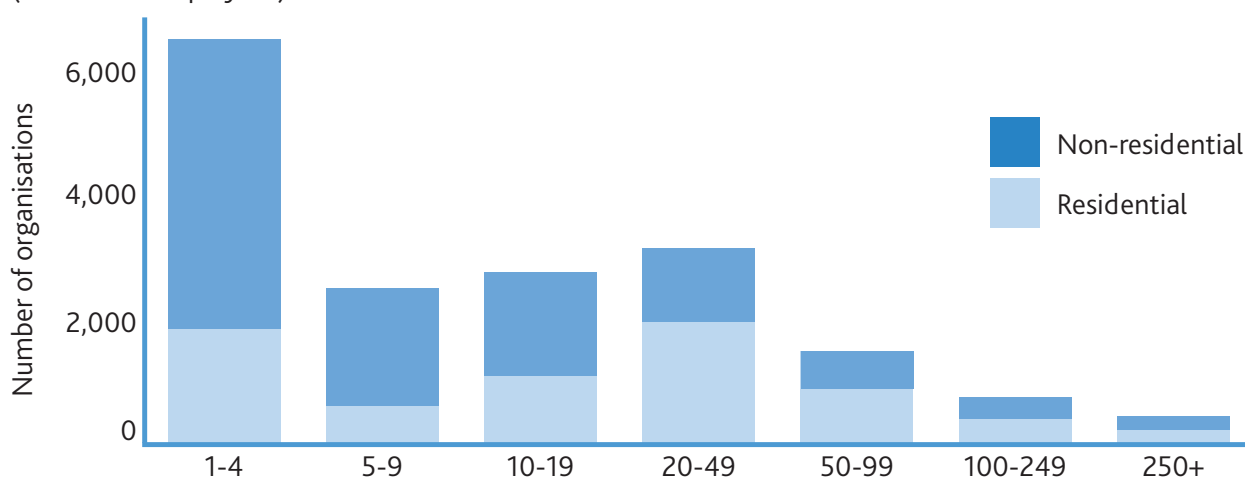
The nature of the sector, with a high proportion of small and medium sized enterprises, means that many providers have limited infrastructure to mount recruitment campaigns and make the most of opportunities for training and development.

63 <https://www.london.gov.uk/what-we-do/jobs-and-skills/jobs-and-skills-providers/jobs-and-skills-funding-opportunities/mayors-academies-hubs-social-care>.

64 <https://www.london.gov.uk/what-we-do/jobs-and-skills/mayors-academies-programme/mayors-skills-academies-quality-mark>.

Figure 11. Social care providers categorised by numbers of employees.

Estimated number of adult social care organisations in England by size group
(number of employees)



Local authority employment brokerage services alongside Academy development plans will make South West London well placed to support sub-regional initiatives which provide support to employers. Section 4.3.2 includes a range of active support for social care employees and those considering this career that can inform sub-regional sustained and consistent action in South West London.

The Strategy will prompt action across South West London to raise the profile and status of social care careers and make shared use of promotional action and materials which will also support those smaller employers who do not have an in-house function to act without support in this area.

4.3.3. Key partnerships and the value of action across all authorities in South West London

A consistent theme from engagement was the positive impact of SLP work on coordinated action across member authorities. South London Partnership hosts the non-sector specific South London Careers Hub⁶⁵, green skills and construction academies, the DWP Work and Health programme⁶⁶ and leads a SWL Skills and Employment Board⁶⁷.

Without a greater South West London focus on social care and the development of stronger partnerships with providers of both social care support and care and education and skills opportunities, there is an ongoing risk that local authorities will struggle to deliver on Care and Support Statutory Guidance duties and responsibilities.

These duties include meeting the eligible needs of those with care support requirements, managing the local social care market and taking action in the context of their general wellbeing duty. This responsibility will expand in scope and volume to a much wider group of South West London residents with the implementation of the forthcoming social care reforms.

65 <http://southlondonpartnership.co.uk/skills/south-london-careers-hub/>.

66 <http://southlondonpartnership.co.uk/skills/work-and-health-programme/>.

67 <http://southlondonpartnership.co.uk/skills/skills-and-employment-board/>.

The social care workforce and their employers operate across borough boundaries. Whilst there are localised issues, demographic and economic contexts (see for example Table 1 in section 4.2.1, above.) many of the workforce challenges are not defined by borough boundaries.

There are examples of formal partnerships in South West London that collaborate in relation to social work education⁶⁸, the ICS is developing its workforce programme⁶⁹ and there are examples of borough relationships with education providers⁷⁰. However, these initiatives tend to focus on professional qualifications in social work and pathways into health employment rather than opportunities for those working for independent sector social care providers.

The scale of strategic issues and the workforce involved, and the impact of limited sub regional action is not reflected in corporate and social care workforce strategies.

Emerging responses

SLP is well placed to facilitate joint action on recruitment and retention, training and education and the building of career pathways at a sub-regional level. Collaborative action from South West London authorities also creates opportunities for influence at regional and national level, leverage to access and make coordinated use of funding and joint use of existing assets to support the social care workforce in ways that are not available to individual authorities.

Existing SLP employment and economic support infrastructure in other sectors provides learning for the social care sector that needs to be harnessed by the development of this Strategy and the associated support and governance and the impact of this work reinforces the value of action across South West London.

Boroughs in South West London are working together to use retention bonuses for independent sector staff across South West London. This kind of sub-regional approach has the potential to make a positive difference for the social care workforce in South West London.

Local Authority corporate plans should recognise the economic importance of this sector and take appropriate steps to develop local action that is integrated into economic development plans and avoids the risk of social care workforce development being solely an issue for Adult Social Care Directorates.

The recent investment in the development of an SLP Adult Social Care Workforce Function will provide essential programme coordination and support for turning recommendations in this Strategy into action. It will also, alongside developing Academy infrastructure, support with bringing partners together as part of the governance and monitoring of this Strategy.

The alignment of this strategy with wider Integrated Care System workforce development is an important feature of future partnership working between adult social care and the NHS in South West London. The new Integrated Care Boards went live in July 2022. By April 2023 each place (places will be aligned with the six local authorities within the South West London Area) will have a single accountable officer for leading local responses within South West London. Each local authority area also contains a number of Primary Care Networks. These networks will both host and develop new roles, for example social prescribers and will be part of the development of new integrated health and social care teams. It will be important to ensure that all relevant recommendations are linked to ICS workforce plans. This can be managed through ensuring active ICS involvement in the workforce delivery group which provides a further opportunity to both align with the cross South West London ICS workforce plans and share learning from relevant initiatives.

68 <https://www.developingtogetherswtp.org.uk/about/>.

69 <https://www.southwestlondonics.org.uk/our-work/workforce/>.

70 For example, Merton with Kingston University.

Action to develop conditions for a more sustainable social care workforce and improved recruitment and retention should involve co design with social care providers to ensure relevance of action and support.

Partnership working will need to include education providers working with social care employers to develop better communications with young people to address the current high level of loss of young workers in their early stages of a career in social care. A supported induction programme that targets people new to work in social care would support retention of those most likely to leave their roles. Social care providers will need support to include this as part of their recruitment and employment practice.

Provider collaboration and engagement will be a key element of improving the South West London conditions for recruitment and retention of staff. This is likely to have greater impact at sub-regional level as providers are not constrained by borough boundaries so establishing common conditions and expectations will support consistency and will also share resources and learning across SLP. It will also begin to address variations between boroughs in terms of expectations and conditions which can exacerbate turbulence in the workforce by creating incentives in terms of reward and career and professional development prospects for employees to seek alternative employment.

Working together as a partnership will support plans and proposals to access development resources and respond to needs of people who live and work in South West London. This does not preclude local action by individual boroughs but suggests that this is complemented by partnership across South West London. Collaboration, facilitated by SLP and strengthened by the development of a Social Care Academy, will help ensure South West London is well placed to take full advantage of workforce development plans and associated resources that are part of social care reform and policy.

4.3.4. Investment and resources

Engagement produced a range of examples of local authority investment in addressing social care workforce challenges. Examples of investment include:

- Use of Section 106, Apprenticeship Levy and Community Infrastructure Levy Funds.
- Dedicated specialist officers which showed impact as part of time limited specific initiatives but suffered from lack of long-term funding.
- SLP services already in place working in other employment sectors such as green skills, construction and work and health.
- South West London Borough's joint investment in an SLP social care workforce lead and the development of this strategy.
- Educational and Skills Agency investment in social care sector workforce development.

As noted above investment in the past has often been project based and consequently time limited.

Emerging response

The Strategy will require sustained effort to deliver change and, consequently, commitments from participating authorities to sustain this work for at least the three-year strategy period.

An SLP-wide approach will encompass aligned use of the proposed investment in social care workforce development⁷¹ to include the new Knowledge and Skills Framework, the Portable Care Certificate and Skills Passports.

Access to associated investment⁷² that is planned for housing and home adaptations, technology and digitisation, support for unpaid carers, improved information and advice, and innovation and improvement will also be supported by coordination across South West London. Digital infrastructure development as part of Integrated Care Systems is developing at the sub-regional level and work on assistive technology and information advice and guidance would deliver efficiencies and minimise duplication of effort if coordinated across the SLP area.

The Strategy will also harness wider economic development resources across South West London Boroughs and coordinate investment in social care workforce skills development and training in a way that learns from the other skills academies hosted by SLP.

A final area of joint investment across SLP relates to priorities to develop strengths-based approaches and practice and enhance preventative action and information advice and guidance. This links to SLP partners adult social care strategy and action to invest in preventative action that promotes independence in resident's own homes for as long as possible⁷³. All Local Authorities in SLP are working to maximise the effectiveness of their preventative and information advice and guidance services which reflect duties detailed in line with Care Act Preventative and Wellbeing responsibilities⁷⁴ and with work to develop strengths and asset-based approaches⁷⁵. The relevance of these initiatives relates to new types of roles in social care such as care navigators and social prescribers and increasing specialist information advice and guidance services and to the function of these services in managing increasing demand arising from demographic changes. Local Authorities have a lot to gain from sharing learning about the impact of investment in these new ways of working.

An example of investment in new ways of working is Sutton's work with Community Catalysts. Community Catalysts have been commissioned to support the London Borough of Sutton with three main areas:

- Diagnostic review of readiness and structures to support the development of microenterprises in Sutton.
- Provide a diagnostic and action plan to support the development of microenterprises in Sutton.
- Recruit a full-time Community Catalyst to work with the Community and identify gaps in services, develop networks of relevant providers and create opportunities to develop microenterprises.

71 <https://www.gov.uk/government/news/500-million-to-develop-the-adult-social-care-workforce>.

72 <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>.

73 See for example, <https://democracy.croydon.gov.uk/documents/s35215/Appendix%201%20-%20Draft%20Adult%20Social%20Care%20and%20Health%20Strategy.pdf>; https://www.sutton.gov.uk/documents/20124/448650/SUT_0157_Local_Accounts_20_21_FA_CHECKED+%281%29.pdf/8017475f-f930-6290-5a4e-5a1ba2cca24a?t=1651748356371; https://www.wandsworth.gov.uk/media/8100/enhanced_care_navigation_social_prescribing_offer_2020.pdf.

74 <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance> chapters 1 and 2.

75 <https://www.scie.org.uk/strengths-based-approaches>.

5. Recommendations

5.1. Oversight and timeframes

Recruiting, supporting and retaining social care staff is extremely challenging and the challenges will be increased by the current cost of living crisis. High turnover and levels of vacancies limits the quality and consistency of support for citizens and presents risks to their wellbeing. The following recommendations are wide-ranging and ambitious in order to establish action that can make a difference.

Ongoing oversight, refinement and development will come from a newly created Social Care Workforce Board and Delivery Group. Each recommendation proposes a role and/or group to lead and monitor action. Further development and support will be provided by the SWL Workforce Lead. The Social Care Workforce Board and Delivery Group will work to ensure that duplication of effort is avoided, that recommendations for different stakeholders (for example local authorities, skills and training providers, social care employers and the Integrated Care Board) are the subject of engagement and co-design, and that the leadership, timescales and monitoring of recommendations are clarified.

This Strategy outlines action for the period November 2022 to October 2025. Indicative timescales which reflect the complexity of recommendations are included and will be subject to development by the Delivery Group and agreement by SLP partners and the Social Care Workforce Board.

5.2. Detailed recommendations

Recommendation	Description and Who Needs To Be Involved	Timescales
1. Create the infrastructure to support the delivery of the Strategy.	The creation of a SWL Social Care Workforce Board comprising people who use social care support, social care employers, education and skills training providers, and Local Authority adult social care, skills and employment and economic development leads.	Year 1 by end November 2022.
	The creation of a Delivery Group convened by the SWL Workforce Lead role. The Delivery Group will comprise representatives of Workforce Board members.	Year 1 by end November 2022.
	Work is required to build partnerships with employers as part of the strategy infrastructure. Social care employer representatives from each of the six Boroughs should be sought to form an initial employer task and finish group to co-design implementation plans for the recommendations and agree the nature of sustained representative presence of employers on the Delivery Group and Workforce Board.	Year 1 by end January 2023.

<p>2. Develop and align South West London authorities' social care Workforce Strategies.</p>	<p>Participating authorities will create social care workforce strategies and ensure Council action is noted in corporate strategies. These strategies should include action to address inequalities issues highlighted by the demographic data in this Strategy, 'The care provider alliance top ten tips for recruitment and retention' and alignment with the proposals in the workforce strategy from 'Putting people at the heart of care'.</p> <p>It is envisaged that these strategies will be developed as part of wider economic development. This means ownership by those Directorates that host economic development and skills, and employment leads.</p> <p>Local Authorities should sign up to the South West London Social Care Workforce Strategy as a starting point and develop their own bespoke local⁷⁶ strategies to address local priorities and context.</p>	<p>Year 1 by October 2023.</p> <p>Year 1 by October 2023.</p> <p>Year 1 by October 2023.</p>
<p>3. Promote social care employment career opportunities, develop routes into social care employment and address underrepresentation and inequalities in the social care workforce in South West London.</p>	<p>Task and finish group to include: Social care employer representatives, Local Authority commissioning lead, HE, FE and skills provider leads, schools lead, DWP, Borough communication leads and The South London Careers Hub. Lead Commissioning AD, supported by the SWL workforce development lead will work with the ADASS Proud to Care Programme to agree how their work can support this recommendation.</p> <p>Task and finish group to develop:</p> <ul style="list-style-type: none"> • Coordination, shared use, and promotion of gateways (online, public facing and through partners) to careers advice and guidance and employment opportunities for social care. Local Authorities taking a coordinated and sub-regional approach to use of available promotional materials⁷⁷. <p>(continued)</p>	<p>Year 1 by October 2023.</p>

76 Examples at <https://www.solihull.gov.uk/sites/default/files/2022-02/Workforce-strategy-2022-2027.pdf>; <https://www.leedscare.co.uk/wp-content/uploads/2018/10/Workforce-Strategy-Oct-18.pdf>; https://www.havering.gov.uk/download/downloads/id/3970/adult_social_care_workforce_development_strategy.pdf.

77 For example: 'Proud to care London materials' - https://www.youtube.com/watch?v=i9yGRuLaUuw&ab_channel=LondonADASS, Skills for Care, 'Recruitment and retention support' – Recruitment support ([skillsforcare.org.uk](https://www.skillsforcare.org.uk)) and <https://www.skillsforcare.org.uk/Careers-in-care/case-studies/Case-studies.aspx>.

	<p>(continued)</p> <ul style="list-style-type: none"> • The promotion of wider opportunities for health and care career pathways linked to ICS workforce development plans. The development of South West London routeways into employment⁷⁸ to include apprenticeships, traineeships, Level 1 Care Awards and graduate programmes. • Ensuring skills and education provider resources, training and support in SWL area are known to potential social care workers. • Development of initiatives to attract underrepresented groups in the workforce, for example men and young men. To address inequalities for people from black, Asian and minority communities in senior roles. • Work with social care service providers, schools and colleges to develop advice and careers guidance and to support informed decisions to apply for and take up social care roles. • The collation of the above actions into a South West London recruitment support offer that is targeted at smaller social care employers who will not have the infrastructure to develop their own bespoke promotional action and materials. 	<p>Year 1 by October 2023.</p> <p>Year 1 by October 2023.</p> <p>Year 2 by March 2024 for launch in September 2024.</p> <p>Year 2 by March 2024 for launch in September 2024.</p> <p>Year 2 by March 2024 for launch in September 2024.</p>
<p>4. Work with Social Care Employers to Develop Targeted Initiatives to Improve Retention of Social Care Employees.</p>	<p>SLP will be a catalyst for evidence-based retention initiatives targeting those in the early stages of their career who are most at risk of leaving their roles. This will also take account of the higher level of turnover in younger members of the workforce.</p> <p>Social care and education and training providers and colleges to co design supported induction year programme with young people new to social care.</p> <p>Schools, providers and colleges to develop practical work experience. Ambassadors from Social care providers and colleges to promote the scheme.</p> <p>(continued)</p>	

⁷⁸ <https://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Pre-employment/Routeways-into-adult-social-care/Routeways-into-adult-social-care.pdf>.

	<p>(continued) Local Authority Skills and Employment Lead to oversee action.</p> <ul style="list-style-type: none"> • Design an enhanced induction programme and supported first year in employment for social care employees. To involve employers and the workforce in co-design of this induction programme to ensure relevance for the target audience. • To connect employers to education providers to support the development of ongoing practice development opportunities for social care staff in South West London. This should include access support such as ESOL, digital learning platforms and learning support. This work will also align with the development of the workforce strategy training opportunities from 'People at the heart of care'. 	<p>Year 1 by October 2023.</p> <p>Year 1 by October 2023.</p>
<p>5. Refine Local Authority Social Care Provider Quality Assurance to Include Co-Designed (with social care employers) Recruitment and Retention Measures.</p>	<p>Provider audit by SWL Local Authority commissioners will include workforce measures to review provider capacity to recruit, retain and support social care workers.</p> <p>Local authority QA leads to co design measures with commissioning AD lead and employer representatives and add to their QA processes.</p> <p>Inclusion of recruitment and retention and staff training and support as part of Local Authority provider QA standards.</p> <p>These standards should align with the LGA key staff wellbeing steps recommended for employers⁷⁹ and include the workforce race equality standards as an expectation of employers in South West London⁸⁰. This ensures a focus on recruitment, retention and support for employees as part of contractually linked quality assurance.</p> <p>Alongside audit the Strategy also notes the importance of providing support and resources to providers. This will be reflected in co-design of training and support initiatives as part of the Strategy. Having employer representatives on the Board and Delivery group will ensure that this recommendation balances scrutiny and support.</p>	<p>Year 2 by October 2024.</p> <p>Year 2 by October 2024.</p> <p>Year 2 by October 2024.</p>

79 <https://www.local.gov.uk/our-support/workforce-and-hr-support/wellbeing/covid-19-employee-wellbeing/wellbeing-front-line>.

80 Supporting a diverse workforce (skillsforcare.org.uk).

<p>6. Create a SWL social care workforce dashboard to track the impact of action.</p>	<p>SLP will produce a Partnership dashboard to track impact of the strategy, to highlight unwarranted variation (for individual Boroughs to develop their measures) and to inform review and refreshing of the workforce strategy (for reporting to DASSs and ASC Workforce Steering Group annually as part of Partnership governance).</p> <p>SWL Workforce Lead with LA performance analysts and ICS workforce leads.</p> <p>Develop workforce strategy dashboard to review KPIs chosen from available Skills for Care Data.</p> <p>Annual report to SLP leads to highlight progress and unwarranted variation. Annual report to review progress against strategy recommendations and strategic opportunities.</p>	<p>Dashboard in place with agreed targets for Year 1 by March 2023.</p> <p>First Annual report at end of Year 1 in October 2023.</p>
<p>7. Influence and contribute to local and national debates about value and reward for people working in social care.</p>	<p>Promoting the strategy to raise the profile of social care workforce structural issues and influence national policy and resourcing.</p> <p>Using the strategy within SLP Local Authorities to support and inform cross Council support and social care workforce initiatives as part of corporate plans.</p> <p>SLP DASS group to table workforce strategy as part of annual planning programmes in their authorities.</p> <p>Promotion of SWL Strategy on ADASS regional and national annual conferences agenda to support sharing and challenge.</p> <p>Communication strategy for launch of strategy to be developed by workforce delivery group and supported by Partnership authorities' communication teams. Social Care Workforce Board to oversee development.</p> <p>A social care workforce focus in Local Authority Corporate Plans to reflect strategy objectives for April 2023. A communication strategy to launch and update on the strategy as it develops.</p> <p>(continued)</p>	<p>Year 1. Schedule of opportunities action and who does what in place along with communication strategy by end January 2023.</p>

	<p>(continued)</p> <p>Building the workforce strategy into the ICS workforce plan.</p> <p>Each SLP Authority to have Social Care Workforce Strategies and approved by end Year 2 with associated action in corporate plans.</p>	<p>SLP Social Care Workforce Strategy as part of the ICS workforce plans by end of year 1, October 2023.</p> <p>End Year 2, October 2024.</p>
<p>8. Coordinate South West London Action to develop new ways of working⁸¹ that promote independence and wellbeing and manage demand for social care support.</p>	<p>Developing new models of support as part of ICS strengths-based and preventative strategies. This coordinates work on the growing element of the social care sector and aims to build better community development, preventative and information advice and guidance resources and action.</p> <p>South West London Commissioning AD lead. Work with local authority personalisation/direct payment commissioning leads and support services. Involve independent and VCSE partners involved in direct payment support services and in preventative and information advice and guidance work.</p> <p>A first step will be to map commissioning and strategic intentions for the development of new ways of working and investment in community development, preventative and information advice and guidance structures.</p> <p>Mapping new roles including social prescribers, Information Advice and Guidance professionals, Care Navigators and Voluntary, Local Area Coordinators and Community and Social Enterprise roles. These are roles and approaches that support the development and use of community assets and social support contribute to improving people's health and wellbeing⁸².</p> <p>A South West London wide approach to developing employment opportunities and training and skills for new ways of working in adult social care.</p>	<p>Year 1 by October 2023.</p> <p>Year 2 by March 2024.</p> <p>Year 2 by October 2024.</p>

81 For a directory of innovations in social care see <https://www.thinklocalactpersonal.org.uk/innovations-in-community-centred-support/>.

82 https://www.basw.co.uk/system/files/resources/cpa_new_ways_of_working_190125.pdf.

<p>9. Develop the South West London Social Care Academy to support Londoners hardest hit by the pandemic to get skills, experience and good work in London's key sectors.</p>	<p>SLP will support South West London Authorities with the development and delivery of the GLA funded Social Care Academy in South West London as part of the Mayor's Academies Programme. SWL Workforce Lead to coordinate initial development action.</p> <p>This requires Partnership Action, and this strategy recommends the 'Guidance on the components and creation of a Care Academy'⁸³ to inform this.</p> <p>The GLA funded Mayors Academy programme details the following action:</p> <ul style="list-style-type: none"> • building partnerships between employers/ business, trade unions, JCP, providers, learners and other stakeholders • enabling and promoting high quality training, advice, experience, mentoring and other support • the Academy offer matching the skills needed by employers and in growth jobs • supporting employers to address barriers to entry to employment for specific groups of Londoners. 	<p>Year 1. Hub delivery starts Autumn 2022.</p> <p>Years 2 and 3 milestones to reflect the academies/ hub programme application.</p>
<p>10. Take action in South West London to implement the workforce strategy outlined in 'People at the Heart of Care'.</p>	<p>Local Authority skills and employment lead on workforce delivery group.</p> <p>Employers, education and skills providers and schools and colleges to be involved.</p> <p>DASS group lead to facilitate linking with national developments relating to the workforce strategy in People at the Heart of Care.</p> <p>Working with HE and FE providers to develop a South West London offer that aligns with the national social care workforce strategy in 'People at the heart of care'.</p> <p>Contributing to the development of the proposed new Knowledge and Skills Framework and career structure.</p> <p>(continued)</p>	<p>Year 1 by October 2023.</p> <p>Year 1 by October 2023.</p> <p>Year 2 by end October 2024.</p>

⁸³ This guidance from North West ADASS reviews the creation, resourcing, sustaining and hoped for impact of a care academy.

	<p>(continued)</p> <p>Working with employers and training providers to promote and develop apprenticeship opportunities.</p> <p>Working with employers and education providers to maximise the impact of new Portable Care Certificates and skills passports, ensuring alignment of the South West London Social Care Workforce strategy with new KSF and development of associated learning and development offer.</p>	<p>Year 2 by end October 2024.</p> <p>Year 2 by end October 2024.</p>
<p>11. Reduce barriers to employment such as the cost of housing and transport.</p>	<p>SLP authority housing and transport leads in partnership with adult social care commissioners. Lead Commissioning AD to coordinate action with support from workforce steering group.</p> <p>Engage with Housing Associations providing support for key workers to collate housing support offer.</p> <p>These initiatives will seek to support practical barriers to careers in care relating to cost of housing and travel (including parking). The strategy provides data relating to the very significant challenges relating to the recruitment and retention of people employed by social care providers. This will start with mapping and development of resources that address barriers to social care employment. This is an aspiration that is central to making a positive and material difference to social care employees and will require cross-cutting work involving local authority departments who have the discretion to act on these issues.</p> <p>Mitigating barriers through access to transport and parking and housing support, e.g. key worker accommodation in line with national and London wide initiatives⁸⁴ and launch of South West London authorities action to social care workers.</p>	<p>Year 1 by October 2023.</p> <p>Year 2 by end October 2024.</p>

84 For example, <https://www.london.gov.uk/press-releases/mayoral/mayors-new-key-worker-list-for-priority-housing>.

85 https://www.london.gov.uk/sites/default/files/aeb_grant_funding_rules_2022-23_draft_0.pdf.

Glossary of Groups and Roles Noted in Recommendations.

Group/Role	What we Mean in This Strategy
SWL Social Care Workforce Board	Newly created Board to include Senior Leaders from Local Authorities, Social Care and HE/FE and Skills Providers, the Senior Locality Manager from Skills for Care, a lead from the SLP DASS group, representative from local authority communication team and a DWP representative. To meet quarterly to receive updates on Strategy Progress collated by SWL Workforce Lead.
SWL Social Care Workforce Delivery Group	Newly Created Delivery Group to include representatives of senior leaders on the Board. To meet monthly for the first year of the strategy and thereafter quarterly to prepare reports and updates for the Workforce Board.
SWL Workforce Lead	Social Care Workforce Development Lead, South West London. This is a one-year secondment post recently invested in jointly by Boroughs in the South London Partnership which will provide support to coordinate action required to put the social care workforce strategy into action. The post holder will provide coordination support to the Board and Delivery Group.
Social Care Employer Representatives	In order to ensure action is relevant to the needs of social care providers their representatives will need to be involved in the Workforce Board and Delivery Group and in the co design of action to implement recommendations. It is recommended as a starting point that South West London Authorities' Provider Forums are approached for representatives for the Workforce Board and Delivery Group and for particular task and finish groups noted in the recommendations.
Local Authority Commissioning Lead	A lead from the South London Partnership Commissioning Assistant Director Group for a particular recommendation.
HE, FE and Skills Provider Representatives	A starting point is to approach nominations from SLP leads and the Skills for Care Senior Locality Manager for representatives of the key South West London providers.
Local Authority Skills and Employment Lead	Local Authority Skills and Employment Lead These leads would come from local authority employment brokerage services and also from corporate economic development directorates.

Appendix 1. The adult social care sector and workforce in South West London, Skills for Care analysis of the Social Care Workforce Data Set.



The adult social care sector and workforce in South West London

Source. Skills for Care analysis of the Adult Social Care – Workforce Data set (ASC-WDS)

Prepared by Skills for Care's Workforce Intelligence Analysis Team

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Key findings

There were around 36,000 jobs in South West London – 2,000 were in the local authority sector and 34,000 were in the independent sector (personal assistant jobs directly employed by individuals are not included in this report). Around 62% of workers were employed on a full-time basis and 38% part-time. The majority of these jobs were in residential care (38%) or domiciliary care services (51%). Around 66% of workers within domiciliary care were on a zero-hours contract.

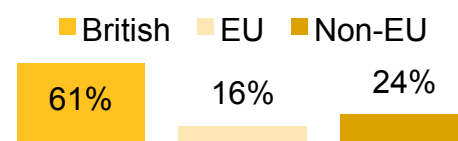


Recruitment and retention

- The turnover rate for South West London was 30.7%.
- The average vacancy rate was 9.1% for all jobs. This had increased from 7.1% in 2012/13 to 9.1% in 2020/21, but fluctuated year on year.
- On average 7.6 days of sickness were taken by workers in South West London.

Demographics

- The majority of the workforce in South West London were female (80%), with 20% being male.
- Black, Asian and Minority Ethnic (BAME) workers made up 59% of the workforce in South West London.
- Around 61% of the adult social care workforce were British, 16% had an EU nationality and 24% had a non-EU nationality.
- The average age of a worker was 47 years old and just less than a third (30%) were aged 55 and above. This was highest for support and outreach (35%) and registered nurses (41%).



Pay

In 2020/21, the National Living Wage was £8.72 per hour.

- Average care worker hourly pay was £12.89 in local authorities and £9.95 in the independent sector.
- Registered nurses had an average full time equivalent (FTE) annual salary of £35,100 in the independent sector.
- A similar proportion (4%) of care workers were paid the National Living Wage of £8.72 in 2020/21 compared to between 1% and 9% paid the National Minimum Wage (2012-2016).



Qualifications and training

- Around 44% of direct care workers had a social care qualification at level 2 or above.

- Of workers with training recorded in the ASC-WDS, the most popular areas were moving and fire safety (81%), moving and handling (78%) and health and safety (77%).

1. Introduction

This report provides an overview of the adult social care workforce within the South West London geographical area. This includes the local authority areas as follows: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. Also included were the London region and England level information for comparison. The information referred to in this report can be found in the accompanying Excel report.

1.1. About Skills for Care

Skills for Care is the leading source of adult social care workforce intelligence. Our expertise comes from the workforce intelligence we collect in the Adult Social Care Worker Data set(ASC-WDS), from our experience of analysing and interpreting social care data, and from our network of Locality Managers all over England talking with, and learning from, employers. This workforce intelligence expertise is at the centre of everything we do at Skills for Care.

Skills for Care helps create a better-led, skilled and valued adult social care workforce. Using our workforce intelligence, in conjunction with what we hear from employers, we understand the adult social care workforce, its strengths and issues (including present issues, future risks and opportunities). Based on this we provide practical tools and support, to help adult social care organisations in England recruit, develop and lead their workforce. We work with employers and related services to ensure dignity and respect are at the heart of service delivery.

For more information about Skills for Care please see our website www.skillsforcare.org.uk.

1.2. About the ASC-WDS

The Adult Social Care Workforce Data set (ASC-WDS) is an online workforce data collection system for the adult social care sector. The ASC-WDS is managed by Skills for Care on behalf of the Department of Health and Social Care and has been collecting information about social care providers and their staff online since 2007. That is 11 years of workforce intelligence helping shape and inform the sector.

The ASC-WDS collects information on the size and structure of the whole adult social care sector with types of care services that were provided and a detailed picture of the workforce, including retention, demographics, pay rates and qualifications.

For more information about the ASC-WDS please visit

<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Adult-Social-Care-Workforce-Data.aspx>

1.3. About the data within this report

Adult social care workforce estimates within this report were based on:

- Local authority estimates as at September 2020
- Independent sector estimates as at March 2021.
- Jobs working for direct payment recipients are not included in this report.

Independent sector analysis was produced as at March 2021 using data from the Adult Social Care Workforce Dataset (ASC-WDS) as well as other sources including the Care Quality Commission (CQC), Office for National Statistics (ONS) and NHS Digital.

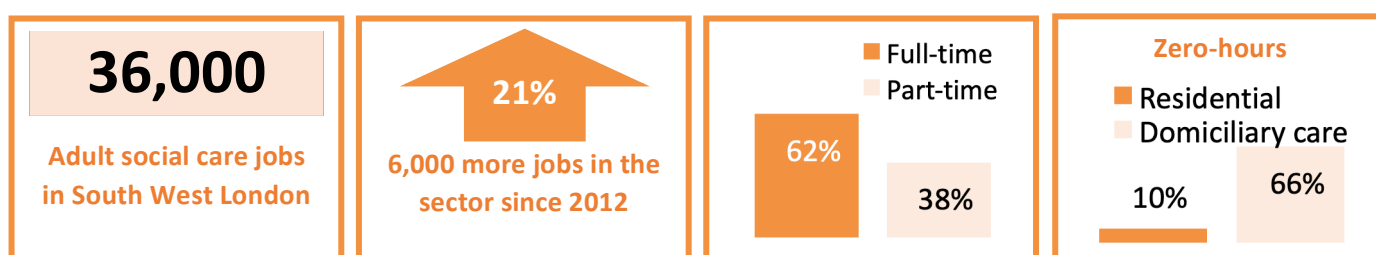
As the ASC-WDS is a non-mandatory return for the independent sector, the ASC-WDS does not have 100% coverage of the adult social care sector. However, it does have a large enough sample to provide a solid basis for creating reliable and precise adult social care sector and workforce estimates at both a national and local level.

Skills for Care's Workforce Intelligence team use data collected by the ASC-WDS to create workforce models that, in turn, allow for estimates of the whole adult social care workforce to be produced. A simplified explanation of how the information is produced is that Skills for Care use ASC-WDS data to make estimates of workforce characteristics (e.g. demographics, pay rates, employment statuses) for each geographical area, service type, employer type and job role combination that we report by. These estimates were then 'weighted' according to ASC-WDS's coverage/completeness of the sector in each of the above areas. For example, an area with 50% coverage would use more weighted data in the final analysis than an area with 90% coverage. Using this methodology allows for the analysis to be representative of all adult social care workers even if the ASC-WDS has uneven levels of data coverage.

Skills for Care is confident in the quality of these estimates and the methodologies used have been peer reviewed by universities and an independent statistician. For a detailed methodology of how these estimates were produced please see www.skillsforcare.org.uk/workforceestimates.

Overview of employment information of the adult social care workforce in South West London, 2020/21

- There were 36,000 jobs in South West London; 2,100 jobs in local authorities and 34,000 jobs in the independent sector.
- The number of jobs in South West London has grown steadily over the last five years, increasing by 21% from 30,000 jobs in 2012 to 36,000 in 2020.
- 84% of workers were employed on a permanent basis.
- 62% of the workforce were employed full-time and 38% were employed part-time.
- Around 39% of the workforce were employed on a zero-hours contract.



2. Employment overview

2.1. Number of adult social care jobs

There were an estimated 36,000 adult social care jobs in South West London in 2020. Around 34,000 adult social care jobs were within the independent sector and 2,100 in local authorities, jobs working for direct payment recipients are not included in this report. The majority of jobs were split between residential and domiciliary care (14,000 and 18,500 jobs respectively) with the remaining jobs in community care (3,000 jobs) and day care (800 jobs).

Table 1 shows that South West London had a larger proportion of jobs in residential care services compared to London as a whole (38% compared to 31%), with a smaller proportion of jobs in domiciliary care (51% compared to 55%).

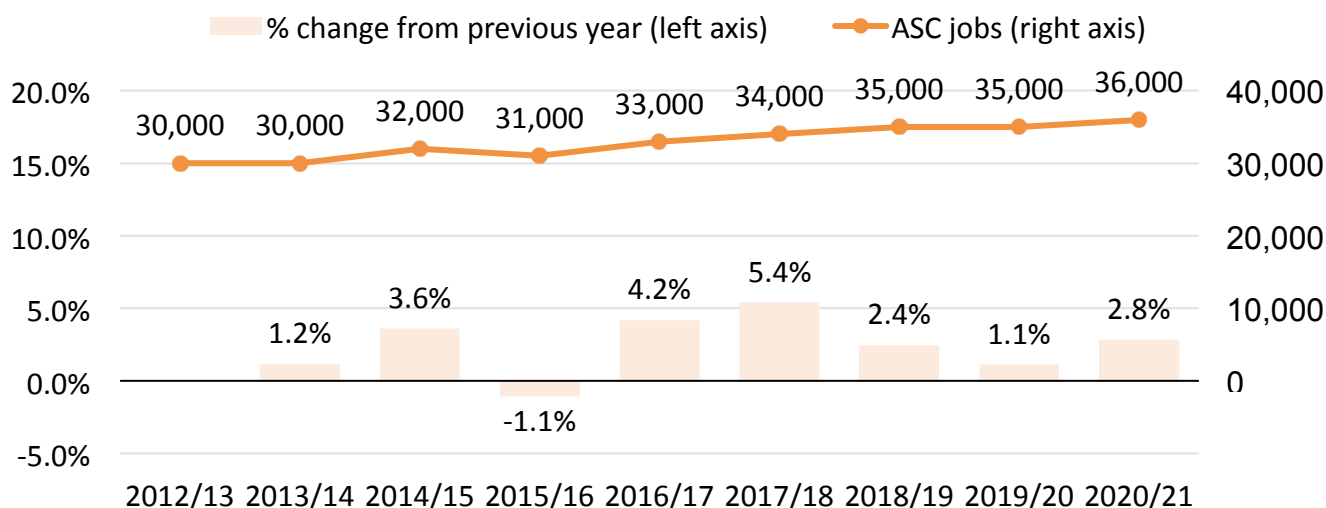
Table 1. Number of jobs by service, South West London and comparator areas

	All services	Residential	Day care	Domiciliary care	Community care
England	1,435,000	47%	3%	42%	8%
London	199,000	31%	4%	55%	11%
South West London	36,000	38%	2%	51%	8%
Croydon	13,000	35%	1%	58%	6%
Kingston upon Thames	4,300	43%	2%	50%	5%
Merton	4,200	37%	3%	54%	6%
Richmond upon Thames	3,900	37%	5%	36%	22%
Sutton	5,700	42%	1%	53%	4%
Wandsworth	5,400	42%	4%	42%	12%

2.2. Job trends

The number of jobs in South West London increased by 21% (6,000 jobs) from 2012/13 to 2020/21. Domiciliary care was the only service to increase over the period (by around 59%), whilst residential, day and community care services all decreased. Chart 1 shows the pattern in overall jobs changes in South West London. The number of jobs in the London region increased overall by nearly double that of South West London (37% from 2012/13 to 2020/21). Jobs across England increased at a slower rate of 11% over the period, highlighting the faster growth in the sector within London.

Chart 1. Workforce trends in South West London, 2012 to 2020



The number of jobs in the local authority sector in South West London decreased by 11% from 2,400 in 2012/13 to 2,100 in 2020/21. This decrease is slightly lower than the London region (18%) and England (11%) averages.

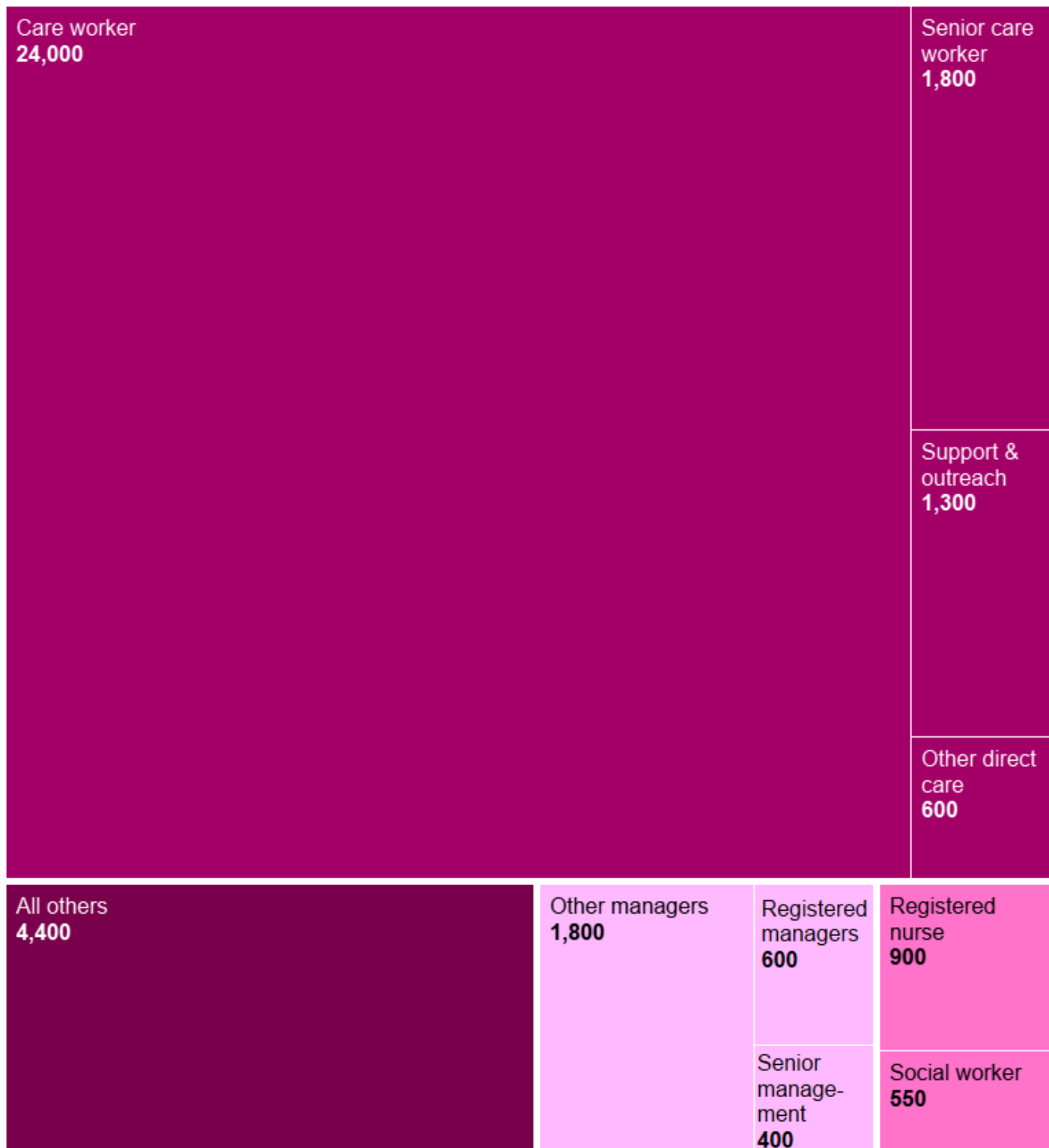
Independent sector jobs increased by 24% in South West London between 2012/13 and 2020/21. This was similar to the London region (28%), but higher than the average in England (16%).

2.3. Job roles

Around three quarters of jobs were in direct care, with care workers accounting for 66% of all jobs in the adult social care workforce in South West London. Other key roles outside of direct care include 900 registered nurses and 550 social workers. Whilst these were small numbers compared to care workers, these job roles were vital in terms of the success of the adult social care system and also in terms of integrated health and social care planning and delivery.

Chart 2 (below) shows a breakdown of jobs in South West London by job role. The size of each rectangle is proportional to the number of jobs for each particular role and the rectangles are shaded according to the job role group each corresponds to (■ direct care, ■ managerial, ■ regulated professions or ■ other).

Chart 2. Estimated number of adult social care jobs in South West London by job role, 2020/21



**Jobs working for direct payment recipients are not included in this chart*

2.4. Employment status

Table 2 shows that the majority (84%) of the adult social care workforce in South West London were employed on a permanent contract, although this varied by job role. Managerial staff and senior care workers were more likely to be on permanent contracts while employers had a higher reliance on bank/pool registered nurses (12%) and agency social workers and occupational therapists (21% and 11% respectively) compared to other roles.

There was a little variation by sector. Local authorities had a higher proportion of agency jobs overall (10%) compared to the independent sector (5%). Comparatively, the independent sector had a larger proportion of bank/pool jobs (5%) compared to the local authority sector (0%).

The proportion of permanent jobs in South West London was a little higher than the London region overall (84% and 80% respectively), but slightly lower than the average across England (88%).

Table 2. Employment status by selected job roles in South West London, 2020/21

	Permanent	Temporary	Bank or pool	Agency	Other
All job roles	84%	4%	5%	5%	2%
Senior management	94%	2%	1%	1%	2%
Registered manager	98%	0%	0%	1%	1%
Social worker	74%	5%	0%	21%	0%
Occupational therapist	86%	2%	0%	11%	0%
Registered nurse	86%	1%	12%	0%	0%
Senior care worker	94%	1%	3%	2%	0%
Care worker	81%	5%	5%	6%	2%
Support and outreach	84%	5%	8%	2%	2%

It should be noted that the ASC-WDS is completed as a snapshot in time and usage of non-permanent employees may fluctuate throughout the year. Also, within the independent sector and particularly domiciliary care, zero-hours contracts were more commonly used as the model for dealing with fluctuating demand (see section 2.6).

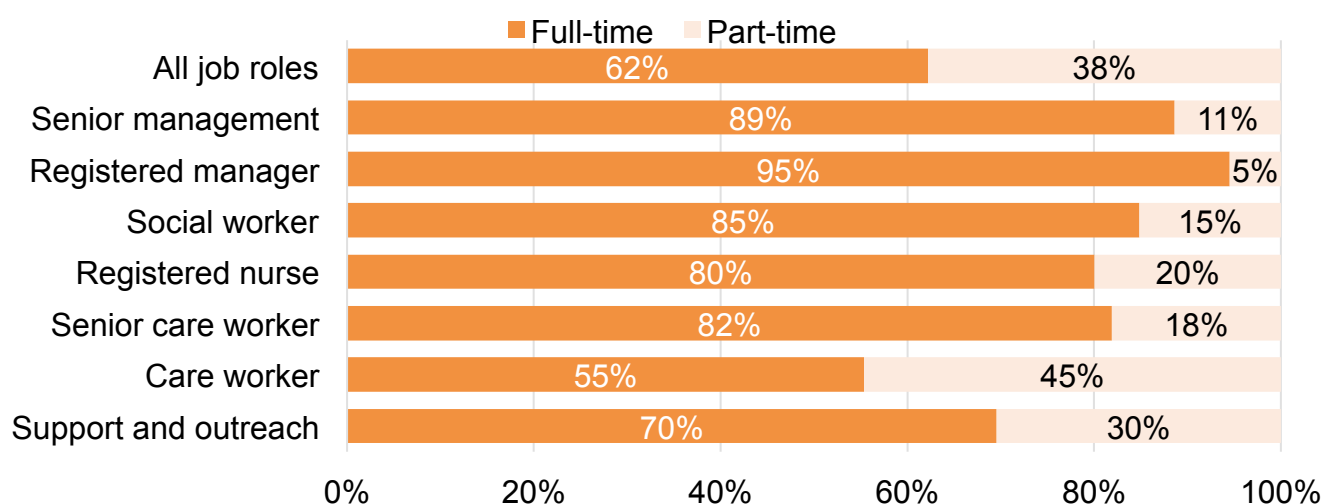
2.5. Full/part-time status

Over half (62%) of the adult social care workforce in South West London were employed on a full-time basis. This is higher than full-time employees in the London region and England (56% and 54% respectively).

Chart 3 (below) shows that the majority of managerial staff worked full-time, as did senior care workers (82%) and social workers (85%). Care workers (who made up

around two thirds of the workforce) and support and outreach had the lowest proportion of full-time staff, at 55% and 70% respectively. A large proportion of jobs that were neither full-time nor part-time were employed on zero-hours contracts but may still work the equivalent of full- or part-time hours.

Chart 3. Full/part-time status of the workforce in South West London by selected job roles, 2020/21



2.6. Zero-hours contracts

A zero-hours contract is a contract type where the employer is not obliged to provide any minimum working hours. This contract type could be particularly attractive to adult social care employers (especially in domiciliary care) to help manage fluctuating demand for services, or as a temporary solution to staffing shortages due to turnover or sickness (see Chapter 3 – recruitment and retention). It is also often more cost-effective than using agency staff.

This contract type could be seen as positive for some employees because it could offer a good work/life balance and flexibility that could suit family or other commitments. However, it can be seen as ‘insecure work’ and negative in terms of financial planning and uncertainty for others.

Around 39% (14,000 jobs) of the adult social care workforce were employed on a zero-hours contract in South West London. Chart 4 (below) shows that this varied by job role, with managerial staff and social workers having the lowest proportion of workers on zero-hours contracts. The use of zero-hours contracts was particularly high in direct care roles, with 53% of care workers and 23% of support and outreach workers on a zero-hours contract. This proportion also varied greatly by service in South West London. Around 66% of domiciliary care jobs were on a zero-hours contract compared to 13% or less in residential, day care and community care services.

Chart 4. Proportion of workers on a zero-hours contract in South West London, 2020/21

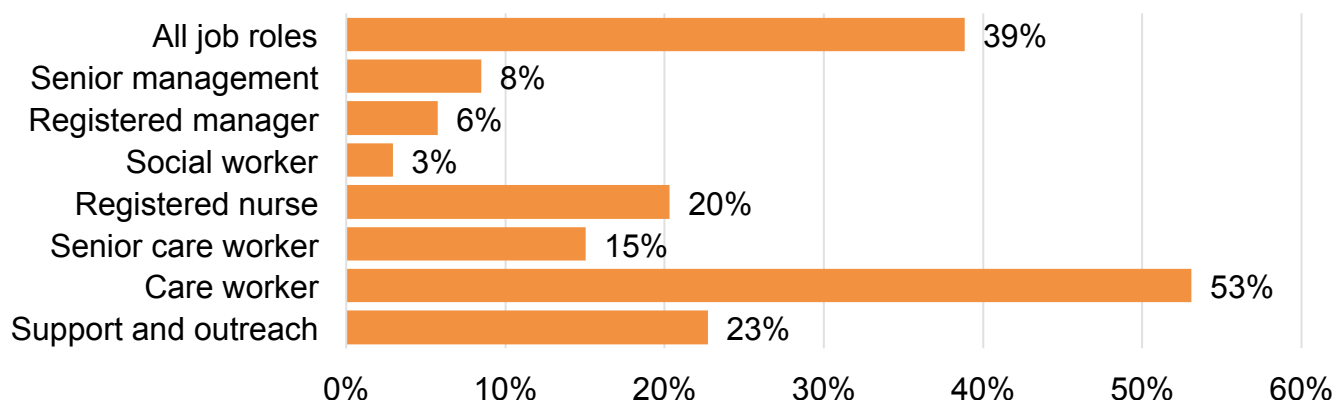
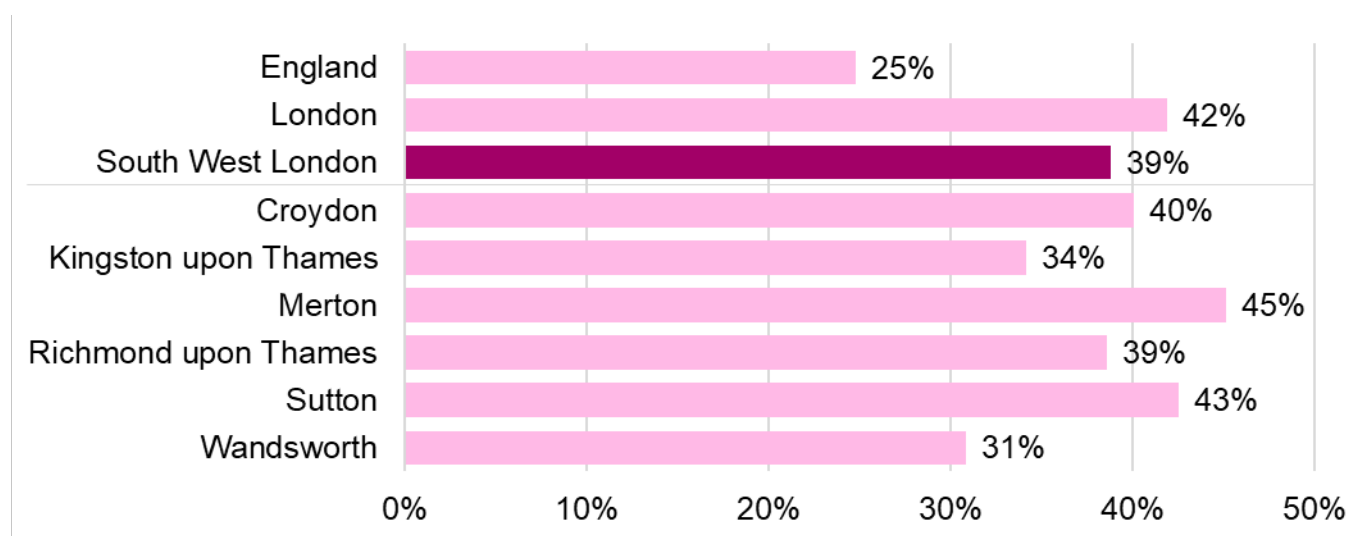


Chart 5 shows that the percentage of workers on zero hours contracts in London and South West London are 17% and 14% higher respectively than the England figure of 25%.

Chart 5. Proportion of zero-hours contracts by area, 2020/21



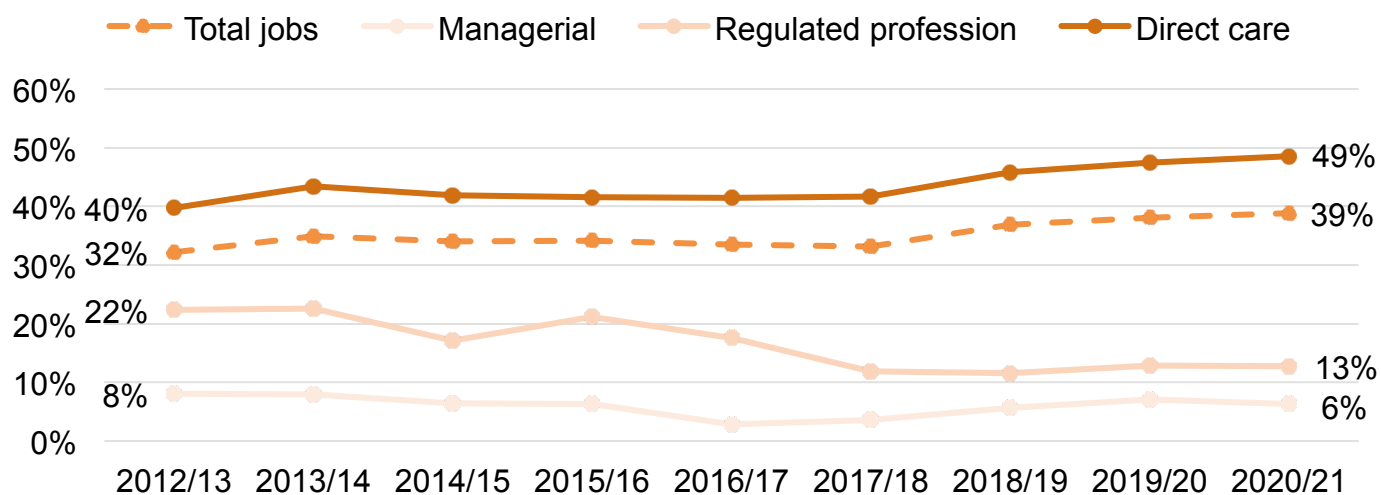
2.7. Zero-hours contracts trends

The proportion of zero-hours contracts in South West London had increased area from 2012/13 to 2020/21 by 7%. The increase was driven mostly by domiciliary care who had the largest proportion of zero-hours contracts given domiciliary care accounts for close to half of all adult social care jobs in South West London. Residential care and community care both saw a 2% decrease in zero-hours contracts respectively.

Chart 6 (below) shows how the proportion of zero-hours contracts changed from 2012/13 to 2020/21 for each job role group. Regulated professions had the largest

decrease from 22% to 13%, whilst the use of zero-hours contracts increased from 40% to 49% within direct care roles, driving an increase of 7% across all jobs.

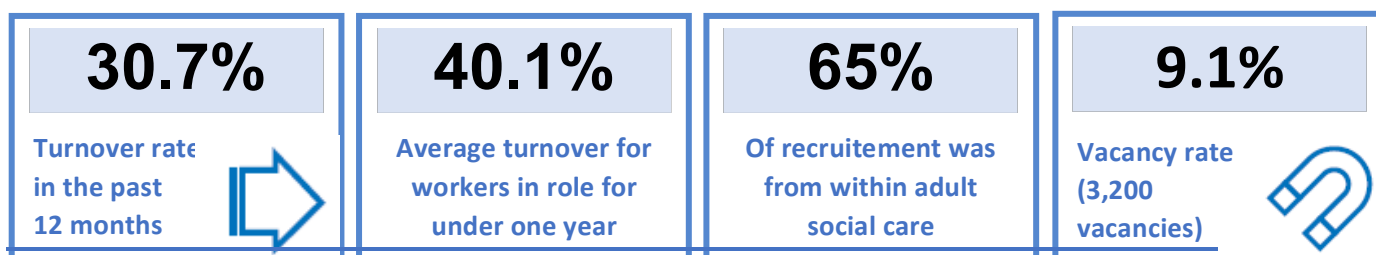
Chart 6. Zero-hours contracts trends by job role group, 2020/21



It should be noted that, although no precise trend is available, evidence from the ASC-WDS suggests that the proportion of zero-hours contract workers was substantially lower before 2012.

Overview of recruitment and retention in the adult social care workforce in South West London, 2020/21

- The turnover rate in South West London was 30.7%; more than the London region (27.6%).
- Workers with less than one year of experience in role had a higher turnover rate (40.1%).
- The sickness rate (7.6 days) in South West London was higher than the London region (7.3 days) but lower than the average in England (8.7 days).
- The average vacancy rate in South West London was 9.1% (3,200 vacancies). This varied within the local authority areas within South West London.



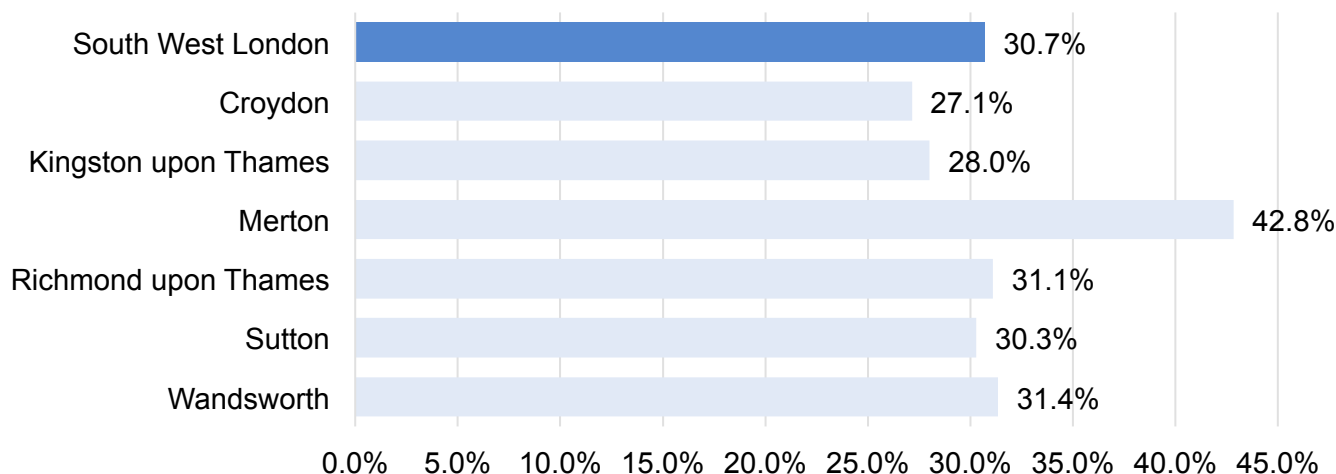
3. Recruitment and retention

3.1. Leavers and staff turnover rates

Turnover rates in this section refers to directly employed staff only (permanent and temporary staff). Leavers from agency roles, for example, were not included. This section also refers to leavers from establishments that were still operational. Leavers from establishments that have closed down were not captured.

The turnover rate of directly employed staff working in South West London was 30.7%, which was approximately 9,900 leavers in the previous 12 months. However, many leavers remain within the sector as 65% of recruitment in South West London was from within the adult social care sector. The turnover rate within the area varied, with Merton having the highest turnover rate at 42.8%, and Croydon the lowest at 27.1%.

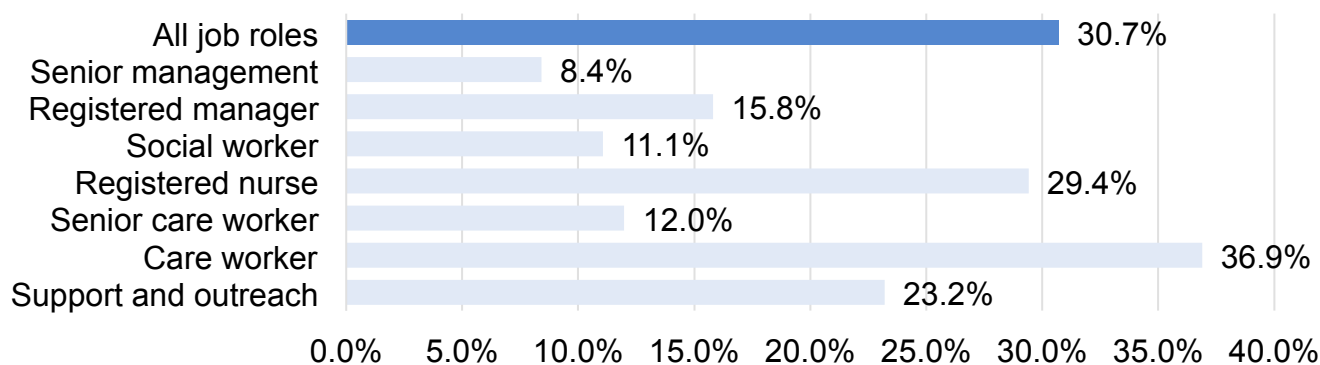
Chart 7. Estimated turnover rate by local authority area, 2020/21



Local authorities in South West London had a much lower turnover rate (9.0%) compared to the independent sector (32.1%). The turnover rate was higher for domiciliary (35.1%) and residential (28.4%) services than for community care (16.8%) and day care services (23.2%).

There were also some differences by job role. Chart 8 shows that care workers had the highest turnover rate, with just over a third (36.9%) leaving their role in the previous 12 months. Registered nurses also had a higher turnover rate, at 29.4%, however the majority of registered nurse roles were within independent social care providers where turnover rates were higher.

Chart 8. Turnover rate in South West London by selected job roles, 2020/21



The turnover rate in South West London increased by 11.7 percentage points from 19.0% in 2012/13 to 30.7% in 2020/21, although there was some fluctuation within the period. This increase was largely driven by care worker turnover rates, increasing by 14.5 percentage points, from 22.4% to 36.9%.

A number of factors can affect the turnover rate, ranging from workforce variables to external market influences.

3.2. Workforce factors affecting care worker turnover rates

This section focuses on how workforce characteristics collected by the ASC-WDS relate to care workers' propensity to leave their roles. This was done by taking a longitudinal approach, looking at care worker data held in the ASC-WDS in March 2020 and again in March 2021, and splitting them by whether or not they had left their role. This section refers to care workers from the independent sector only. In this section, turnover only refers to care workers as described above, and this method of measuring turnover differs from the whole sector estimates of turnover in section 3.1.

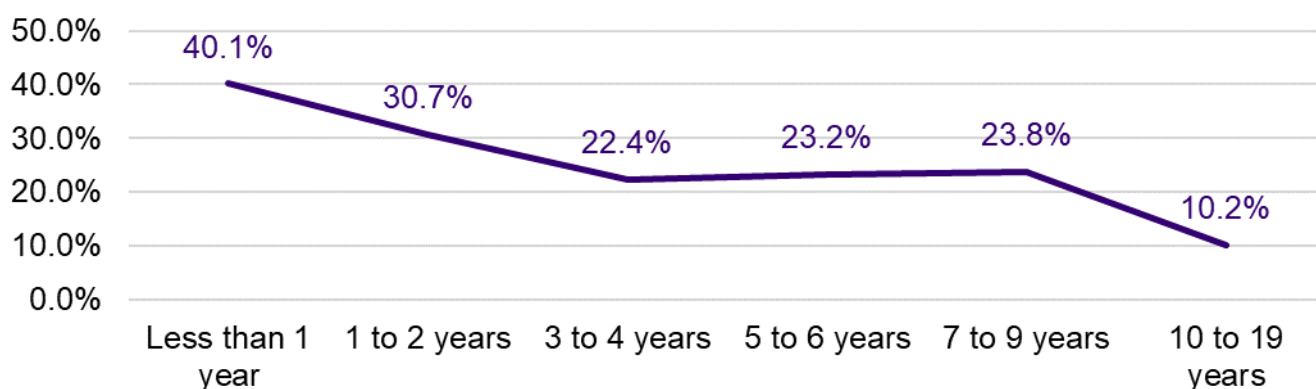
A large portion of staff turnover is a result of people leaving the sector soon after joining.

Chart 9 shows care worker turnover rates by length of time in current role. The longer a care worker had been in their role, the less likely they were to leave. Around two fifths (40.1%) of care workers left their role within a year of starting. The turnover rate drops substantially for more experienced care workers.

In reality, this relationship could be even more pronounced because some workers that leave their role soon after joining could have left before their employer had chance to record them in the ASC-WDS.

Chart 9. Care worker turnover rate by years of experience in role, South West London

Source. ASC-WDS unweighted data between March 2020 and March 2021



These findings highlight the important role that well-planned recruitment and induction practices play in staff retention rates. It is evident that some employers are struggling to find and recruit people that are likely to stay and progress within the adult social care sector. Skills for Care advocates adopting a holistic approach to values and behaviours recruitment and retention, wherever possible, as a way for employers to target, attract and take on the right people that are more likely to stay and progress in the adult social care sector. Employers can also explore new and innovative ways to widen their talent pool, actively targeting people from all kinds of backgrounds and attracting a diverse range of candidates who reflect the

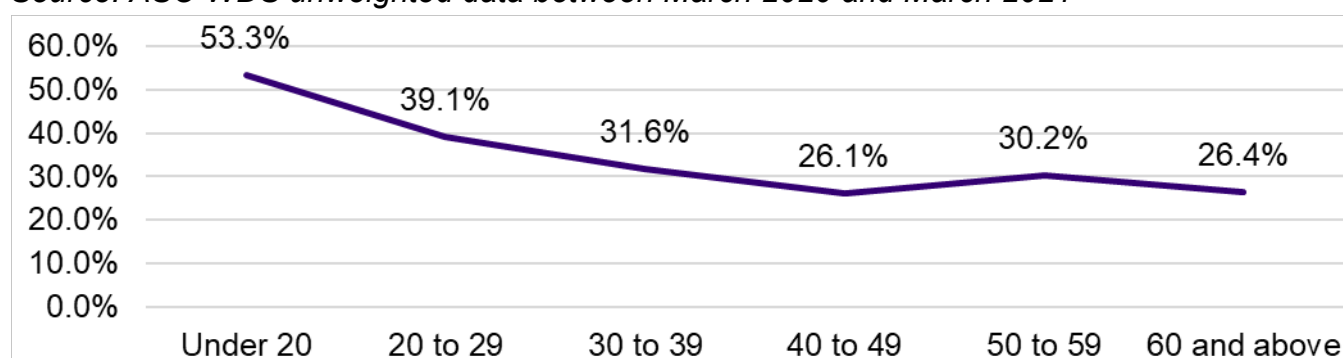
communities they serve. For more information visit:
www.skillsforcare.org.uk/seeingpotential.

The sector has difficulties in retaining younger workers.

The chart below shows that care workers under 20 years old had the highest turnover rates at 53.3%, and turnover decreased as the age of the worker increased. This trend continues until those aged 50 to 59 at which point turnover increases due to workers approaching retirement.

Chart 10. Care worker turnover rate by age bands, South West London

Source. ASC-WDS unweighted data between March 2020 and March 2021



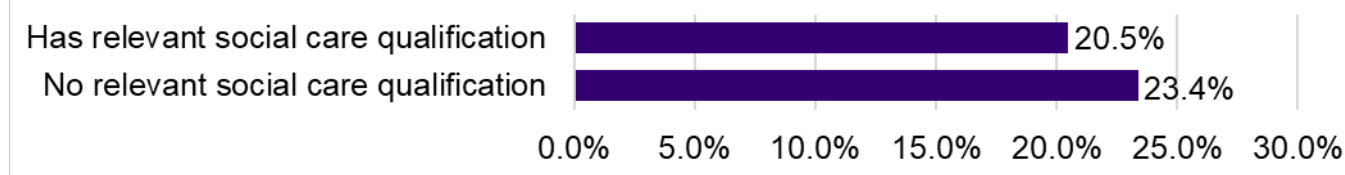
The reasons for this trend were not absolutely clear, although anecdotal evidence suggests that other sectors also experience the same issue, so it is not unique to adult social care. It could be the case that some younger workers were taking social care jobs as a stop gap while they study or wait for a job in their preferred sector. Typically, younger workers were more likely to be in lower skilled and lower paid roles, both of which were also influencing factors of higher turnover rates. Some younger people could also be taking adult social care jobs due to a lack of choices, and subsequently not lasting long in the sector. Again, Skills for Care advocates adopting a holistic approach to values and behaviours recruitment and retention, wherever possible, as a way for employers to target, attract and take on the right people that were more likely to stay and progress in the adult social care sector.

Those with a social care relevant qualification were less likely to leave.

The chart below compares the probability of leaving between those with social care relevant qualifications and those without. Of care workers that held a relevant social care qualification, 20.5% had left within the following 12 months compared to 23.4% of those that did not hold a relevant qualification. This suggests that employers investing more in the training and development of their staff, on average, experience lower turnover rates.

Chart 11. Care worker turnover by social care qualification, London

Source. ASC-WDS unweighted data between March 2020 and March 2021



Those on zero-hours contracts were more likely to leave their roles.

The chart below compares turnover rates amongst care workers who were on a zero-hours contract, and those that are not. Care workers on zero-hours contracts were more likely to leave their role, with turnover rates at 28.2%, compared to 25.0% for those not on zero-hours contracts.

Chart 12. Care worker turnover by zero-hours contracts, South West London



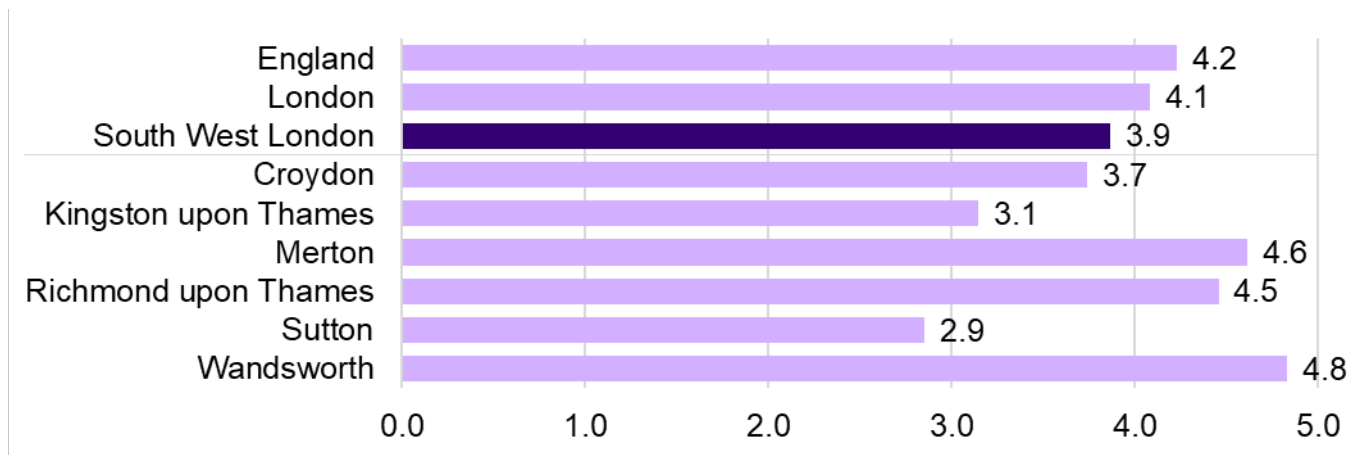
At regional level, pay was also shown to be a factor in affecting turnover. Care workers on a lower hourly rate were more likely to leave their role than those on higher pay. However, this analysis was not available for South West London due to low bases.

3.3. Experience in role and sector

The number of years of experience in role differed greatly by both job role and sector. In South West London, the average experience in role in the local authority sector was 7.8 years, compared to 3.6 years in the independent sector. By job role, the difference was even larger with registered managers and senior managers having the most experience (6.0 and 8.1 years in role respectively) compared to care workers with 3.1 years. Anecdotally, a registered manager was more likely to have been in their position for longer given the responsibilities and experience required to perform the job.

Overall, difference in experience in role between London and South West London (4.1 years and 4.2 year respectively) was slightly lower than the average England figure of 4.2 years. Chart 13 below highlights these differences by geographical area for all job roles.

Chart 13. Average years of experience in role by geographical area, 2020/21



This pattern differed slightly for the average years of experience in the adult social care sector. Individuals in managerial roles in South West London as a whole had an average of 12.9 years of experience in the adult social care sector, whilst direct care roles had an average of 8.0 years.

3.4. Sickness

Sickness rates can reflect sickness policy and potentially workplace well-being, which subsequently can be connected to turnover and vacancy rates. Sickness rates only refer to directly employed staff only (permanent and temporary staff).

In South West London, the average number of sickness days was 8.6. This was much higher in the independent sector (8.8 days) compared to the local authority sector (5 days). There were also differences between South West London and England. The average number of sickness days in England was 9.5. There was little difference between South West London and London (8.6 and 8.5 respectively).

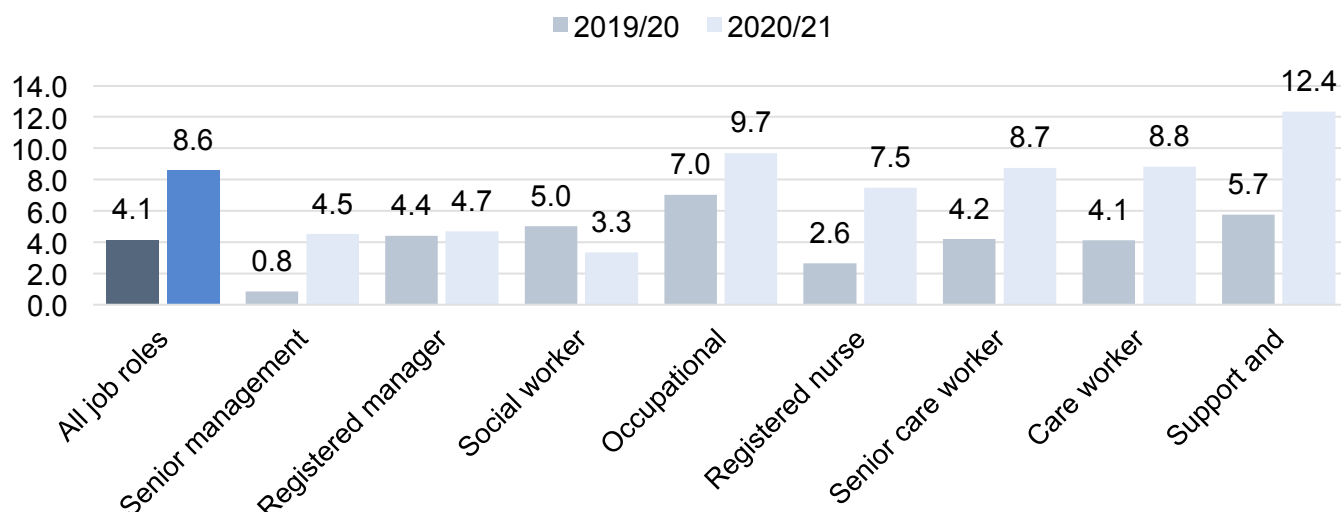
The impact of COVID-19 on the adult social care workforce is shown in chart 14 where the average number of sickness days in 2020/21 (8.6) was over double that of 2019/20 (4.1).

Between March 2021 and April 2022 vacancy rates in London have increased by 4 percentage points from 8.5% to 12.5%. Between April 2021 and April 2022, jobs (filled posts) have decreased by 4.4 percentage points. There is more information available about the impact of COVID-19 on vacancy rates and staffing and occupancy levels in London on the Workforce Intelligence website⁷⁹.

Sickness rates in South West London also differed greatly by job role. The average number of sickness days was much lower for managerial roles than direct care roles. Registered managers had a relatively low average number of sickness days in 2019/20 and 2020/21 (4.4 and 4.7 days respectively). The majority of social workers were employed within the local authority sector which, as highlighted above, had a lower average compared to the independent sector.

Chart 14. Average number of sickness days by job role, 2020/21

⁷⁹ Skills for Care COVID-19 monthly tracking - <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/Topics/COVID-19/COVID-19.aspx>



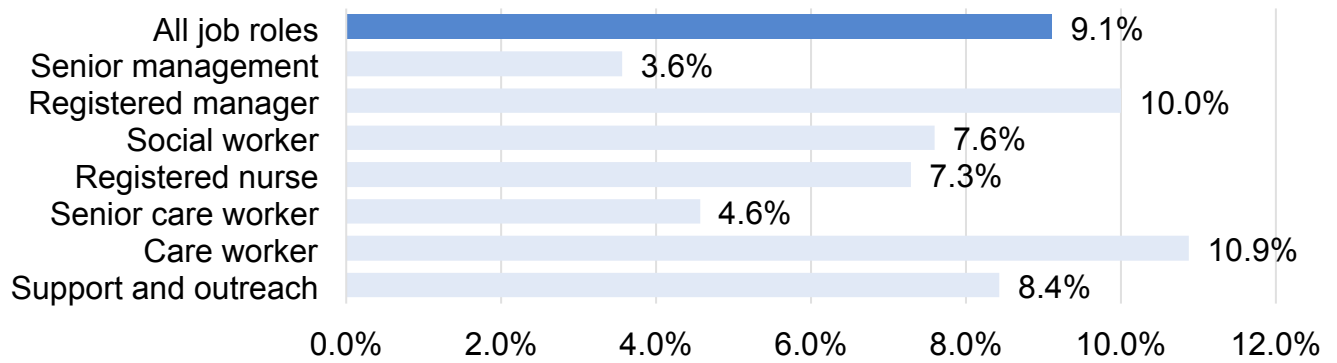
3.5. Vacancy rates

Vacancy rates in this section only include directly employed (permanent and temporary) staff. Overall, vacancy rates in South West London (9.1%) were similar to that of the London region average (8.9%), but higher than the average in England (4.0%).

There was some variation in vacancy rates across services in South West London. Day and domiciliary care services had higher vacancy rates on average (8.1% and 11.5% respectively) compared to residential and community services (6.5% and 7.0%). There were also differences between sectors. The average vacancy rate in local authorities in South West London was 5.9% compared to 6.8% in the independent sector. Social workers had a notably large difference by sector, at 6.6% and 14.9% respectively.

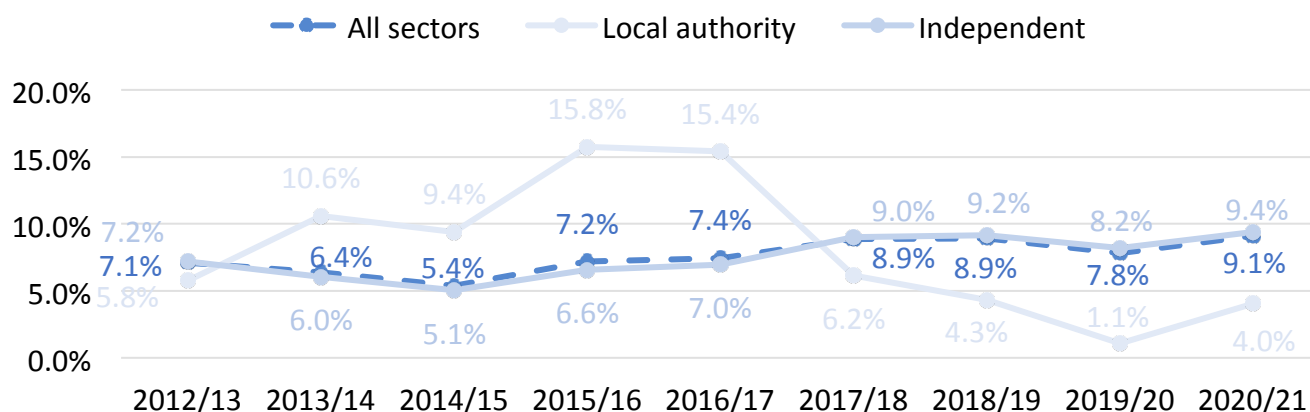
Differences between job roles in South West London are shown in Chart 15 below. Care workers had the highest average vacancy rate at 10.9%. It should be noted that the majority of care workers were employed within the independent sector which had higher vacancy rates compared to the local authority sector, as outlined above. Senior managers had the lowest vacancy rate in South West London at 3.6%.

Chart 15. Vacancy rates by job role in South West London, 2020/21



3.6. Vacancy rate trends

The vacancy rate in South West London increased by 2.0 percentage points over the last 8 years, from 7.1% in 2012/13 to 9.1% in 2020/21. The vacancy rate in South West London fluctuated more in the local authority sector than the independent sector.

Chart 166. Vacancy rate trend for all job roles by sector, 2012/13 to 2020/21

Vacancy rates can be affected by a number of factors, including a growing workforce, staff turnover and short supply. As the number of jobs in South West London has grown over the last five years (by around 6,700 jobs), a growing workforce may have contributed to growing vacancy rates. The turnover rates in South West London were slightly higher than the London region and England average (see section 3.1), further adding to increasing vacancy rates. Although turnover rates play a large role in high vacancy rates they are not the only factor. The short supply of staff and therefore sustained vacancies could be an issue in South West London. Whilst this was more of an issue in highly qualified, professional roles, it can also be a problem in entry level roles.

The vacancy rate for care workers was 10.9% which was higher than the average in England (7.6%). South West London was also facing an aging registered nurse workforce, with around 41% aged 55 or above (see section 4.2). This may continue to put upward pressure on the vacancy rate in the area.

For entry level roles, particularly care workers, there may be other reasons for the higher vacancy rates. Of economically inactive people in South West London (341,700 individuals), 13.4% want a job (45,900 individuals). This was higher than the proportion in England (10.7%)⁸⁰. However, a significant number of economically inactive people in South West London were students (61,000 people, 17.9%) who will be entering the workforce in coming years. Not all of the individuals seeking work will want a job in adult social care or have the skills and values to do so. There may therefore be additional supply side pressures in ensuring the right people are hired into the available roles.

⁸⁰ Office for National Statistics (ONS) Annual population survey, 2021, available from: <https://www.nomisweb.co.uk/>

The average hourly pay across the whole economy in the areas within South West London was much higher than the average hourly rate for a care worker (see section 5.2 for more information)⁸¹ which could have provided a barrier to entry for some individuals. The difference between the average in the economy and the adult social care sector was much larger in the areas in South West London compared to the average in England, as shown in the table below. This comparatively larger gap may be an additional factor in the higher than average vacancy rates.

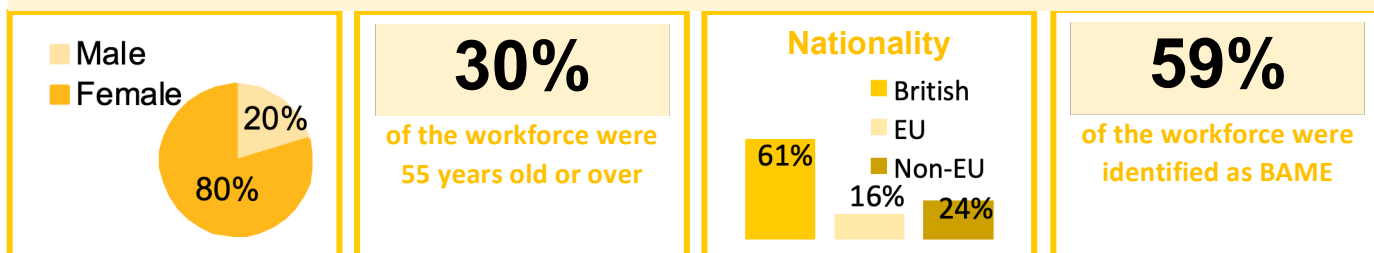
Table 3. Average hourly pay for care workers compared to the economy-wide average, by geographical area, 2020/21

	Average hourly pay across the economy	Local authority		Independent	
		Care worker hourly rate	Difference	Care worker hourly rate	Difference
England	£18.25	£10.77	-£7.48	£9.29	-£8.96
Croydon	£20.64	£11.38	-£9.26	£9.88	-£10.76
Kingston upon Thames	£24.79	£14.67	-£10.12	£10.05	-£14.74
Merton	£22.95	£13.06	-£9.89	£9.67	-£13.28
Richmond upon Thames	£27.31	£13.97	-£13.34	£10.30	-£17.01
Sutton	£20.61	£14.19	-£6.42	£10.24	-£10.37
Wandsworth	£27.86	£12.51	-£15.35	£9.72	-£18.14

⁸¹ Office for National Statistics (ONS) Annual survey of hours and earnings – resident analysis, 2021, available from: <https://www.nomisweb.co.uk/>

Overview of the demographics of the adult social care workforce in South West London, 2020/21

- The adult social care workforce in South West London was 80% female and 20% male.
- The average age of a worker was 47 years old and 30% (11,000 jobs) were aged 55 or over.
- Around 41% of registered nurses were 55 years old or older.
- Black, Asian and Minority Ethnic (BAME) workers made up 59% of the workforce.
- The majority (61%) of the adult social care workforce were British, 16% had an EU nationality and 24% a non-EU nationality.

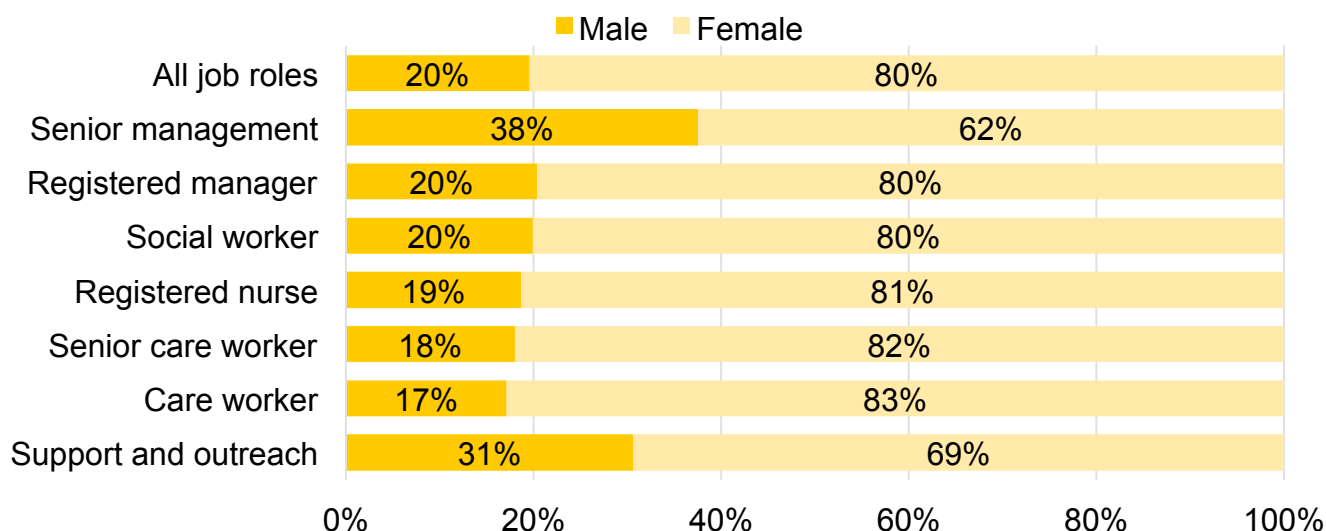


4. Demographics

4.1. Gender

The proportion of males working in adult social care in South West London was 20% in 2020/21. This was slightly higher than the London region (19%) and England as a whole (18%). Chart 17 shows that the proportion of males in South West London was lowest amongst care workers (17%) and senior care workers (18%), and highest for senior managers (38%). The proportion of males was higher in day services and community care services (both 25% respectively) and lower in domiciliary care services (18%).

Chart 17. Gender by selected job roles in South West London, 2020/21



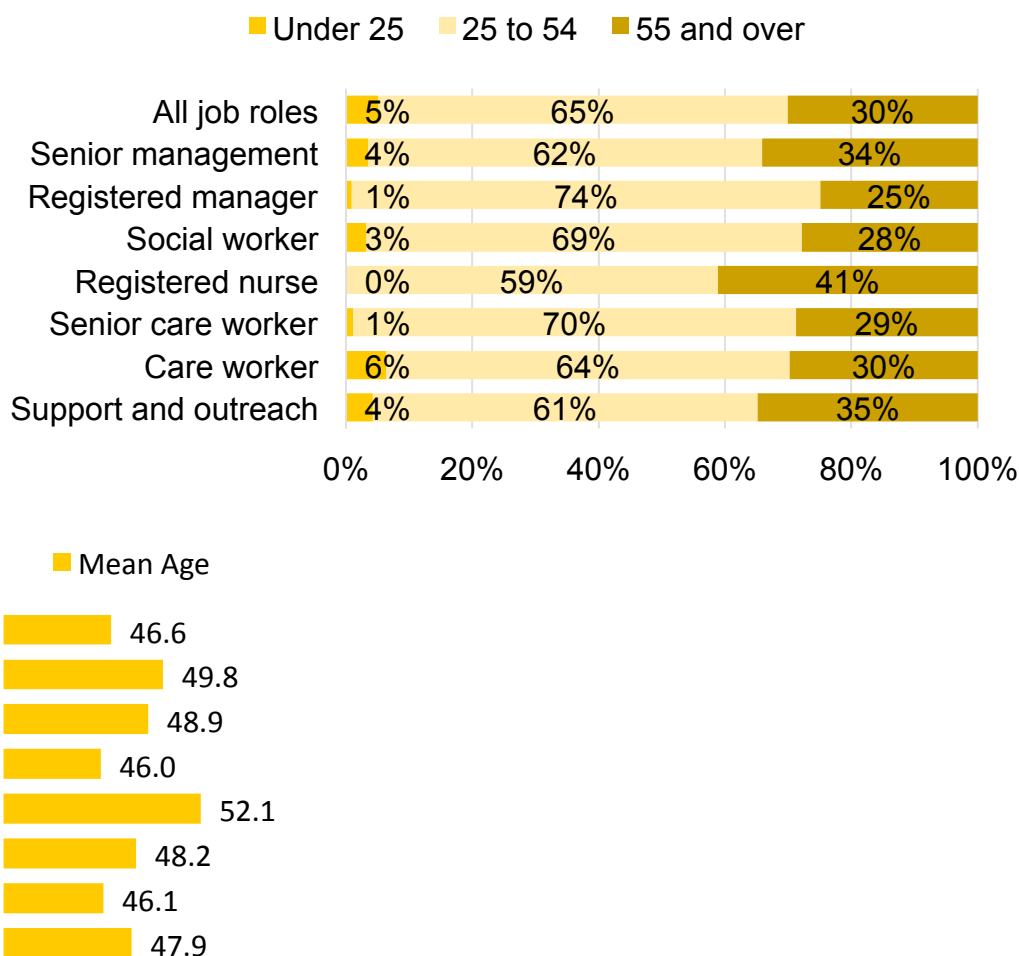
This pattern can be seen across the sector. The average proportion of males in managerial roles in England was 21% compared to 17% in direct care roles.

4.2. Age

The average age of the adult social care workforce in South West London was 46.6 years old. This was approximately half a year more than the London region (45.9 years old) and almost two years more than the England average (43.9 years old). From a workforce planning point of view, workers aged 55 and over could retire within the next ten years. This age category accounted for over a quarter of the workforce (30%, 11,000 jobs); this is a slightly higher proportion than the London region and England averages (28% and 27% respectively).

Chart 18 shows that, as you would expect, care workers had the highest proportion of under 25 year olds (6%) and the lowest average age alongside social workers (46.1 years old and 46.0 years old respectively). Managerial and registered nurse roles had an older age profile which was to be expected as these roles require more qualifications and experience. Support and outreach and registered nurses were the job roles with the highest proportion of workers aged 55 or over (35% and 41% respectively).

Chart 18. Age bands and average age for selected job roles in South West London, 2020/21

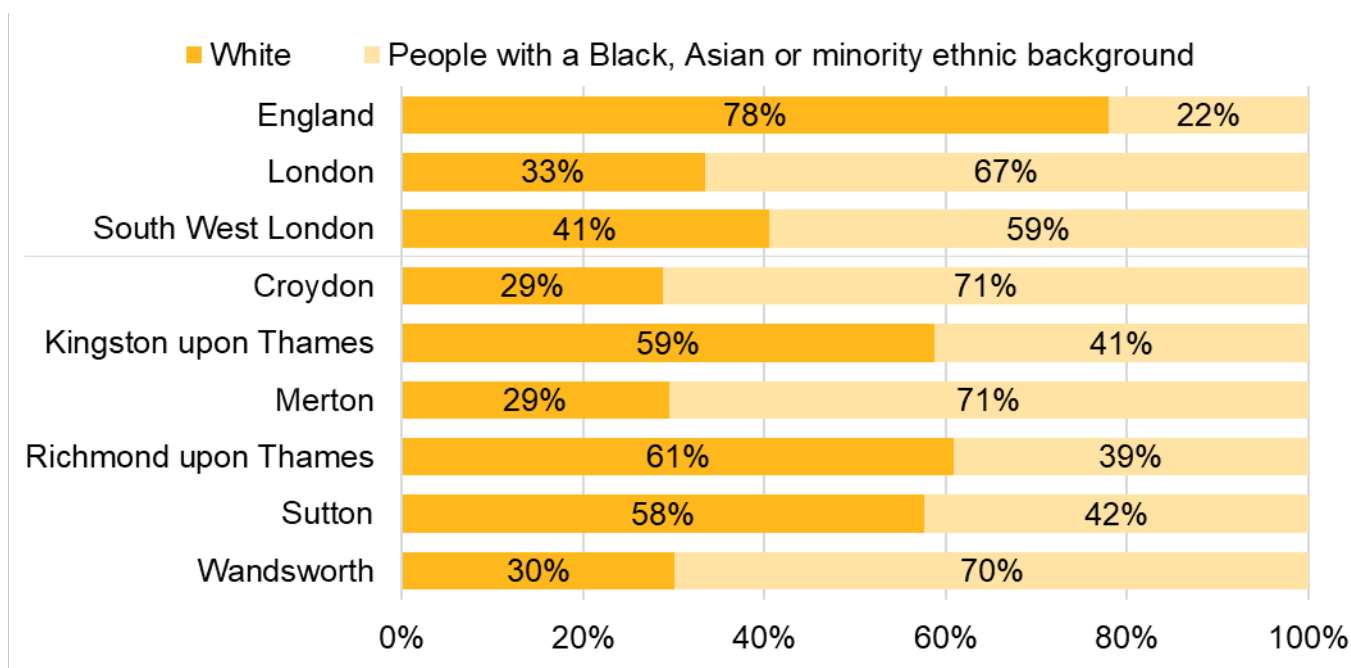


4.3. Ethnicity

Around 59% of workers in adult social care in South West London were people with a Black, Asian or minority ethnic background. This was a smaller proportion than the London region (67%), but much higher than England as a whole (22%).

Registered nurses had the highest proportion of workers in South West London with a Black, Asian or minority ethnic background, at 67%, followed by senior care workers (65%) and care workers (64%). Occupational therapists had the lowest proportion of workers with a Black, Asian or minority ethnic background (18%), however there were estimated to be only 80 occupational therapists which was a small base compared to the other job roles. Senior managers had the second lowest proportion of workers with a Black, Asian or minority ethnic background in South West London, at 46%.

Chart 19. Ethnicity by geographical area, 2020/21

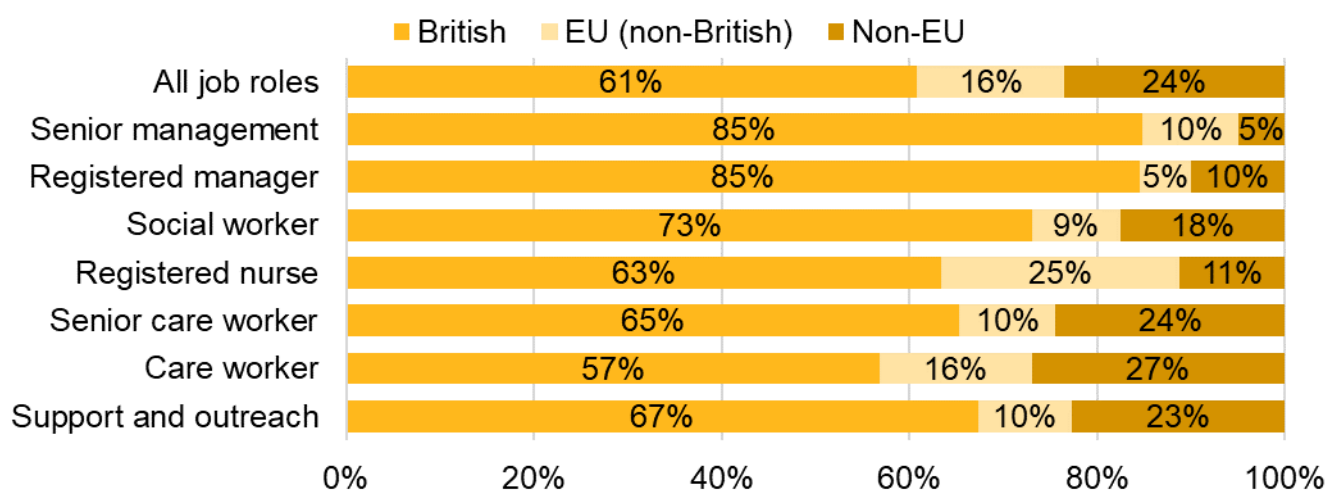


4.4. Nationality

Around 61% of the adult social care workforce in South West London were British, 16% had an EU nationality and 24% had a non-EU nationality. The independent sector had a higher reliance on non-British workers (16% EU, 24% non-EU) than in local authorities (7% EU, 12% non-EU).

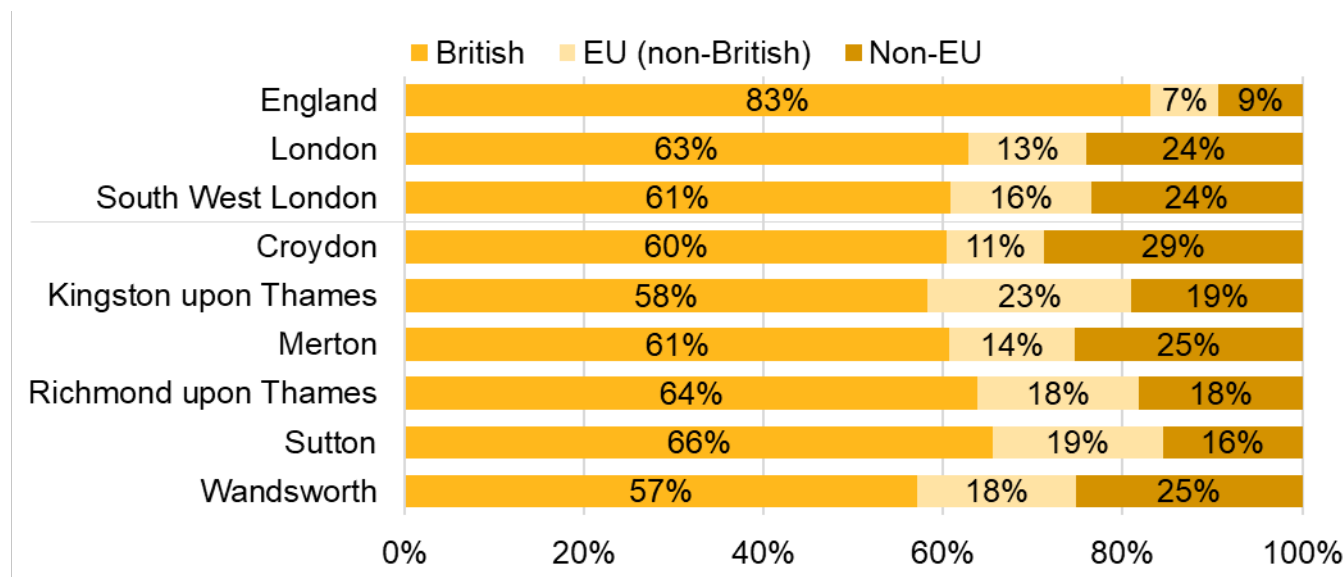
The proportion of EU and non-EU workers differed by job role. Registered nurses had the highest proportions of EU workers (25%), whilst care workers had the largest proportion of non-EU workers (27%). Overall, around 10,500 care worker jobs were held by workers of non-British nationalities in South West London.

Chart 20. Nationality by selected job roles in South West London, 2020/21



South West London had a similar proportion of EU and non-EU workers compared to the London region as a whole, but these proportions were much higher than the average in England. Within South West London. Chart 21 shows the differences in nationality groups by geographical area.

Chart 21. Nationality by geographical area, 2020/21



4.5. Nationality trends

Over the last five years, South West London has seen a growing reliance on EU (non-British) workers in adult social care, gradually increasing from 9% in 2012/13 to 16% in 2020/21. A similar pattern was seen across England and the London region.

The proportion of the adult social care workforce with a British nationality in South West London has remained consistent over the past four years (from 2016/17 to 2020/21), varying by less than one percentage point. In the four years prior to this, the proportion of the adult social care workforce with a British nationality decreased by 5 percentage points from 44% in 2012/13 to 39% in 2016/17.

New immigration rules came into place in the UK in February 2022. Care workers are now a shortage occupation, meaning that they can immigrate into the UK providing the job meets the minimum salary level of £20,480 per year.

There has been no evidence of the existing non-British workforce leaving at an increased rate since the new rules came into place. However, with this route of supply no longer available for front line workers, employers will have to find more staff from the domestic labour market in order keep up with demand.

Overview of pay in the adult social care workforce in South West London, 2020/21

The information in this chapter was taken from local authorities as at September 2020 and from the independent sector between April 2020 and March 2021 (National Living Wage - £8.72).

Pay rates were collected at the individual worker level, all pay information is full-time equivalent (FTE) based on 37 contracted hours per week being classed as one full-time job.

- The average hourly pay for a care worker in the independent sector was £9.95. In the local authority sector, it was higher, at £12.89 per hour.
- A similar proportion (4%) of care workers were paid the National Living Wage of £8.72 in 2020/21 compared to between 1% and 9% being paid the previous National Minimum Wage (2012-2016).
- The average hourly rate for direct care roles in the independent sector in each of the local authority areas in South West London was less than the London Living Wage of £10.85.

£35,100

Registered nurse
independent sector
FTE pay

£45,300

Social worker local
authority sector FTE
pay

£12.89

Care worker local
authority sector mean
hourly pay

£9.95

Care worker
independent mean
hourly pay

5. Pay

5.1. Full-time equivalent (FTE) mean annual pay

The information in this section shows full-time equivalent (FTE) average salaries. Pay data was converted into FTE annual salaries using an average working week of 37 hours (the full-time equivalent). Hourly pay was also converted into annual salaries based on the full-time equivalent. Converting pay in this way allows for pay of full-time and part-time workers to be compared.

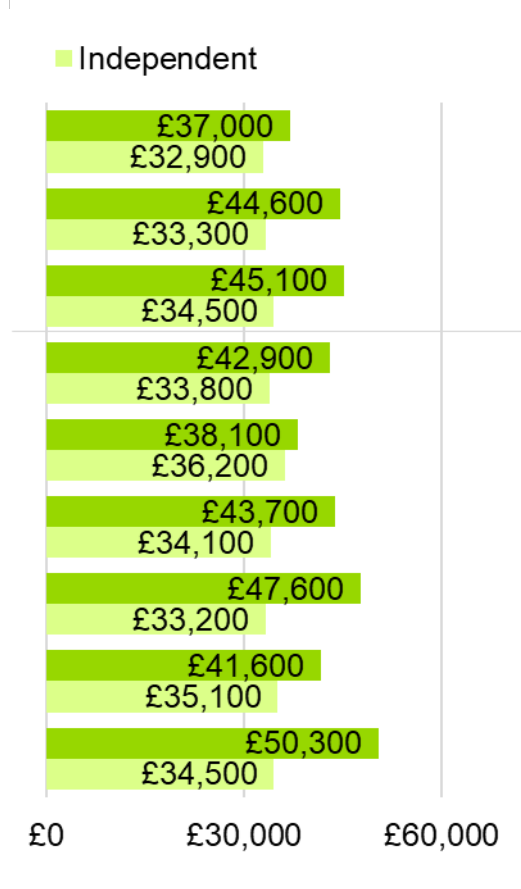
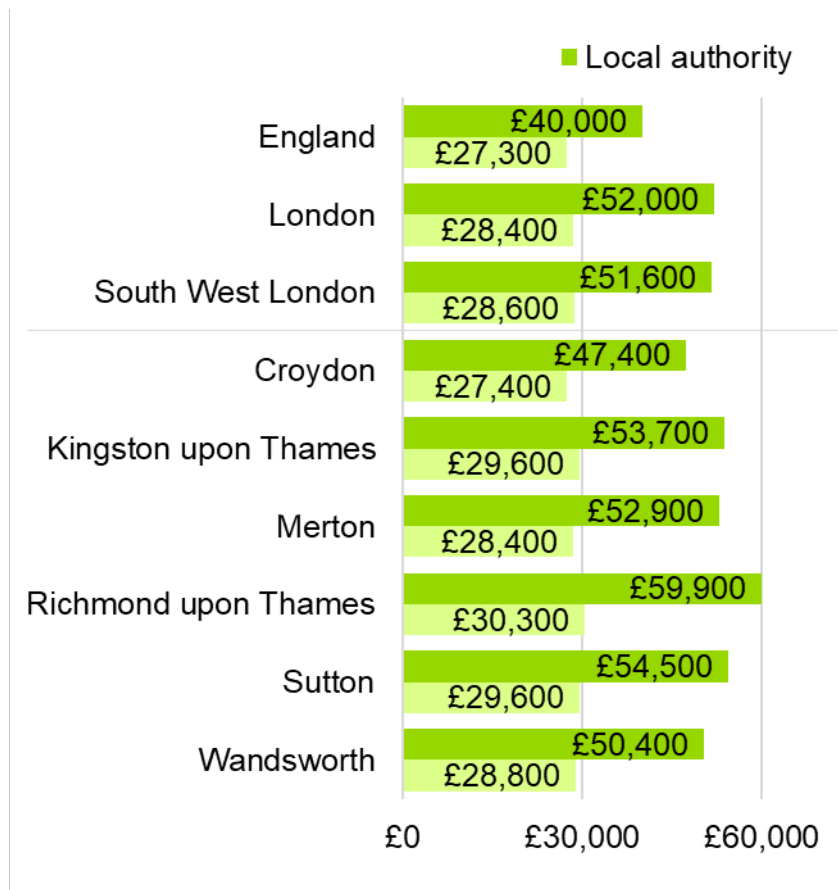
The data used in the pay chapter was gathered from independent sector employers between April 2020 and March 2021 and from local authorities as at September 2020. The National Living Wage during this time was £8.72 per hour.

Chart 22 shows mean FTE annual pay rates of managerial roles and regulated professions by sector and geographical area. In each comparison shown, pay rates were higher in local authorities compared to independent sector employers. In South West London, large differences in pay by sector can be seen in managerial roles (£51,600 in local authorities and £28,600 in the independent sector) and in regulated profession pay (£45,100 and £34,500 respectively)

There was some variation between the comparator areas shown in Chart 22, both in local authorities and independent sector employers. For managerial roles in the independent sector, Richmond upon Thames (the highest paying area at £30,300) paid £2,900 more on average than Croydon (the lowest paid area at £27,400). The gap between the highest and lowest averages within regulated professions in the independent sector was slightly larger, at £3,000.

Chart 22. FTE annual pay by job role group, sector and geographical area, 2020/21

	Managerial	Regulated
profession		



5.2. Hourly pay

On 1 April 2016 the Government introduced a new mandatory National Living Wage (NLW) of £7.20 per hour for all workers aged 25 or over, which increased to £8.72 in April 2020. Prior to the introduction of the NLW, the statutory National Minimum Wage for workers aged 21 or over was £6.70, set in October 2015.

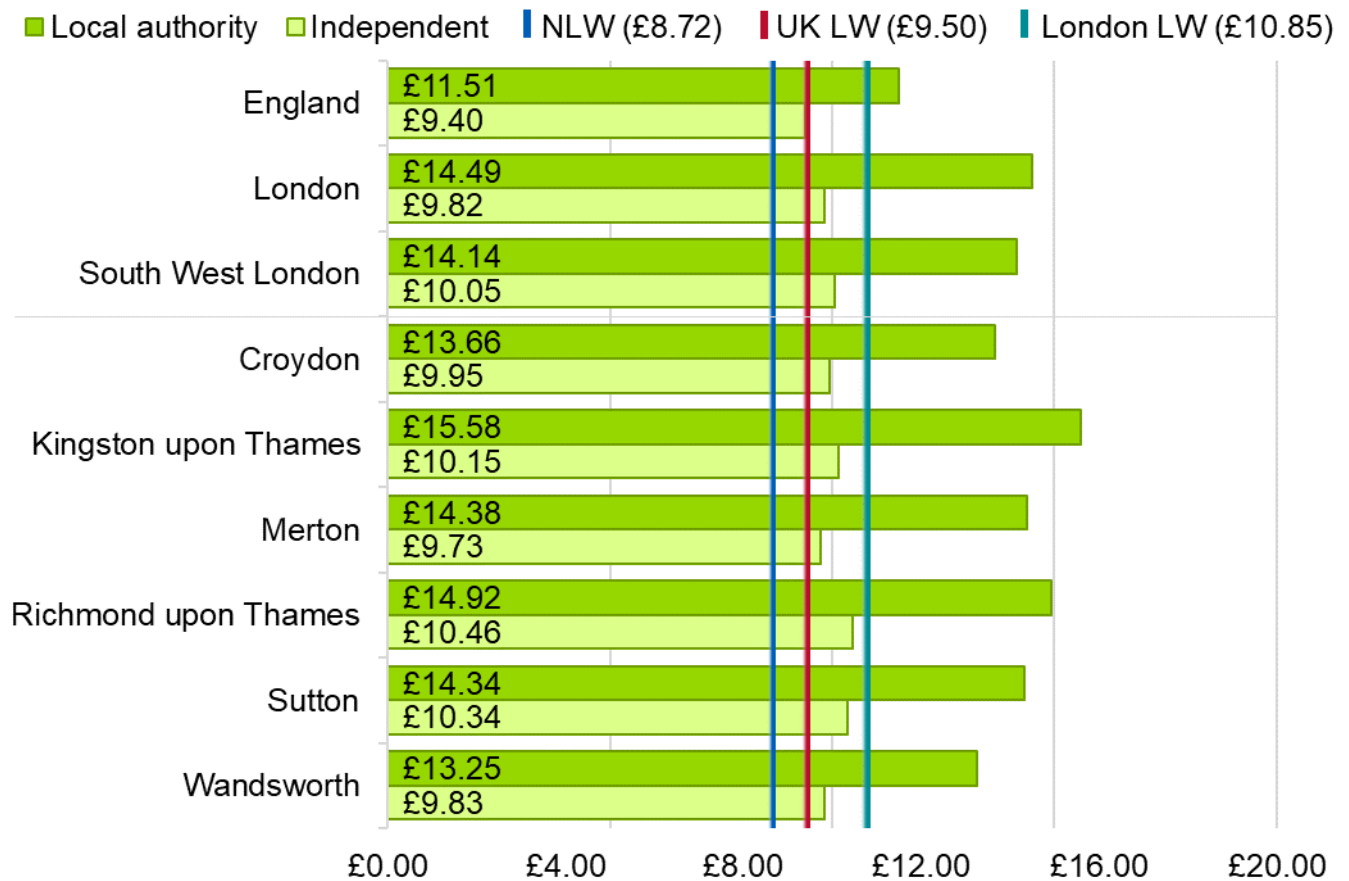
Please note that this report is based on data from independent sector employers between April 2020 and March 2021 and local authority sector employers as at September 2020. For the purposes of this report, the NLW of £8.72 will be quoted to match the timescale in which the data was collected. In April 2021, after the data in this report was analysed, the National Living wage increased to £8.91.

There is also the UK Living Wage; an independently calculated hourly rate which reflects the basic cost of living in the UK, which is completely separate to the Government-set National Living Wage. In 2020 the UK Living Wage in London was £10.85 and £9.50 for the rest of the UK.

This section will focus on direct care roles, where section 5.1 focused on managerial and regulated professions. The average hourly pay for direct care roles in South West London local authorities (£14.14) was higher than the independent sector (£10.05). Chart 23 shows that the average hourly rate of a direct care worker in the independent sector was higher than both the London region (£9.82) and England (£9.40). In South West London, this was £1.33 higher than the NLW but 80p below the UK Living Wage for London.

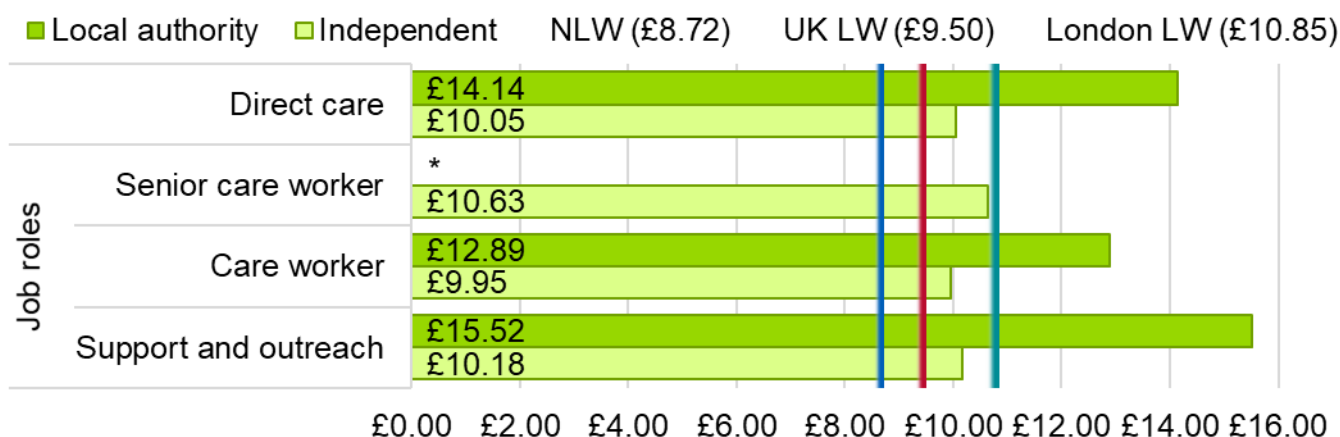
Within the South West London area, the average hourly rate for direct care roles in the independent sector varied but was below the UK Living Wage for London in all of the local authority areas. This ranged from £1.12 below in Merton to 39p below in Richmond upon Thames. Interestingly, none of the areas were below the UK Living Wage for the rest of the UK.

Chart 23. Direct care worker average hourly pay by sector and geographical area, 2020/21



There were also a number of differences by job role, as shown in

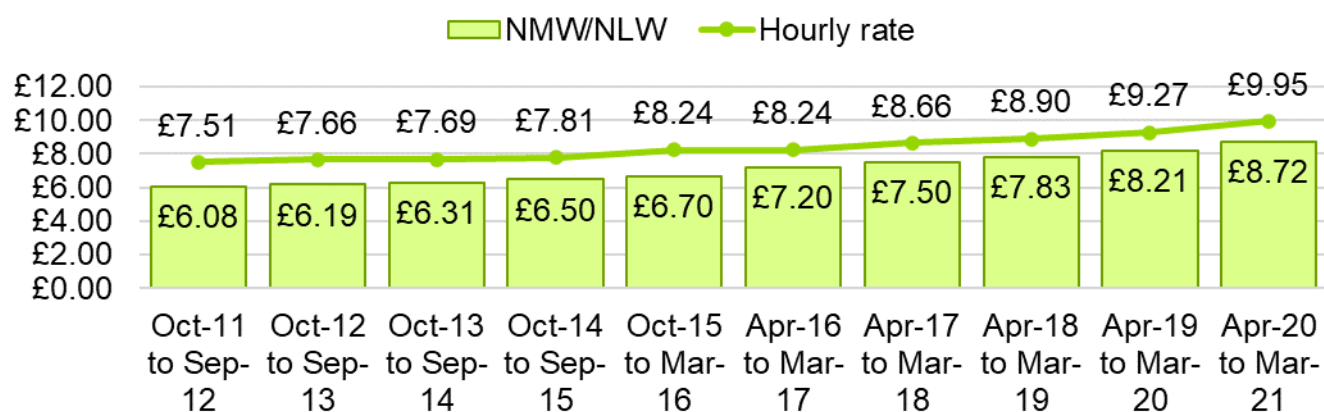
Chart 24 (below). The local authority sector paid more than both the National Living Wage and London Living Wage for all direct care job roles, reflecting the higher pay in the local authority sector. In the independent sector in South West London, none of the job roles earned more than the London Living Wage, but all job roles earned more than the UK Living Wage. Care workers, meanwhile, were paid on average 90p less than the London Living Wage but 45p more than the UK Living Wage. All selected job roles earned more than the National Living Wage, however by varying amounts.

Chart 24. Mean hourly pay for direct care roles in South West London, 2020/21

The average hourly pay across all sectors in the economy was, on average, £24.03 per hour in South West London. This was much higher than the average hourly pay for care workers in adult social care in both the local authority and independent sector. The relatively low pay compared to other opportunities within the area may contribute to the recruitment and retention issues discussed in Chapter 3.

5.3. Care worker pay trends

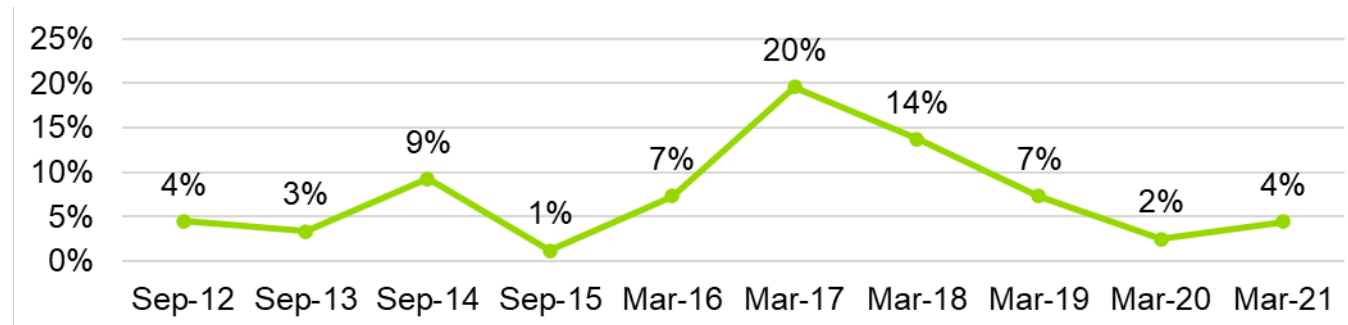
The average hourly rate for independent sector care workers in South West London has risen each year since September 2012, increasing from £7.51 to £9.95 in March 2021 and equivalent to an increase of 32.5% over the period.

Chart 25. Average care worker hourly rate trend 2012 to 2021 in South West London, independent sector only

However, the statutory hourly rate increased by 43.4% over the same period, from the 2012 NMW (£6.08) to the 2021 NLW (£8.72), with the majority of this following the introduction of the NLW in 2016. A similar proportion (4%) of care workers were paid the National Living Wage of £8.72 in 2020/21 compared to between 1% and 9% being paid the previous National Minimum Wage (2012-2016). The first higher

increase in the NLW which was from 2016-2017, saw more care workers (20%) being paid the same hourly rate as the NLW however, the percentage of workers being paid the same hourly rate has decreased year on year since, until 2020/21 where it rose from 2% to 4%.

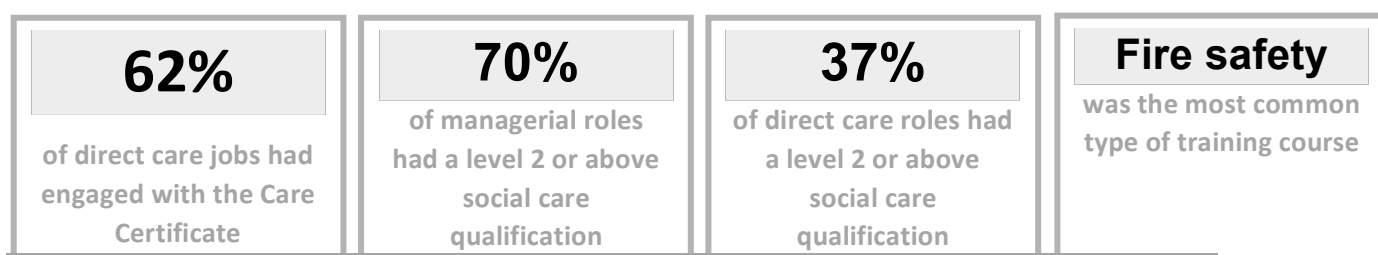
Chart 26. Proportion of independent sector care workers paid the same hourly rate as the NMW/NLW in place at the time in South West London, September 2012 to March 2021



Overview of qualifications and training of the adult social care workforce in South West London, 2020/21

Skills for Care believe that everyone working in adult social care should be able to take part in learning and development so that they can carry out their role effectively. This will help to develop the right skills and knowledge so that they can provide high quality care and support.

- 62% of direct care workers were engaged in the Care Certificate.
- Around 44% of direct care workers held a relevant social care qualification to level 2 or above. This was higher for managerial roles, at 66%.



6. Qualifications and training

6.1. Care Certificate

The Care Certificate was launched in April 2015 and replaced the Common Induction Standards (CIS). The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

The ASC-WDS has been collecting information about the number of workers who have achieved or were working towards the Care Certificate since April 2015. For more information about the Care Certificate please visit www.skillsforcare.org.uk/CareCertificate.

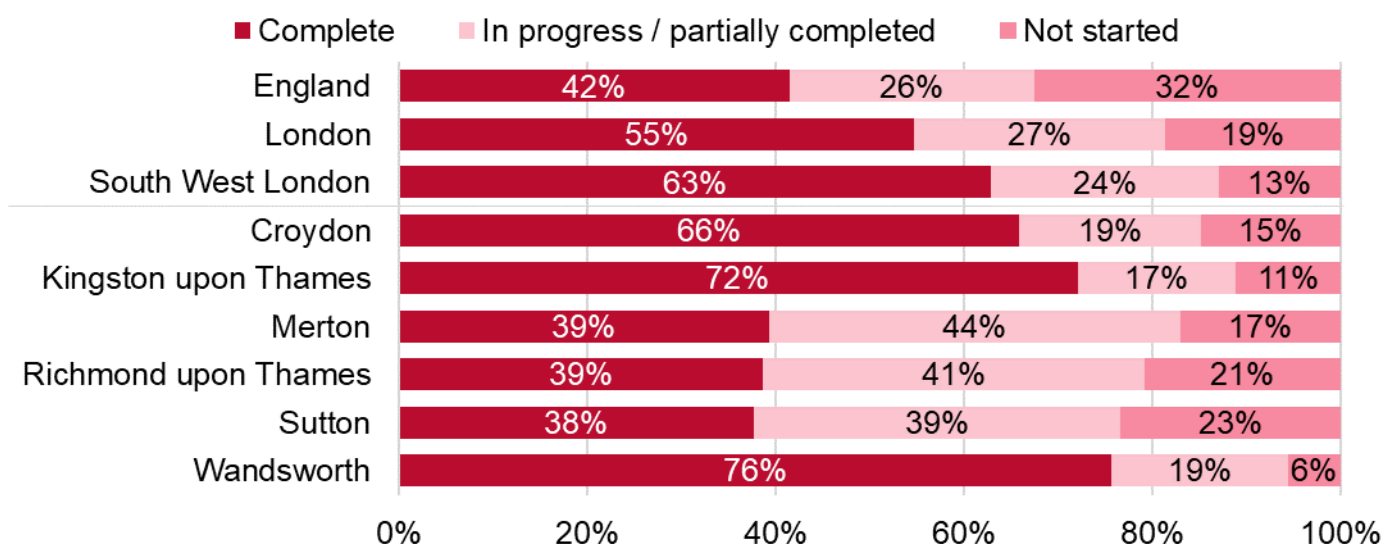
Although the Care Certificate is available to all, the main target is workers who were new to social care and is most common amongst direct care workers. The following information is unweighted ASC-WDS data, focusing on those direct care staff new to the sector since 2015. In South West London, around 87% of direct care staff had engaged with the Care Certificate (either completed the Care Certificate, were in the process of doing so or partially completed it).

There was little difference in the proportion of direct care workers who were in progress or had partially completed the Care Certificate in South West London (24%) compared to the London region (27%) and England overall (26%). However, 63% of direct care workers had completed the Care Certificate in South West London compared to 55% in the London region and 42% in England.

By local authority area, the completion rate was much lower in Sutton (38%) than in the other areas. Wandsworth had the highest proportion at 76%. However, the proportion of those in progress or who had partially completed the Care Certificate was 39% in Sutton which was higher than Wandsworth (19%). The area with the overall highest engagement was Merton with 90% of direct care workers engaged with the Care Certificate.

Chart 27. Care Certificate status of direct care workers new to the sector since January 2015 by geographic area, 2020/21

Source. ASC-WDS raw data 2020/21



Care Certificate engagement was highest for direct care workers in domiciliary care services, where 91% of direct care workers had achieved, were in progress of completing or had partially completed the Care Certificate compared to 71% in residential care services.

Of the **total adult social care workforce** in South West London, around 80% had achieved, were working towards or had partially completed the Care Certificate.

6.2. Qualifications held

This section looks at the highest level of social care qualifications held by adult social care staff. Please note that professional roles are not included in the analysis below

because they must be qualified to perform their roles, e.g. social worker, registered nurse or occupational therapist.

Around 40% of the workforce in South West London held a relevant social care qualification at level 2 or above. This was slightly lower than the average in the London region (43%) and England (46%).

Chart 28 (below) shows that 70% of managerial roles had a relevant social care qualification at level 2 or above in South West London. As might be expected, direct care staff were more likely to be qualified at levels two and three (35%) while those in managerial roles were more likely to be qualified at levels three and four (64%).

Chart 28. Highest relevant social care qualification level in South West London, 2020/21

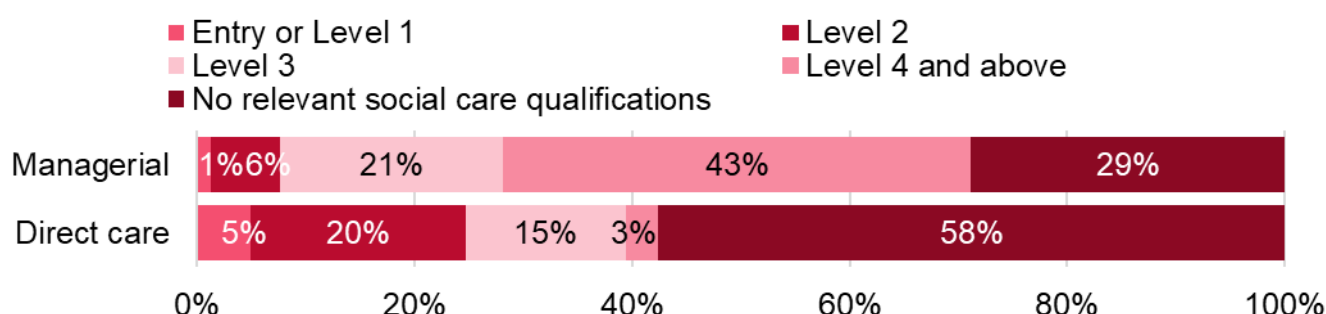
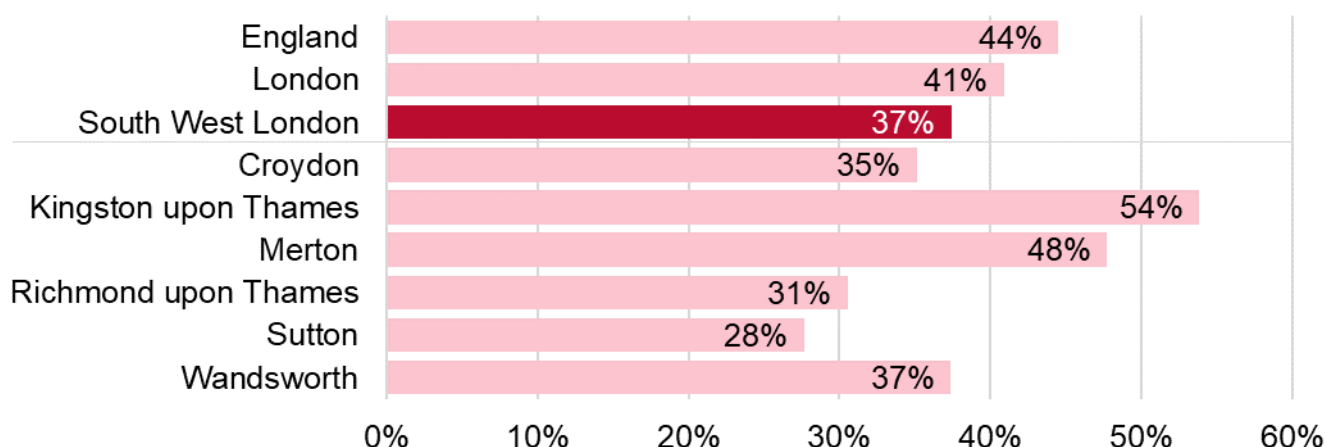


Chart 29 compares direct care job roles in South West London to the comparator geographical areas. South West London had a smaller proportion of direct care roles with a level 2 or above social care qualification (37%) compared to London (41%) and England (44%). There was a lot of variation within the local authority areas in South West London. Kingston upon Thames (54%) and Merton (48%) had much higher proportions with a level 2 or above qualification compared to Sutton, which had just 28%.

Chart 29. Proportion of direct care jobs with an adult social care qualification at level 2 or above by geographic area, 2020/21



Of workers without a relevant social care qualification, the majority had either completed an induction, had engaged with the Care Certificate, had completed training or had more than five years of experience in the adult social care sector.

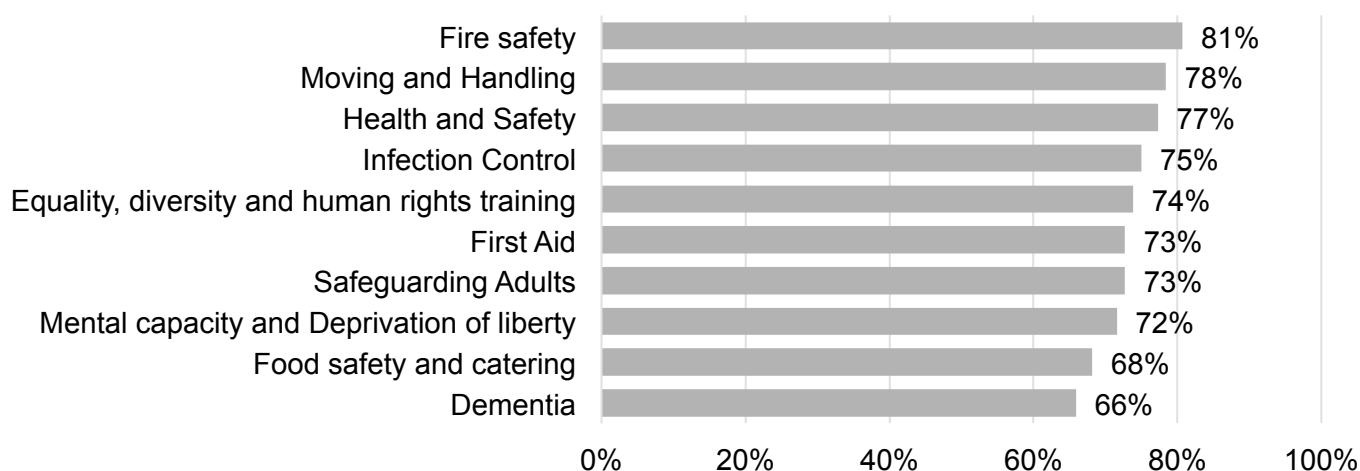
6.3. Training

The ASC-WDS provides employers with the option of recording training data in addition to accredited qualifications. The ASC-WDS has 22 training categories under which any training can be recorded.

Chart 30 (below) is based on all workers at establishments with training data recorded in the ASC-WDS. Fire safety (81%), Moving and Handling (78%) and Health and Safety (77%) were the top training categories in South West London. These were also the top three training categories in the London region.

Chart 30. Top 10 categories of training recorded in the ASC-WDS, South West London, 2020/21

Source. ASC-WDS raw data 2020/21



Overview of adult social care workforce projections in South West London, 2020/21

This section presents demand-based projections for the size of the adult social care workforce between 2020 and 2035. These projections should be treated as a “base case” as they only account for demographic and population changes over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

The information in this section cannot be directly compared to the workforce estimates in previous sections due to differences in the data sources.

Based on the population growth of those aged 65 and above, by 2035 the sector in South West London may need

**10,000
more jobs**

7. Adult social care workforce projections

7.1. Relationship between population projections and jobs

This section presents demand-based projections for the size of the adult social care workforce between 2020/21 and 2035. These projections should be treated as ‘base case’

projections as they only account for demographic and population change over the period.

They don’t account for any political, economic, technological or sociological factors which

may also have an impact on the size of the workforce in the future. Neither do these projections include the impact of COVID-19. We know that occupancy rates in care homes

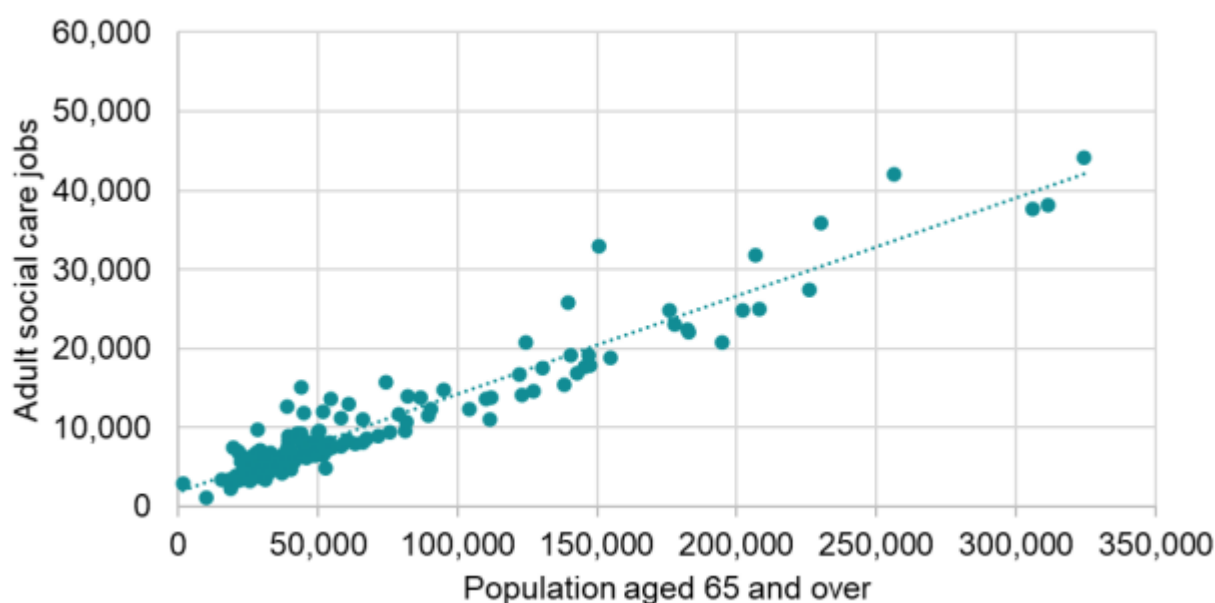
have fallen in the short term and it remains to be seen what the long-term impact on demand will be. However, the medium- and long-term projected increases in the number

of people aged 65 and over remains; this will continue to provide upward pressure on

demand for adult social care services.

These projections use models that compare the number of adult social care jobs in each local authority area in England with the corresponding number of people aged 65 and over in the population. These two factors were found to be strongly correlated (on average, the more people aged 65 and over in an area, the larger the adult social care workforce). This relationship is demonstrated in the chart below, in which each dot represents a local authority area, and the dotted line represents the relationship between the two factors. The '65+ model' below shows that, on average in 2020/21, for every six people aged 65 and over in the population, one adult social care job is required.

Chart 31. Relationship between adult social care jobs and population aged 65 and 75 and above in each local authority area, 2020



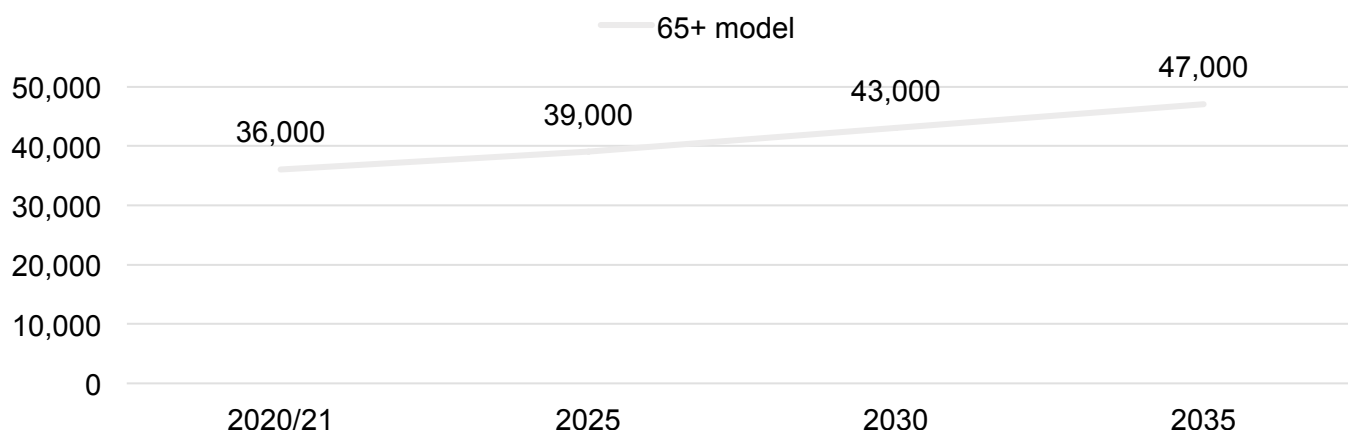
7.2. Adult social care job projections

The 65+ model was applied to the 'Projecting Older People Population Information System' (POPPI)⁸² estimates of the number of people aged 65 and above from 2020/21 to 2035 to create a forecast for the number of adult social care jobs over the period.

⁸² Projecting Older People Population Information, www.POPPI.org.uk

Chart 32 shows the projected jobs growth in South West London from 2020/21 to 2035. The 65+ model shows the changes taking population into account. An increase of 28% (11,000 jobs) would be required by 2035 following the trends of population growth of those aged 65 and above.

Chart 32. Adult social care jobs projections between 2020 and 2035, South West London



As stated earlier in this section, a range of factors may influence the size of the adult social care workforce over the next 15 years, and these haven't been factored into this modelling. These include the recent challenges the workforce is facing in terms of recruitment and retention, new immigration rules or mandatory vaccination.

Other factors could have included improvements in the health of the population (over 65s becoming less likely to require care), technological advances, tightening of eligibility criteria, different models of care being used and the demand shift towards domiciliary care; all which result in fewer jobs being required per person aged 65+. However, these results do provide a useful baseline in terms of the likely demand created by the ageing population.

However, as the adult social care sector continues to grow, there will be an increase in starters if growth occurs based on the model. This may result in a period of increased vacancy rates whilst jobs are filled. Growth also presents a supply challenge for the sector in terms of finding new workers. As highlighted in Chapter 3, South West London had a comparatively high vacancy rate and growth of the workforce may result in this rate increasing.



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