Briefing: The Context of Adult Social Care in the UK

G. Spiers

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Executive Summary and Key Points

The social care sector in the UK:

- Social care is organised differently within each of the four devolved countries of the UK (England, Northern Ireland, Scotland and Wales). Due to the availability of data, this briefing note typically reflects the English context unless otherwise stated;
- Social care is funded by a number of sources; funds from central government contribute partly to the sector, though the total amount of funding has declined in recent years;
- In 2014/15 £7.23 billion was spent on care for older people, and £8.34 billion in 2015/16, though the amount spent on adult social care has declined for most councils;
- Individuals are expected to contribute to some or all of the costs of their care; the amount depends on the financial circumstances of the individual;
- Care may be delivered in the home or community (e.g. home help) or in care homes; care homes include those with dedicated nursing support (nursing homes) and those without such nursing support (residential care homes);
- Services are mostly provided by the private and voluntary sector.

Social care demand:

- By 2045 it is estimated that those aged over 65 years will comprise just under 25% of the total population;
- The majority of people using adult social care are aged over 65 years;
- Adult social care faces increased demand from an ageing population, as well as other vulnerable younger adult populations; however, it is the former that is expected to create the biggest demand for social care in the future.

Labour market composition of the social care sector:

- The adult social care workforce tends to be low qualified, female and older;
- Government immigration policy is a key concern for the sector, given that non-British born workers play a key role in the workforce;

- The sector faces recruitment and retention difficulties, with high turnover rates and shortages in care workers and registered nurses;
- The introduction of the National Living Wage is expected to exacerbate shortages in staffing due to increased employment costs.

Social care and precarious work:

- The social care workforce, particularly those involved in direct care, face physical, mental and emotional demands, leading to high rates of work-related stress within the sector;
- Employment for care workers is especially insecure, with the use of zero-hours contracts widespread and many earning less than the national minimum wage;
- Time and workload pressures also add to the difficulties faced by the workforce;
- It is estimated that work-related stress costs the sector over £45 million in staff absence.

Innovations, campaigns and technology:

- Budget cuts are both a driver for, and limitation to, developing new and innovative approaches to delivering adult social care;
- Technology is expected to play a role in developing new approaches to care;
- A number of campaigns are evident from the voluntary sector, most of which advocate for better access to care and better working standards for care sector staff.

1. The social care sector in the UK

Social care in the UK is organised differently within each of the four devolved countries (England, Northern Ireland, Scotland and Wales).

The provision of social care in England, Scotland and Wales is split geographically into regions known as local authorities (England and Wales) or unitary authorities (Scotland). There are 152 of these authorities (councils) in England that have responsibilities for adult social care services, 32 in Scotland, and 22 in Wales.[1] Social care is provided separately to health care in England, Scotland and Wales. In some instances, funding for health and social care may be pooled ("pooled budgets") to buy integrated health and social care services for adults. In Northern Ireland, health and social care are integrated, where services are commissioned and provided through five trusts.[1]

Data is available mostly for social care in England; this briefing largely concerns the English context unless otherwise stated.

a. Funding of social care

Income: Local authorities receive income from a range of sources to buy services. These sources include central government grants, council tax revenues (i.e. the tax paid by local residents), service users who pay for their own social care (see section 1c below), and the National Health Service, which may pay money to a local authority to provide certain services.[2] The amount of revenue raised through council tax will vary for each local authority, and as such, there are geographical variations in the funding of social care across England.[3-8] The amount of money local authorities receive through the central government has been declining since 2010 following attempts to reduce the national budget deficit.[9] However, in the recent 2017 spring budget, the government announced it would invest a further £2 billion in social care in the next two years.[10] With the announcement of a general election on the 8th June 2017, this future investment may be subject to change.

Expenditure: The amount of money spent by local authorities on adult social care (personal social services) in England in 2015-2016 was just under £17 billion, with the majority of this (77%) spent on long-term care. This expenditure includes money spent on services provided by the local authority (i.e. state/publicly provided care) and money spent on purchasing services provided by others (e.g. private and voluntary sector providers).[2] In 2014/15 £7.23 billion was spent on care for older people,[11] and £8.34 billion in 2015/16.[12] For most local authorities in England (81%), the amount spent on care for older people has declined since 2010.[11] The introduction of the National Living

Wage is expected to increase the costs of care and thus the fees paid by local authorities to care providers.[12] The amount spent on social care varies by each council.[13]

b. Provision and receipt of social care

This section details the process of requesting and receiving care, as well as the types of care available and how this is provided.

Assessment

Any adult has the right to request and receive an assessment of care needs from their local authority. However, the social care offered to adults in England is subject to rules about eligibility – that is, whether or not a person's needs are assessed to be severe enough to receive care. Local authorities use a set of national criteria to assess an individual's needs (these national criteria are summarised by Age UK here). Criteria are based on whether or not an individual can achieve certain outcomes (e.g. around activities of daily living) and whether or not there is an impact on wellbeing if unable to achieve such outcomes.[14] Individuals are only eligible for care if they have very high needs – that is, they have a lot of difficulty with at least two of the outcomes listed. Many will not be considered eligible for care.[14] For example, in the financial year 2015/2016, there were 1,811,000 new requests for support, of which 57% resulted in no 'direct' support from the council.[15] If an individual is not eligible for care under the national criteria, they can arrange and pay for their own care through private providers.

It is important to note that the assessment for eligibility for social care is separate to an assessment for Attendance Allowance, which is a welfare payment to adults aged over 65, who have a severe disability or illness that results in the need for assistance.[16] Attendance Allowance pays for help at home.[17]

Receipt of care

If an individual is eligible for care under the national criteria, they will be subject to a means test to assess how much money they should contribute to their care. This is detailed further in section 1c. If an individual is considered eligible for care, and if the local authority will pay for some or all of the care, the local authority may deliver this care in one of two ways. The local authority will either arrange the care on behalf of the individual (regardless of whether this care is provided by the local authority or a private or voluntary sector) or the individual will receive the funds from the local authority to organise their own care ("direct payments").[18] Use of direct payments is available in England, Scotland and Wales for those aged over 16 years of age and for parents of disabled children. For older adults, direct payments can be used to purchase home and community based support, but not nursing or residential care home provision.

Types of care available through adult social services

Adult social care may offer support as either short-term provision (e.g. rehabilitative) or as long-term provision. Care can be provided in the home and community, and in institutions. Care delivered in one's own home/private residence and community supports activities of daily living, and can include help with personal care such as showering and dressing, or assistance with shopping and other community based activity. Institution based care comprises nursing homes and residential homes. Both offer 24 hour support, but residential care homes do not offer nursing support. Both home care and care homes may be provided either by the local authority (i.e. state provided care) or by private and voluntary organisations.

Provision of social care services for adults

Councils provide their own services but mostly buy services from private and voluntary providers.[13] For example, in 2012/13, councils purchased around 92% of all care home places and around 89% of all home care hours from the private and voluntary sector.[19] Because social care is largely contracted through private and voluntary sector providers, it is subject to market forces. Recently, contractors have experienced decreasing profits and there has been a loss of services from the market.[20] In 2014, the five biggest care home providers were: Four Seasons Healthcare (23,094 beds), Bupa Care Homes (20,465 beds), HC-One Ltd (12,459 beds), Barchester Healthcare Ltd (11,627 beds) and Care UK (6,875 beds).[21] In 2016, there were 10176 providers of home care in the UK.[22] Combining state, private and voluntary sector organisations, it is estimated there are 19,300 organisations providing adult social care in England.[23]

As with geographical variations in social care funding, there are also variations between councils across England in the level and type of social care provided.[3-8]

c. Private/family funding

If an individual is eligible for social care, the local authority must provide or arrange services to meet those needs. However, in England, the individual is also subject to a means test, which assesses how much money they should pay for their care. This means test takes into account income, pensions, benefits and savings.[24] It does not take in account the value of an owned home unless the individual is moving into a care home. An individual will usually pay for part or all of their care. If the individual's total net worth is valued at more than £23,250 in England and £24,000 in Wales, they will need to pay for the full cost of care.[25] In rare instances, a local authority may pay for all of the individual's care. The amount that an individual pays towards their social care should not result in them having a weekly income of less than a set level, otherwise known as the minimum income

guarantee. In 2017/2018, the minimum income level for those over pension age is £144.30 per week.[24]

There is limited accessible data on the number of individuals who pay for their own social care in England. However, recent estimates indicate that around 39.6% of residential care home places and 47.6% of nursing home places are self-funded.[26] In terms of home care, it is estimated that 271,536 individuals over 65 years pay for support and help at home.[26] Privately bought social care by individuals in England totalled £10.2 billion in 2010.[6] Between 2015 and 2035, it is predicted that the number of self-funded care home residents will grow by 110%, while the number of publicly funded care home residents will grow by only 49%.[27] For those receiving home based social care, it is estimated that the number of privately funded home care recipients will grow by 49% while the number of publicly funded home care recipients will grow by 86%.[27] The proportion of care home residents who are self-funded varies geographically, with 55% self-funding in the South East of England and 22% in the North East of England.[6]

d. Regulations on social care

Across each of the four devolved nations in the UK, social care for both children and adults is regulated by different bodies:

- **England:** care is regulated by the Care Quality Commission (CQC) (see http://www.cqc.org.uk/).
- **Scotland:** care is regulated by the Care Inspectorate (see http://www.careinspectorate.com/) and the Mental Welfare Commission for Scotland (see http://www.mwcscot.org.uk/). The latter is specifically for those with mental illness, learning disabilities, dementia and related conditions.
- **Wales:** care is regulated by the Care and Social Services Inspectorate for Wales (see http://cssiw.org.uk/?lang=en)
- **Northern Ireland:** Regulation and Quality Improvement Authority (see https://rqia.org.uk/)

Each of these bodies monitors and inspects the care offered to all those using social care services and their carers, across public, voluntary and private providers. The findings of inspections are available via the regulators' respective websites. In addition to regulations on care, there are professional bodies to oversee and regulate the social care workforce and education. Again, different organisations exist for England, Scotland and Wales:

- **England:** Health & Care Professions Council (see http://www.hpc-uk.org/)
- **Scotland:** Scottish Social Services Council (see http://www.sssc.uk.com/)

- **Wales:** Care Council for Wales (see https://socialcare.wales/)
- **Northern Ireland:** Northern Ireland Social Care Council (see https://niscc.info/)

The Care Act 2014, which applies only to care provided in England, sets out the requirements and responsibilities of local authorities for assessing the needs of, and providing care for, all adults aged over 18 years (as detailed in section 1b).

2. Social care demand

a. Rising elder care demand

In 2015, 17.8% of the UK population was aged over 65 years, and 2.3% of the population was aged over 85 years.[28] In the UK, both the average age and the proportion of older adults is increasing, and by 2045 it is estimated that those aged over 65 years will comprise just under 25% of the total population.[29] This largely translates to increasing demand for care from the older population.

Recent figures indicate:

- The majority of users of adult social care are those aged 65 years and over[6]
- There were 1,811,000 new requests for social care support between 2015 and 2016, the majority of which (72%) came from those aged over 65 years of age[15]
- Between 2005 and 2014, there has been a 30% increase in demand for social care by those aged over 85 years[30]
- Despite increasing demand, fewer individuals are receiving support from local authority funded social care. The number of adults aged over 18 years receiving *local authority* funded social care has decreased by 26% since 2009, but the decline in receipt of care is steeper for those aged over 65 years[11]
- Use of community based social care by older adults has fallen between 2005 and 2014, with a 21% drop in the numbers of older adults using home care[30]
- Use of care homes is increasing, with a 21% and 22% rise in the number of older adults using residential and nursing homes respectively[30]
- Around one million older adults have an unmet need for social care[31]
- Between 2014 and 2015, around 2.7 million hospital bed days were occupied by older adults due to the poor supply of social care.[32]

b. Other social care demands

Demand for social care extends beyond the older adult population, with other vulnerable populations also requiring care. These populations include younger adults (i.e. those aged 18-64 years) with learning disabilities, sensory and physical impairments, and mental health needs.

Projections suggest that between 2015 and 2035 the number of younger adults with learning disabilities will grow by 65% and those with sensory and physical impairments by 4.7%.[27] The number of younger adults with learning disabilities using publicly funded social care is estimated to increase by 51% (home care) 70% (direct payments) and 50% (care home residents), whilst for those with physical disabilities the figures are 7% (home care), 4% (direct payments) and 12% (care homes). For those with mental health needs, the projected growth in use of publicly funded care is much lower: 6% for home care and 6% for care homes.[27]

Similarly, children who are technology dependent are increasingly surviving into adulthood, and will often require long-term social care support. Adult social care services, alongside healthcare, will play a key role supporting this population.

3. Labour market composition of the care sector

It is estimated that the labour market of adult social care in England comprises 1,550,000 jobs.[23] The largest proportion (78%) of these were located within independent organisations (i.e. services provided by the private and voluntary sector), with just 8% located within local authorities. Similarly small proportions of adult social care jobs were also located within the National Health Service (6%) and for staff employed independently by those organising their own care through the receipt of direct payments (8%).[23] Of those receiving direct payments, around 28% are estimated to be employing care staff.[23] The adult social care workforce in England largely consists of care workers (73%), followed by managerial staff (9%), social workers, occupational therapists and nurses (6%), and other roles such as administrative staff (13%).[33]

This section provides a summary of the composition of the adult social care sector in terms of demographics and qualifications, an overview of the training and qualifications, a summary of evidence on labour market and skills shortages, and the use of migrant and older labour.

a. Labour market composition

Figures vary, depending on which parts of the workforce are covered in the data, but the following general trends are observed about the composition of the adult social care labour market:

- **Gender**: The adult social care workforce is typically female; this extends across managerial, professional and care worker job roles.[33] The proportion of female workers is estimated to be 82%,[20, 34] with the largest proportion of females employed in direct care work (84%), although the figures are not substantially lower for managerial and professional job roles.[34]
- **Age:** The workforce is skewed towards older populations. Skills for Care (2015) report that the largest proportion of the workforce is aged between 25 and 54 (68%), with the second largest proportion being those aged over 55 (21%).[33] Data from the Office for National Statistics demonstrate 74% are aged over 40 years.[34]
- **Ethnicity:** The National Minimum Dataset indicates the majority of adult social service jobs (88%) were carried out by those classified as White British.[35] One in five care workers are born outside the UK,[36] with others arguing the care workforce is particularly dependent on migrant labour.[11]
- **Level of qualification:** The adult social care workforce is generally one of low qualification. It is estimated that 37.2% of care workers have no qualification.[37] Recent data for 2016, specifically for those employed within adult social care in English councils (i.e. excluding those employed within the private and voluntary sector), indicate that 24% of those involved in direct care and 28% of professional workers held no qualifications.[34] Of those providing direct care who did hold qualifications, figures indicate it is a relatively low qualified workforce: just 8% held a level 4 or above qualification.[34]

b. Training and qualifications

The adult social care workforce is generally considered one of low qualification, and only social workers and occupational therapists require a qualification to practice. This is usually an undergraduate and/or postgraduate degree that is approved by the Health and Care Professions Council.[38] For care workers, personal assistants and rehabilitation workers, no qualifications are necessary to gain employment in the social care workforce.[39-41] Despite the absence of qualification requirements for care work, Skills for Care[42] outline three types of qualification and training that are available for those choosing to work in social care in the UK:

1. **Entry level qualifications (award and certificates)**. These qualifications are intended to introduce a "basic level of knowledge" (p.9[42]) about working in social care, and prepare individuals for later training. These qualifications are knowledge based only (i.e. do not assess competency). Awards and certificates for these entry level qualifications cover topics relating to both adult and children's social care.

2. **Competency based qualifications (diplomas).** These provide training and assessment on competencies required for specific roles. Both generic and specialist (e.g. dementia) training pathways are offered.
3. **Continuing professional development (awards and certificates).** These provide additional opportunities for professional development in specific areas (e.g. autism).

Training of the social care workforce is a key concern, with questions raised as to how staff development will continue to be funded in a period of restricted budgets.[43] Furthermore, whilst training bursaries are currently available for those training as social workers (see [44]), there is concern that these may be removed in the near future.[45]

c. Labour and skills shortages

The care sector faces shortages[46] and Skills for Care report that in times of need, care agencies are likely to recruit "poor quality appointments" (p.16).[47] Turnover in adult social care is high,[37] particularly in the private sector and in domiciliary care.[33] Recent data specifically for adult social care jobs within councils (i.e. excluding adult social care jobs within the private and voluntary sector) indicates a turnover rate of 19% and a vacancy rate of 8%.[34] This turnover rate is slightly lower than for 2015, which was 22%, and unchanged for the vacancy rate.[48] Currently, it is estimated there are 0.92 care workers per person receiving care.[37] Skills for Care (2016) report that the workforce needs to grow by 18% by 2025 in order to meet demand from those aged over 65 years.[23] Shortages are noted particularly in qualified nurses and care workers.[11, 49] The introduction of the Living Wage, whilst welcomed by some as an increase in pay for workers, will increase the costs of employment by £2.3 billion by 2020.[50] This has led to concerns about how such increased employment costs will negatively impact the workforce, potentially reducing staff numbers even further.[51]

d. Use of migrant and older labour

Approximately one in five care workers are born outside the UK, and the workforce is skewed towards older people.[11, 33] Difficulties recruiting British born and younger workers is thought to reflect poor levels of pay, use of zero hours contracts, the need for flexible shift patterns, poor staffing conditions and rising caseloads, and few opportunities for career progression.[36, 37, 52-54] Concerns have been raised about how restrictions to immigration to the UK will impact on the social care workforce given the key role of migrant labour.[36, 55]

4. Social care and precarious work

Working within social care, whether at the level of direct care or at the professional level, is often considered highly demanding whilst also an insecure form of employment. This section provides a brief outline of the demands and issues faced by the social care workforce.

a. Physical demands

Care work in particular may involve physical roles for staff, and as such is considered physically demanding.[56] For example, care work may involve helping individuals with household work, personal care such as showering, bathing, dressing and toileting, or other physical activities, such as shopping.[57, 58]

b. Mental demands/stress

Care work is considered an emotionally demanding occupation, with a high risk of stress and burnout.[59] Indeed, a survey of social workers in 2015 found that 97% reported feeling moderately or very stressed due to the work-related demands,[60] whilst another study found high levels of emotional exhaustion and depersonalisation across the social care workforce.[61] Staff may face high levels of verbal and physical abuse from clients,[62] high workloads and poor working and employment conditions (see sections 4c and 4d).[59] In one recent survey exploring social workers' response to stress, alcohol was a common coping mechanism (35% of respondents), and 15% used anti-depressants as a result of work-related stress.[59] Drug use was also reported as a coping mechanism by a minority (6%) of respondents.[59] It is estimated that time off from work-related stress by social workers costs over £45 million for the sector.[63]

c. Time management

Those working in adult social care are increasingly facing high workloads in the context of staff shortages, leading to stress and burnout.[64] Budget cuts are also exacerbating problems with time pressures.[65] A 2010 survey of both children's and adults social services departments in the UK found that three quarters of social workers' hours were spent on client related activities, but only half of those working in adult social care services reported using any sort of workload management system.[66] Around half of those surveyed also reported working beyond their contracted hours, with 9% working at least 9 hours more than for which they were paid.[66] More recently, a survey by the Guardian in 2015 indicated that 95% of respondents working in local government are working on average 7 hours more than for which they are contracted.[64]

d. Precarious work, pay and conditions

Use of zero hours contracts is common, with an estimated 300,000 individuals subject to these contracts,[33] suggesting that care work is particularly precarious and an insecure form of employment. Pay in the social care sector, particularly among those directly delivering care, is also considered low.[67] However, an analysis undertaken in 2011 estimated that between 9 and 12% of the those delivering direct care (not just in adult social care) did not even earn the national minimum wage, but in fact earn below this threshold due to unpaid work and travel time.[68] Observers have argued that such low levels of pay, combined with the use of zero hours contracts and part time working, have resulted in difficult conditions for those working in social care.[37]

5. Innovations, campaigns and technology

a. Innovations

The recent House of Common's report on adult social care sought evidence on innovations and alternative ways of delivering care. Whilst the report found that budget cuts to local authorities had prompted more innovative approaches for some, others were unable to develop new ways of care because of financial pressures. As such, the report recommended that "the government should create an innovation fund to encourage and give councils the capacity to consider how innovative approaches could be applied in their local area." ([69]p.57). The report cited the approach of Shared Lives as an exemplar in innovation. Shared Lives is a social enterprise in which adults requiring care are matched with, and may go on to live with, their carer (see https://sharedlivesplus.org.uk/).[69] Another report (link below) also summarises six innovations currently being developed and used to deliver adult social care: http://sharedlivesplus.org.uk/images/6innovationsinsocialcare1.pdf.

b. Union/NGO campaigns

There are currently numerous campaigns targeted at improving access to social care, standards of care, and workforce conditions, typically run by voluntary sector organisations. Examples of current campaigns include:

- The Social Care Charter (Care About Care and Citizens UK): Having minimum standards of working for care workers (including the living wage) and minimum standards of care for users (see http://www.icareaboutcare.org.uk/charter-best-practice/)
- Acquisition of a living wage and ending zero hours contracts (GMB Southern) (see https://www.gmb-southern.org.uk/work-and-campaigns/your-work/care-workers/)
- Free Social Care (Marie Curie): Removing means testing for social care (see https://www.mariecurie.org.uk/policy/campaigns/free-social-care)

- Don't Cut Care (Age UK): increasing funding for and provision of social care for older adults (see http://www.ageuk.org.uk/home-and-care/campaign-for-better-care/)
- Making Social Care Fair (Parkinson's UK): increasing access to social care for those with Parkinson's Disease (see https://www.parkinsons.org.uk/content/making-social-care-fair)
- Social Care Funding (38 Degrees): increasing funding for social care (see https://speakout.38degrees.org.uk/campaigns/template-petition-clone-a4cc9319-5b20-41e2-b599-55d389d17983)
- Ensuring access to social care for disabled people (Scope) (see https://blog.scope.org.uk/category/campaigns/)

c. Use of technology

The use of digital technology is encouraged across both health and social care,[70] and recent surveys suggest the social care workforce is increasingly moving towards this. For example, a 2016 Association of Directors of Adult Social Services (ADASS) survey of 72 councils indicated that a third of respondents (34.7%) reported that they recorded data electronically at the point of interaction with a user or carer, another third were making plans to do this, and a quarter indicated they would take this approach within two years.[71] A Skills for Care survey indicated that digital technology is also being used in direct care work; the most common use was for planning leisure and entertainment and the least common use was for shopping and banking tasks, but even the latter was reported by almost 60% of the care managers sampled.[72] The ADASS survey also found that the biggest perceived barriers to introducing technology in social care were a lack of technical skills among staff and concerns about reliability of technology. The majority of respondents felt technology would benefit mobile working (73.5%) and just over half felt it would benefit multiagency working (55.8%). The House of Commons report indicates that technology could play a key role in future innovations in social care, particularly in relation to data sharing for commissioning and assistive technologies. However, the report also noted that broadband and 4G coverage was currently limiting the widespread use of digital technology.[69]

References

1. Ham, C., et al., *Integrated care in Northern Ireland, Scotland and Wales*. 2013, King's Fund: London.
2. Adult Social Care Team NHS Digital, *Personal Social Services: Expenditure and Unit Costs, England 2015-2016*. 2016, NHS Digital.
3. Fernandez, J.-L. and J. Forder, *Local Variability in Long-Term Care Services: Local Autonomy, Exogenous Influences and Policy Spillovers.* Health Economics, 2015. **24**: p. 146-157.
4. Fernandez, J.-L., T. Snell, and G. Wistow, *Changes in the patterns of social care provision in England: 2005/6 - 2012/13. PSSRU Discussion Paper 2867*. 2013, University of Kent: Personal Social Services Research Unit.
5. Forder, J. and J.-L. Fernandez, *Geographical differences in the provision of care home services in England. PSSRU Discussion Paper 2824 (revised)*. 2012, University of Kent: Personal Social Services Research Unit.
6. National Audit Office, *Adult social care in England: an overview. HC 1102 SESSION 2013-14*. 2014, National Audit Office.
7. Asthana, S., *Variations in access to social care for vulnerable older people in England: Is there a rural dimension?* Commission for Rural Communities, 2012.
8. Bolton, J., *Predicting and managing demand in social care: discussion paper*. 2016: Institute of Public Care, Oxford Brookes University.
9. National Audit Office, *The impact of funding reductions on local authorities*. 2014, National Audit Office.
10. *Spring Budget 2017: 21 things you need to know*. 8 March 2017; Available from: https://www.gov.uk/government/news/spring-budget-2017-21-things-you-need-to-know.
11. Humphries, R., et al., *Social care for older people: Home truths*, The King's Fund, Editor. 2016: London.
12. Age UK, *Briefing: Health and Care of Older People in England 2017*. 2017, Age UK.
13. Phillips, D. and P. Simpson, *National standards, local risks: the geography of local authority funded social care, 2009-10 to 2015-16.* Institute for Fiscal Studies, 2017.
14. Age UK. *National eligibility criteria for social care*. 2016 18.04.2017]; Available from: http://www.ageuk.org.uk/documents/en-gb/campaigns/cic/national%20eligibility%20criteria.pdf?dtrk=true.
15. Adult Social Care Team NHS Digital, *Community Care Statistics: Social Servicse Activity, England, 2015-2016*. 2016: NHS Digital.
16. NHS Choices. *Attendnce Allowance*. 2015 22.05.2017]; Available from: http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/attendance-allowance.aspx.
17. Age UK. *Attendance Allowance*. 2017 22.05.2017]; Available from: http://www.ageuk.org.uk/money-matters/claiming-benefits/attendance-allowance/.
18. Age UK, *Factsheet 24: Personal budgets and direct payments in adult social care*. 2016.
19. Care Quality COmmission, *The stability of the care market and market oversight in England*. 2014, Institute of Public Care, Oxford Brookes University.
20. Care Quality Commission, *The state of health care and adult social care in England 2015/16.* 2016.
21. LaingBuisson, *Press release: Care Home Directory Lists Latest Top 20 Providers Operating in UK Long-Term Care*, LaingBuisson, Editor. 2014.
22. UKHCA, *An overview of the domiciliary care market in the United Kingdom*. 2016: UKHCA.
23. Skills For Care, *The size and structure of the adult social care sector and workforce in England 2016*. 2016, Skills for Care.

24. Age UK. *Factsheet 46: Paying for care and support at home*. 2017 18.04.2017]; Available from: https://www.ageuk.org.uk/Documents/EN-GB/Factsheets/FS46_Paying_for_care_and_support_at_home_fcs.pdf?dtrk=true.
25. Citizen's Advice Bureau. *Social Care and Support*. 2017 18.4.2017]; Available from: https://www.citizensadvice.org.uk/family/looking-after-people/social-care-and-support/.
26. Institute for Public Care, *People who pay for care: quantitative and qualitative analysis of self-funders in the social care market*. 2011, Institute for Public Health, Oxford Brookes University: Oxford.
27. Wittenberg, R. and B. Hu, *Projections of demand for and costs of social care for older people and younger adults in England, 2015-2035*. 2015, Personal Social Services Research Unit.
28. Office for National Statistics, *Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015*. 2016.
29. Office for National Statistics. *Overview of the UK population: March 2017*. 2017 18.4.2017]; Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/mar2017.
30. Age UK, *Care in crisis 2014*. 2014: Age UK.
31. Mortimer, J. and M. Green, *Briefing: The Health and Care of Older People in England 2015*, in *Age UK*. 2016.
32. National Audit Office, *Discharging older patients from hospital. HC 18 SESSION 2016-17*. 2016, National Audit Office.
33. Skills For Care, *The state of the adult social care sector and workforce in England*. 2015, Skills for Care.
34. Office for National Statistics, *Personal Social Services: Staff of Social Services Departments, England*, N. Digital, Editor. 2017, Office for National Statistics.
35. Association of Directors of Adult Social Care. *Understanding the Adult Social Care Workforce*. 2016 19.05.2017]; Available from: https://www.adass.org.uk/workforce-development/public-content/understanding-the-adult-social-care-workforce.
36. Franklin, B. and C.U. Brancati, *Moved to care: the impact of migration on the adult social care workforce*. 2015, Independent Age.
37. Franklin, B., *The Future Care Workforce*. 2014, ILC UK.
38. Skills for Care. *Social Worker*. 2017 5.5.2017]; Available from: http://www.skillsforcare.org.uk/Care-careers/Think-Care-Careers/Jobs/Social-worker/Social-worker.aspx.
39. Skills for Care. *Care Worker*. 2017 5.5.2017]; Available from: http://www.skillsforcare.org.uk/Care-careers/Think-Care-Careers/Jobs/Care-worker/Care-worker.aspx.
40. Skills For Care. *Rehabilitation Worker*. 2017 5.5.2017]; Available from: http://www.skillsforcare.org.uk/Care-careers/Think-Care-Careers/Jobs/Rehabilitation-worker/Rehabilitation-worker.aspx.
41. Skills For Care. *Personal Assistant*. 2017 5.5.2017]; Available from: http://www.skillsforcare.org.uk/Care-careers/Think-Care-Careers/Jobs/Personal-assistant/Personal-assistant.aspx.
42. Skills for Care, *Updated guide to qualifications and standards in adult social care*. 2014/15, Skills for Care.
43. Centre for Workforce Intelligence, *WORKFORCE RISKS AND OPPORTUNITIES: ADULT SOCIAL CARE*. 2011, Centre for Workforce Intelligence.
44. Gov.UK. *Social Care Bursaries*. ND 22.05.2017]; Available from: https://www.gov.uk/social-work-bursaries.
45. McNicoll, A., *Government 'looking at' scrapping social work bursaries*, in *Community Care*. 25 January 2016.

46. Cooper, J., *National recruitment campaign proposed for adults' social workers*, in *Community Care*. May 2017.
47. Skills For Care, *Adult Social Care Workforce Recruitment and Retention Strategy 2014-2017*. 2014, Skills for Care.
48. Office for National Statistics, *Personal Social Services: Staff of Social Services Dpeartments, England*. 2016, Office for National Statistics: NHS Digital.
49. UK Commission for Employment & Skills, *Sector insights: skills and performance challenges in the health and social care sector: Evidence Report 91*. 2015, UK Commission for Employment & Skills.
50. Gardiner, L., *Care to pay? Meeting the challenge of paying the National Living Wage in social care*. 2015, Resolution Foundation.
51. Green, M., *Social care cannot afford the new living wage, unless local authorities pay up*, in *The Guardian*. 10 July 2015.
52. Cole, A., *Workforce 'timebomb' starts ticking*, in *The Guardian*. 22 October 2008.
53. Shutes, I. and C. Chiatti, *Migrant labour and the marketisation of care for older people: The employment of migrant care workers by families and service providers.* Journal of European Social Policy, 2012. **22**(4): p. 392-405.
54. Cangiano, A. and K. Walsh, *Recruitment processes and immigration regulations: the disjointed pathways to employing migrant carers in ageing societies.* Work, employment and society, 2014. **28**(3): p. 372-389.
55. REC(UK), *REC Social Care*. ND, Recruitment and Employment Centre (UK) Health & Social Care.
56. National Careers Service. *Care worker*. 2017 22.05.2017]; Available from: https://nationalcareersservice.direct.gov.uk/job-profiles/care-worker#skills-required.
57. Skills For Care, *Find out more about job roles in adult social care*. 2017.
58. Manthorpe, J. and S. Martineau, *Support workers: their role and tasks. A scoping review*. 2008, Social Care Workforce Research Unit, Kings College London.
59. Beer, O. and S. Asthana, *How stress impacts social workers – and how they're trying to cope*, in *Community Care*. 28 September 2016.
60. Schraer, R. *Social workers too stressed to do their job according to survey*. Community Care 2015 19.05.2017]; Available from: http://www.communitycare.co.uk/2015/01/07/stress-stopping-job-social-workers-say/.
61. McFadden, P., *Measuring burnout among UK social workers: A Community Care study*. 2014: Community Care, Queen's University Belfast.
62. Skills For Care, *Violence against social care and support staff: summary of research*. 2013, Skills for Care.
63. Schraer, R., *Social worker stress costing councils at least £45m in lost labour*, in *Community Care*. 7 January 2015.
64. Hardy, R., *Heavy workloads, too few staff: social care workers say stress is inevitable*, in *The Guardian*. 2015.
65. Carter, R., *Time pressures compromising social work practice at council, finds review*. 2016.
66. Baginsky, M., et al., *Social Workers' Workload Survey: Messages from the Frontline* 2010: Social Work Taskforce, .
67. Gershlick, B., et al., *Election briefing: A sustainable workforce*. 2017, The Health Foundation.
68. Hussein, S., *Estimating Probabilities and Numbers of Direct Care Workers Paid under the National Minimum Wage in the UK: A Bayesian Approach*. 2011: Social Care Workforce Research Unit, Kings College London.
69. House of Commons Community and Local Government Committee, *Adult social care Ninth Report of Session 2016–17 HC 1103*. 2017, House of Commons.
70. Social Care Institute of Excellence, *Technology changing lives: how technology can support the goals of the Care Act*, in *SCIE Round Table Discussions*. 2015.

71. Association of Directors of Adult Social Care, *Technology and Workforce Survey- April 2016*. 2016, Association of Directors of Adult Social Care.
72. Dunn, S., A. Braddell, and S. J, *Digital capabilities in social care: Final report*. 2014: Skills for Care.