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1. Executive summary

Introduction and context

The Department of Health (DH) commissioned the Centre for Workforce Intelligence (CfWI) to undertake a holistic review of the adult social care workforce in England. This project was designed using the CfWI robust workforce planning framework, outlined in section 4 of this report, and aims to assess the future supply of, and demand for, the adult social care workforce in England over the next 15 years. The focal question for the review was: ‘In 2030 what will be the shape, size and structure of the care and support workforce?’ This report describes the current shape of the adult social care workforce and forecasts future requirements, based on predicted population growth.

The adult social care workforce

The adult social care workforce, as described by Skills for Care (SfC) in The size and structure of the adult social care sector and workforce in England, 2014 (SfC, 2014b), comprises millions of paid and unpaid workers with a wide range of roles and skills. In collaboration with the DH and SfC, the CfWI has modelled the workforce using the seven key workforce groups identified in The size and structure of the adult social care sector and workforce in England, 2014 (SfC, 2014b). These workforce groups are comprised of the 30 job roles, as used in the National Minimum Data Set for Social Care (NMDS-SC).

The CfWI’s approach

The CfWI has developed the robust workforce planning framework (RWPF), a comprehensive and proven approach to workforce modelling, summarised in Figure 2. This approach has been used in CfWI projects across health, public health and social care, most notably in the CfWI ‘Horizon 2035’ programme looking at skills and competency needs in all three sectors over the next 20 years. The CfWI approach and related projects are described in section 4 of this report and also in a series of comprehensive technical papers published on the CfWI (2015a) and horizon scanning web sites (CfWI, 2015b).

For this project, we have adapted our approach to model the social care workforce.

Social care demand – population growth

The first stage of analysis explored the projected impact of changes in population on the demand for social care services. The CfWI used census data from the Office of National Statistics (ONS, 2012), and overlaid this with the findings of the report Estimating the Need for Social Care Services for Adults with Disabilities in England 2012-2030 (Emerson et al, 2012), which looked at the impact of people with disabilities living longer, and hence, requiring care later in life.

An analysis of the results by service type shows a marked increase in care needs over the next 15 years, particularly in relation to residential and nursing care, both of which track the number of people aged over 65
years in the population. Other types of care are still expected to increase, but not quite as steeply. The analysis forecasts a 33 per cent growth in demand by 2030.

The analysis and forecasting in this report, described in more depth in section 6, represents a baseline, in that it looks only at population growth. At this stage, the potential impact of policies have not yet been included (such as those in the Care Act 2014), or the possible scenarios that might unfold in the future. This analysis is ongoing in partnership with key stakeholders, and a follow on report with further forecasts will be published in 2016.

Social care workforce supply

So far the CfWI has focused largely on the demand for social care. In section 8 of this report the supply of the social care workforce is explored, working in partnership with SfC and using key data from their National Minimum Data Set for Social Care (NMDS-SC), and the Skills for Care publication The size and structure of the adult social care sector and workforce in England, 2014 (SfC, 2014b).

These sources provided a basis for modelling the future workforce, but both the CfWI and SfC highlighted some key challenges with workforce supply data. The NMDS-SC return is not mandatory and hence the dataset is not complete. Moreover, there have been changes to the way data has been gathered and categorised over the years, which means it is not possible to undertake trend analyses for data prior to 2012.

The analysis and forecasting in this report shows the enormous difference in the size of workforce categories. It is also clear that growth rates based on current trends are much lower than demand rates for the same period, though again these numbers are based on extrapolation of historic growth only.

Concluding thoughts

The expected future demand forecasts for England identifies that people are living longer particularly over the age of 85 years. This group is more likely to be living with activity-limiting conditions and are more likely to need care and support. The extent to which the number of people aged over 85 is increasing compared to other age groups, plus the increase in people with learning disabilities needing a complex set of services, will significantly increase the demand for social care.

The report adds further evidence to social care sector concerns regarding the anticipated impact of demographic change. The workforce supply forecasts show that whilst the workforce is growing, the rate of growth is lower than forecasted increases in population-based demand, although direct comparisons are not recommended due to data limitations. This does however highlight the potential gap in supply if social care continues to be delivered in the same way as it currently is.

The potential impact of policies have not yet been included (such as those in the Care Act 2014), or the possible scenarios that might unfold in the future. This CfWI analysis is ongoing in partnership with key stakeholders, and a follow on report with further forecasts will be published in 2016.
2. Introduction

2.1 Purpose of this report

The Department of Health (DH) commissioned the CfWI to undertake a high level holistic review of the adult social care workforce. This project was designed using the CfWI robust workforce planning framework, outlined in section 4 of this report, and aims to assess the future supply of, and demand for, the adult social care workforce in England over the next 15 years. The focal question for this review was: ‘In 2030 what will be the shape, size and structure of the care and support workforce?’

This report presents the workforce intelligence derived from the quantitative outputs of the modelling phase of the project and the qualitative information gathered throughout the project. The report also seeks to outline areas where improvements can be made to social care workforce data for modelling and analysis purposes. The potential impact of policies have not yet been included (such as those in the Care Act 2014), or the possible scenarios that might unfold in the future. This CfWI analysis is ongoing in partnership with key stakeholders, and the CfWI will publish a follow on report, with further forecasts, in 2016.

2.2 Project scope

The scope of the project included:

- **Horizon scanning** to understand the past, present and future of the system, and build up a picture of the historical context, relevant research, critical uncertainties and policy levers relating to the adult social care workforce.
- **Developing a set of challenging futures** for the care and support workforce. This involved generating scenarios and quantitative information. Further forecasting using scenarios generated by expert stakeholders is ongoing, and will be published in a follow up report in 2016.
- **Modelling the care and support workforce** over a 15 year timescale.
- **Analysing the future workforce requirements** and producing workforce intelligence.
- **Identifying areas of future research** that will support the Government’s policy ambitions.

The outcomes of this work aim to:

- Provide workforce intelligence about the future social care workforce requirements that will support policy development, workforce planning and business strategy.
- Provide information about plausible futures that can be used by policy leaders, commissioners, providers and service users in decision making.
- Enable decision makers to be more alert to emerging risks as the future unfolds.

The main focus of the CfWI’s analysis to date has been the paid workforce. The wider, unpaid, workforce, has been included in supporting analysis but due to data limitations it is not included in the main data modelling itself. Data regarding the unpaid workforce has been obtained from the Carers UK census (2012), Independent Age Bigger Picture report (2014) and Skills for Care The size and structure of the adult social care sector and workforce in England, (2014).
2.3 Other CfWI projects

This project is an extension to previous social care projects commissioned by the DH. The earlier projects were designed to support the workforce ambitions in the Caring for our future white paper (DH, 2012), including registered managers, social workers and apprenticeships. The CfWI hosts the social worker supply and demand model for England on behalf of the profession and is supported by the DH to maintain and update this on a regular basis. The experience of conducting these projects and our ongoing quality assurance, evaluation and impact assessment has been crucial in shaping and informing the whole forecasting project.

The project builds on, and links with, other CfWI commissions, including the Horizon 2035 programme. This programme aims to construct and consider a range of plausible scenarios for the health, social care and public health system 20 years from now. Horizon 2035 has explored what the future long-term challenges and opportunities facing the health and care health system might be. More information about the Horizon 2035 programme can be found online (CfWI, 2015b).
3. Context

This section summarises the current adult social care environment and workforce, which forms the context for the modelling and analysis in this report.

3.1 The adult social care landscape

The Association of Directors of Adult Social Services (ADASS), in the *Distinctive, Valued, Personal, why social care matters: the next five years report* (ADASS, 2015), give the following description of social care:

“Social care responds to a wide range of needs – from an 18-year-old with autism who needs support to leave home to an 80-year-old with dementia who needs protection as well as personal care. It helps people to live as independently as possible, protects people from harm in vulnerable situations, balances risks with rights and offers essential help at times of crisis. The quality and sufficiency of these services is a key barometer of a good society.”

ADASS, 2015.

Responsibility for social care rests with 152 local authorities or councils in England that have adult social services responsibilities (CASSR) as defined by the NHS and Community Care Act 1990 and in the Care Act 2014 which will be implemented from 2015 onwards.

The 1990 Act states that it is a duty for local authorities to assess people for social care and support and to ensure that people who need community care services or other types of support get the services they are entitled to. Local authorities assess people against identified eligibility criteria in the *Fair access to care services* framework.

The funding of eligible social care needs is subject to a further financial assessment. This means that many people pay for all or part of their social care needs to be met themselves.

Social care services are provided by an estimated 17,300 care providers in England (SfC, 2014b). This ranges from community based support, through domiciliary care at home, to residential and nursing homes. There are regulatory requirements for most types of social care services to be registered with the Care Quality Commission (CQC), although small care providers and individuals (such as personal assistants) are excluded from this.

Local authority spending on adult social care is around £19.1 billion (NAO, 2014). ADASS report that since 2010 spending has reduced by an estimated £3.5 billion and predict the funding gap to be £4.3 billion by 2020 (ADASS, 2015). Reduced spending means that the assessment of need and delivery of social care is subject to increasing financial pressures, set against an ageing population.

The total number of people receiving services funded by local authorities in England in 2013-14 was 1,273,000 (this is a four per cent reduction from 1,328,000 in 2012-13 and down 29 per cent from 1,782,000 in 2008-09). Of these, 1,052,000 received funding for community based services; 204,000 received funding for residential care; and 85,000 for nursing care (HSCIC, 2014). These figures do not include those who self-fund their care.
These issues are significant in forecasting future demand for social care and are reflected in the findings of this project.

3.2 The adult social care workforce

In collaboration with the Department of Health and Skills for Care, the CfWI has modelled the workforce using the seven key workforce groups identified in *The size and structure of the adult social care sector and workforce in England, 2014* (SfC, 2014b). These workforce groups are comprised of the 30 job roles, as used in the NMDS-SC, and shown in Figure 1. Please note that these figures are in whole time equivalent (WTE) jobs, they differ slightly to other publicised figures based on the same data that reflect number of jobs (i.e. not converted to WTE).

Figure 1: The size of the adult social care workforce in 2013

*CfWI analysis of The Size and structure of the adult social care sector and workforce report (SfC, 2014b)*

Figure 1 shows the workforce data used in the CfWI model, based on information supplied by SfC. These are WTE in adult social care, which are estimated values based on data collected within the NMDS-SC database –

The unpaid workforce category is based on an analysis of the 2011 census by Carers UK et al (2012) and does not include the volunteer care and support workforce.
4. Methods

This section of the report provides an overview of the approach that the CfWI team used to gather data, to build the model and analyse the outputs. A more detailed description of the methodology and data used in the project has been recorded in the accompanying CfWI technical report *Forecasting the adult social care workforce: model technical report (CfWI, 2015)*.

4.1 Methodology

This review used the CfWI robust workforce planning framework. The framework uses a holistic approach to estimating demand and supply which the CfWI modelled using system dynamics methodology described in section 4.1.2 below.

4.1.1 CfWI robust workforce planning framework

The CfWI robust workforce planning framework is made up of four building blocks:

1. **Horizon scanning** explores the potential challenges, opportunities and likely future developments that could influence workforce planning.
2. **Scenario generation** produces challenging but plausible scenarios which may evolve in the future.
3. **Workforce modelling** simulates future demand and supply for the set of generated scenarios and compares the available workforce with the workforce that might be required in the future.
4. **Policy analysis** identifies the potential impact of prospective policies across the range of scenarios. This can subsequently be used to support and inform policy makers about the impact and effectiveness of policies against uncertain futures.

This methodology helps to systematically gather workforce intelligence on a focal question or issue of concern and is shown in more detail in Figure 2.
The framework is built around a critical choice or key focal issue. This is often a significant decision or strategic question that has important consequences and where there is uncertainty over the future.

A major feature of the approach is the high degree of stakeholder involvement, which is critical in order to arrive at a shared view of future challenges and potential policy decisions. Stakeholders are engaged and consulted throughout the process.

The focal question used for this project, as described in section 1.1, was: ‘In 2030 what will be the shape, size and structure of the care and support workforce?’
4.1.2 System dynamics modelling approach

The CfWI has developed a system dynamics model to inform the 15 year forecast and workforce intelligence described in this document. The model uses Vensim DSS and Microsoft Excel software. System dynamics modelling was chosen as it is most appropriate for modelling complex systems such as health and social care workforce planning.

The system dynamics approach can be extended or revised to address additional questions or changing requirements as the project progresses. Such iteration has proved particularly important for social care as there are many factors which can be analysed using increasingly sophisticated modelling, as the intelligence and data becomes available.

Microsoft Excel 2013 is the standard spreadsheet package used by the CfWI. Vensim is a commercial off-the-shelf (COTS) system dynamics (SD) package produced by Ventana Systems Inc. (Ventana Systems Inc., 2014).

For more detailed reports on the methodology used by the CfWI, refer to the CfWI research and development technical papers series (CfWI, 2014).

4.2 Data and assumptions

The CfWI calculation uses the following data:

- Future population and demographic projections from the Office for National Statistics 2012 (ONS) (ONS, 2012).
- Service delivery and activity statistics using the community care statistics, social services activity (CCS-SSA) for 2013-14 (HSCIC, 2014).
- Annual number of new workforce joiners from the NMDS-SC (SfC, 2014a).
- Annual percentage of workforce leavers from the NMDS-SC (SfC, 2014a).

More detail is provided about how these datasets were used in sections 4.3 and 4.4.

4.3 Demand calculation

The initial CfWI demand model forecasts consider potential changes in future demand for the social care workforce as a result of demographic change. The CfWI weights future population change by age and gender and assumes that the weighted percentage change in population size is proportional to future change in demand.

The Community Care Statistics, Social Services Activity, England - 2013-14, Final release (HSCIC, 2014), provide data for the number of people who received local authority funded care in that year. In order to calculate the weighting system used in the model we have assumed that the proportional split of older service users to younger service users funded by local authorities, is the same as people funded through other sources. The same assumption is made for the proportional split between genders.
We analysed the Community Care Statistics, in particular the *referrals, assessments and packages of care* (RAP) returns, and categorised the data by service type, service user, age bands and gender to calculate demand. The categories were:

<table>
<thead>
<tr>
<th>Service type (Demand type)</th>
<th>Service user type</th>
</tr>
</thead>
<tbody>
<tr>
<td>domiciliary/community care</td>
<td>physical disability &amp; other vulnerable people</td>
</tr>
<tr>
<td>residential care with nursing</td>
<td>mental health &amp; substance misuse</td>
</tr>
<tr>
<td>residential care without nursing</td>
<td>learning disability</td>
</tr>
<tr>
<td>other care</td>
<td></td>
</tr>
<tr>
<td>Local authority social work teams</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age band</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 64 years</td>
<td>male</td>
</tr>
<tr>
<td>65 years and older</td>
<td>female</td>
</tr>
</tbody>
</table>

The CfWI then needed to identify how to allocate the workforce to the service or demand types, in order to model the relationship between supply and demand. The chosen approach has been to analyse the workforce data and service type in the NMDS-SC national dashboards, which includes the service type. This provided an overview of the proportion of workers by job role in each service type.

An analysis of a range of sources identified the number of people who pay for their own care. The sources included: *Where the Heart is...review of the older people’s home care market in England*, (IPC, 2012); *Estimating the number and distribution of self-funders of care in England* (IPC, 2010); *Think Local, Act Personal* (TLAP, 2012); and *Self-funded social care for older people: an analysis of eligibility, variations and future projections* (Forder, 2007).

The CfWI held a number of discussions with a wide range of stakeholders about pressures on the social care system and how this may relate to unmet need. Whilst there are limited sources of information about this, CfWI analysis used the findings of the *Health Survey for England* (HSCIC, 2012) and the *English longitudinal study on aging* (ELSA, 2011). For the purpose of this report, the following descriptions were used in our analysis:

- **Need** is defined as anyone who requires help with one or more activities of daily living (ADL) or instrumental activities of daily living (IADL).
- **Demand** is based upon anyone who receives local authority funded care or who self-funds all their care.
- **Unmet need** is anyone experiencing one or more ADL/IADLs but receives no care.
- **Unmet demand** is anyone who uses top up payments to pay for extra services that are required (but not local authority funded), or anyone who receives informal care at no cost.
4.4 Supply calculation

The CfWI supply model is effectively an accumulation and depletion calculation. The calculation considers the workforce, the number of people starting new positions in the workforce, and the percentage of people leaving their current positions. A graphical representation of the supply calculation and its inputs are shown in Figure 3 below.

![Figure 3: CfWI workforce supply calculation](image)

Source: CfWI

In our supply modelling we include the training pipeline for social workers. This is described in more detail in section 7 of this report.

Workforce supply data uses the job roles in the NMDS-SC. We mapped the 30 NMDS-SC job roles into seven categories to make the calculations more manageable. The categories and job roles are:

**Qualified social care workers (QSW)**

- Social workers

**Registered nurses (RN)**

- Registered nurses working in social care

**Occupational therapists (OT)**

- Occupational therapists working in social care

**Allied health professionals (AHP)**

- Allied health professionals working in social care

**Social care workers (SCW)**

- Activities workers or co-ordinators
- Advice guidance and advocacy workers
- Care workers
- Childcare workers or childcare assistants*
- Community support and outreach workers
- Counsellors
- Educational assistants*
- Educational support workers*
- Employment support workers
- Nursery nurses*
- Other care-providing job roles
- Personal assistants (care and support)
- Senior care workers
- Technicians
- Youth offending support workers*

**Managers in social care (MSC)**

- First line managers
- Managers and staff in care-related but not care-providing roles
- Middle managers
- Registered Managers
- Senior managers¹
- Supervisors

**Support staff (SS)**

- Administrative or office staff not care-providing
- Ancillary staff not care-providing
- Other non-care-providing job roles
- Safeguarding and reviewing officers
- Teachers

Skills for Care provided data about the total number of social care jobs as recorded on NMDS-SC in November 2013. This included data for workforce joiners in 2012 and 2013. This information is available for previous years, however an update in the way jobs have been categorised in the SfC analysis means that a direct comparison is not possible. The data for two years’ worth of leavers and joiners is insufficient to reliably extrapolate a trend. To overcome this we have worked with SfC and modelled five possible leaver and joiner variations based on 2012 and 2013, then averaged the figures based on:

---

¹ Six of the included job roles (marked *) are not professions necessarily expected to work in adult social care. However, they were recorded in the NMDS-SC data collection for adult social care in 2013. The reason for this is unclear and may be down to input error or capturing some individual extreme circumstances that do not fit the norm. The total number of jobs estimated in these six job roles is 4,456, or 0.29 per cent of the total adult social care workforce. To remain consistent with the Skills for Care report (SfC, 2014b) the CfWI has included these groups in our subsequent modelling.
- average joiner and leaver values from 2012 and 2013
- joiner and leaver values from 2013 only
- joiner and leaver values from 2012 only
- the smallest joiner and leaver values from 2012 and 2013
- the largest joiner and leaver values from 2012 and 2013.

The values derived as a result of these variations are held constant throughout the forecast period and are shown in Figure 4.

**Figure 4: Inputs to the supply model calculation**

Historical workforce size (WTE) and estimated joiner and leaver values used by the CfWI supply model.

![Bar chart showing total workforce size, estimated joiners, and estimated leavers for 2012 and 2013.]

**Source:** CfWI analysis of SfC data 2015

### 4.5 Key challenges

To be as accurate as possible CfWI workforce modelling relies on high quality, categorised workforce data. The availability of data for the *Forecasting the adult social care project* presented a number of challenges, particularly in relation to workforce data. To overcome this the CfWI approach was adapted to develop the most robust model possible given the data limitations.

The limitations are described here in order to enable future discussions about data collection and analysis.

The key issue with the supply data is that the NMDS-SC does not collect data in a way that supports a whole system approach to workforce planning. The data set is good, but not mandatory, which means it is incomplete. Skills for Care estimate that it is 50 per cent complete overall, increasing to 100 per cent complete for local authority adult social services department data.
Coverage of Care Quality Commission (CQC) regulated establishments is 55 per cent, and the NMDS-SC team track coverage of this part of the sector through collection of CQC identifiers. Coverage of non-CQC regulated establishments and individual employers is lower, so SfC use an estimate.

To produce the annual *Size and structure* report SfC use statistical techniques to upscale the data in the NMDS-SC to estimate the whole workforce from the returns available in the different workforce categories. The CfWI team has worked closely with the NMDS-SC team to identify, clarify and resolve issues with the workforce data as it has been presented. The CfWI acknowledges the support of the NMDS-SC team.

One specific challenge with the data is that the joiner and leaver information records are incomplete, and do not distinguish whether the person is joining or leaving the social care workforce permanently or leaving their current role to take up a similar one elsewhere. This is an important point, as it means that leaver and joiner data is not sufficient to estimate the total size of the future workforce; since leavers and joiners may be going outside the social care staffing ‘pool’ or back into it. When joiner and leaver data was used in the CfWI model, this led to a workforce that had been decreasing in number in 2012 and 2013, actually showing an increase in subsequent years because there had been more joiners than leavers for both years.

The issues with supply data mean that the demand data used in our models is considerably more robust, owing to the longer term and more complete community care statistics and ONS projections available.
5. Demand modelling context

5.1 Overview

This section of the report provides an analysis of current demand, highlighting and providing context to the critical factors influencing future demand – in other words the characteristics driving the need for social care service delivery.

Analysis of the current demand is important as it provides a baseline for future forecasts. The analysis used the community care statistics for 2013-14, which were categorised by service type, service user, age bands and gender to calculate demand, as described in section 4.

5.2 Current volume of service users

An analysis of the community care statistics (specifically the referrals, assessments and packages of care or RAP data) shows that in 2013-14 the number of people receiving local authority funded social care was approximately 1.3 million (HSCIC, 2014c).

The RAP data analysis uses service user type and service or demand type as described in section 4 above. The data is based on local authority data submitted to the HSCIC about the community care activities undertaken in the previous financial year. The CfWI has represented the range of these in Figure 5 below. The key activities used in the demand calculation for the model are: assessments, reviews and people receiving services.
5.3 Proportion of service users older than 65 years

The CfWI analysis of the RAP returns identified that the largest proportion of service users receiving local authority funded social care are 65 years and older. This is the case for all service/demand types, except for learning disabilities.

Life expectancy for those living with disabilities has risen faster than life expectancy for those who do not. The proportion and number of older adults who report that their daily activities are limited has increased since 1991. The overall adult population grew 10 per cent between 2001 and 2011, and the number of adults older than 65 years grew 11 per cent, but the number aged 85 or older rose 24 per cent in the same period. In addition more adults are living with multiple conditions, making their needs more complex and difficult to meet (National Audit Office, 2014).
5.4 Reduction in the use of local authority funded social care

The RAP data shows that the number of people receiving local authority funded care has been falling each year since 2011.

The number of service users receiving local authority funded care has reduced over the last three years despite demographic and other changes that would suggest there should be an increase in demand. Table 1 gives a year-by-year breakdown of the change by total number of service users. It is important to note that service users aged 65 years and older equate to 67 per cent of all service users in each of the last three time periods in the table.

Table 1: Age groups of service users in England receiving local authority funded services 2011-12 to 2013-14

<table>
<thead>
<tr>
<th>Age groups</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service users aged 18 – 64 years</td>
<td>471,055</td>
<td>432,155</td>
<td>419,670</td>
</tr>
<tr>
<td>Service users aged 65+ years</td>
<td>991,230</td>
<td>895,940</td>
<td>853,615</td>
</tr>
<tr>
<td>Total service users</td>
<td>1,462,290</td>
<td>1,327,910</td>
<td>1,273,280</td>
</tr>
</tbody>
</table>

Figure 6 shows the number of people in England receiving local authority funded care by service type and service user type for 2013-14.

Figure 6: Number of people receiving local authority funded care in England by service and user type

Data for 2013-14 based on information collected by the Health and Social Care Information Centre (HSCIC)

Source: CfWI analysis of HSCIC (2014c)
The reduction in numbers of people in England receiving funding has been identified in reports by ADASS (2014) and the National Audit Office (NAO). A report from the NAO in 2014 included the graph in Figure 7 below showing a reduction in local authority social care spending in recent years, and local authorities are having to find ways to work within the reduced budget allocation (NAO, 2014).

**Figure 7: Local authority real terms spending on adult social care, from April 1994 to March 2013**

Spending (£ billion) has fallen since April 2011 across the four main user groups, but has risen over the longer term.

![Graph showing local authority real terms spending on adult social care from April 1994 to March 2013](source: National Audit Office, 2014)

Table 2 below shows that the number of referrals to local authority social services has remained largely static. However, the number dealt with at the point of contact has reduced slightly. This indicates that more referrals are being progressed to the assessment stage, but the number of clients receiving services has reduced. This is likely to have occurred due to more effective prevention, changes in eligibility criteria or reductions in services (NAO, 2014).
Table 2: Referrals to local authority social services

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals</td>
<td>2,039,565</td>
<td>2,065,345</td>
<td>2,004,575</td>
<td>2,115,205</td>
<td>2,159,125</td>
<td>2,086,525</td>
<td>2,076,235</td>
</tr>
<tr>
<td>Referrals dealt with at point of contact</td>
<td>1,041,735</td>
<td>1,051,710</td>
<td>1,073,565</td>
<td>1,089,685</td>
<td>1,044,910</td>
<td>1,003,005</td>
<td>967,180</td>
</tr>
<tr>
<td>% referrals dealt with at point of contact</td>
<td>51%</td>
<td>51%</td>
<td>54%</td>
<td>52%</td>
<td>48%</td>
<td>48%</td>
<td>47%</td>
</tr>
<tr>
<td>Assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>653,480</td>
<td>1,062,380</td>
<td>1,062,970</td>
</tr>
<tr>
<td>Reviews</td>
<td>1,241,405</td>
<td>1,343,090</td>
<td>1,370,865</td>
<td>1,296,695</td>
<td>1,138,275</td>
<td>999,785</td>
<td>877,095</td>
</tr>
<tr>
<td>Clients receiving services</td>
<td>1,763,855</td>
<td>1,763,800</td>
<td>1,771,505</td>
<td>1,689,565</td>
<td>1,557,145</td>
<td>1,450,900</td>
<td>1,321,200</td>
</tr>
<tr>
<td>Carer assessments</td>
<td>393,450</td>
<td>412,325</td>
<td>441,920</td>
<td>458,145</td>
<td>445,135</td>
<td>428,980</td>
<td>411,055</td>
</tr>
<tr>
<td>Carers receiving services</td>
<td>315,090</td>
<td>337,000</td>
<td>355,490</td>
<td>387,180</td>
<td>379,585</td>
<td>362,600</td>
<td>353,850</td>
</tr>
</tbody>
</table>

Source: HSCIC, 2014

To summarise, the overall picture of demand in recent years is potentially misleading; the number of people with conditions requiring care and support is increasing as the number of older people increases, yet the number of people using services has fallen. This appears to be aligned more to funding pressures than identifiable service user need (PSSRU, 2010).

5.5 Estimate of people who self-fund part or all of their care

In a 2007 study, Forder (Forder, 2007) estimates that 751,000 older people, aged 65 years and older receive community based care (13.2 per cent of all older people in England). Of this number 145,000 (19 per cent) pay for their own care, and 154,000 (21 per cent) top up local authority funded care. The remaining 60 per cent are fully and only funded by their local authority.

Since the Forder report, the DH, in their guidance on implementation of the Care Act 2014 (DH, 2014), estimate that 460,000 people pay for their own care. Whilst this figure does not differentiate between people that self-fund and people that pay top-ups to local authority funding, in either case the number of self-funders has increased.

The Think Local Act Personal (TLAP, 2012) report discusses how levels of deprivation appear to affect those more likely to self-fund. The report surveyed four local authorities in England, identifying that Hartlepool has 15 per cent of self-funders in care homes compared to 57 per cent in Hampshire. The average across all local authorities was 37 per cent.

Forder (op cit) estimates that of 199,000 people aged 65 and older in England receiving local authority funding for a care home place, 70,000 (35 per cent) made top up payments themselves. Whereas a 2009 survey by Laing and Buisson indicates that rates of top-up funding are at least 28 per cent of council-funded care home places.
The CfWI analysis, based on a number of sources, identifies that there is limited actual or official data available to quantify in detail the patterns of self-funding across England. Additionally, there are different categories of self-funding; people who pay for all of their care and those that receive local authority funding but pay a ‘top up’ or make a contribution to cover the costs of their whole care package.

5.6 The number of people who receive no support to meet social care needs

There is evidence that a significant proportion of the older population currently receive no help with their social care needs.

The CfWI undertook an analysis to identify potential pressures on the social care system based on unmet need. We considered evidence from the Health Survey of England (HSCIC, 2012), which measured activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The activities that constitute ADLs and IADLs are detailed in table 3 below.

Table 3: Activities of Daily Living and Instrumental Activities of Daily Living (IADL)

<table>
<thead>
<tr>
<th>Activity types</th>
<th>Activity types</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADLs</td>
<td>IADLs</td>
</tr>
<tr>
<td>Getting up and down stairs</td>
<td>Shopping for food</td>
</tr>
<tr>
<td>Having a bath or a shower</td>
<td>Doing routine housework of laundry</td>
</tr>
<tr>
<td>Dressing or undressing</td>
<td>Getting out of the house</td>
</tr>
<tr>
<td>Getting in and out of bed</td>
<td>Doing paperwork or paying bills</td>
</tr>
<tr>
<td>Getting around indoors</td>
<td></td>
</tr>
<tr>
<td>Taking medicine</td>
<td></td>
</tr>
<tr>
<td>Using the toilet</td>
<td></td>
</tr>
<tr>
<td>Eating, including cutting up food</td>
<td></td>
</tr>
<tr>
<td>Washing face and hands</td>
<td></td>
</tr>
</tbody>
</table>

Source: (HSCIC, 2012)

Table 4 shows the proportion of respondents to the Health Survey of England that needed help, but had received none in the month before the survey.
Table 4: People receiving no help

<table>
<thead>
<tr>
<th>People receiving no help</th>
<th>Men aged 65 years and over</th>
<th>Women 65 years and over</th>
<th>Men 85 years and over</th>
<th>Women 85 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received no help with ADLs</td>
<td>22%</td>
<td>30%</td>
<td>44%</td>
<td>55%</td>
</tr>
<tr>
<td>Received no help with IADLs</td>
<td>14%</td>
<td>15%</td>
<td>26%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: Health Survey England (2013)

The Bigger Picture report (Independent Age, 2014) found that in 2011 the census recorded 8,369,594 people aged 65 years and older living at home, with an estimated two million (24 per cent) experiencing one or more ADLs and 560,000 (6.7 per cent) with 3 or more ADLs. The report added that 12 per cent of that group did not receive any form of social care.

The threshold used in the report is that people requiring support for three or more ADLs would very likely qualify for having ‘substantial’ need under the Fair Access to Care Services framework used by local authorities for determining eligibility.

Furthermore, the Bigger Picture report (Independent Age, 2014) states that of an estimated 160,000 older people living in the community in England who receive care – whether paid, unpaid or both – that the care they received was inadequate.

5.7 Summary

The RAP data shows that the majority of local authority community care activities remained static between 2006/07 and 2012/13. The exceptions to this are people receiving funding for care, where the numbers have reduced. There are a number of possible reasons for this. More people may be assessed but then choosing, or are required, to self-fund their care, resulting in lower figures for local authorities who are funding their care. It may, however, be linked to stricter eligibility being applied. There has been a corresponding decrease in the number of reviews; however, this would be expected with fewer people receiving funding for care to require a review. The relatively static number of referrals indicates that demand for local authority provided services has not changed.

The total number of people receiving local authority funded social care has decreased over the three year period 2011 to 2014, despite demographic and other changes that would suggest otherwise.

In 2013-14 there were approximately 1.2 million people in receipt of local authority funding to meet their social care needs. The biggest proportion of these (67 per cent) are aged over 65, but the available data does not allow us to analyse this in more detail.

There are a number of people who self-fund all or part of their care. Approximately 19 per cent of older people fund all of their own care with a further 21 per cent paying top ups for local authority funded care. However, the lack of data means a robust judgment about the impact of changing local authority funding on this is not currently possible.
However, approximately 70,000 older people in England have been recorded as experiencing three or more ADLs but did not receive any form of social care (Independent age, 2014). Needing assistance in three or more ADLs is likely to have qualified as ‘substantial’ under the *Fair access to care services* framework. This suggests unmet need that could increase demand on social care services if people seek them.
6. Demand forecasts based on population change

6.1 Overview

This section describes the expected future forecasts, based on outputs from CfWI modelling. In these forecasts all variables relating to the type of service user and service type stay the same. The Office for National Statistics (ONS) population projections from 2012 is then added. For people with learning disabilities, a further forecast based on the report *Estimating the Need for Social Care Services for Adults with Disabilities in England 2012-2030* (Emerson et al, 2012), is then added.

This forecast provides a baseline position of how the number of people needing social care services may change over a 15 year period and the impact that change will have on demand over that timescale. The potential impact of policies have not yet been included (such as those in the Care Act 2014), or the possible scenarios that might unfold in the future. This analysis is ongoing in partnership with key stakeholders, and a follow on report with further forecasts will be published in 2016.

6.2 Growth in demand by 2030

The model forecasts a 33 per cent growth in demand by 2030.

Figure 8 below shows the impact of population change on demand for social care services by service user type. The graph includes the Emerson et al (op cit.) predicted increase in the number of people with learning disabilities.
Population change is likely to increase demand for social care across England over the next 15 years. The average increase in demand is driven by the number of people categorised in the physical disability and other vulnerable people service user type. This correlates to the demographic profile of an ageing population.

The demand from people with mental health and substance misuse needs is forecasted to increase to a lesser extent: six per cent by 2018, eight per cent by 2020, and 15 per cent by 2025. The average increase in demand for this service user group will be 23 per cent by 2030.

CfWI modelling for people with a learning disability, based on the Emerson et al projections, suggests an increase by more than the average: 13 per cent by 2018, 18 per cent by 2020, and 30 per cent by 2025. Over the 15 year period modelled, the average increase in demand for social care will be 44 per cent by 2030.

Within the overall demand forecasts the CfWI analysed the change over four intermediate timeframes; three, five, 10 and 15 years. This is summarised in Table 5.
Table 5: Population driven change in demand by type of need over three, five, 10 and 15 year timescales

<table>
<thead>
<tr>
<th>Population driven demand change</th>
<th>2018</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical disability and other vulnerable people</td>
<td>9%</td>
<td>12%</td>
<td>21%</td>
<td>34%</td>
</tr>
<tr>
<td>Mental health and substance misuse</td>
<td>6%</td>
<td>8%</td>
<td>15%</td>
<td>23%</td>
</tr>
<tr>
<td>Learning disability (Emerson et al, 2012)</td>
<td>13%</td>
<td>18%</td>
<td>30%</td>
<td>44%</td>
</tr>
<tr>
<td>Change across all service users</td>
<td>9%</td>
<td>12%</td>
<td>21%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Source: CfWI analysis of ONS (2012) and Emerson et al. (2012) data
Figure 9 shows a further analysis of forecasted impact of the population changes, this time on demand by service type.

**Figure 9: Percentage change in demand by service type due to population change**

The percentage change in the number of people by age is also shown for comparison.

In this forecast the CfWI model shows that population increases will change the relative demand for different types of social care services, with demand for domiciliary care and residential care (with or without nursing) more closely mirroring the overall population increase amongst the over 65-year-olds than other service types.
### 6.3 The impact of older adults on demand

Adults aged over 65 years will increase by a greater proportion than the overall adult population.

The ONS 2012 population projections illustrate the growth in the number of older people as shown in Figure 10 below. This suggests that by 2030 there will be 45 per cent more people over the age of 65 than there were in 2012.

#### Figure 10: Percentage change in the size of the population by age – all ages

As projected by the ONS in the 2012-based principal assumption by age.

The same ONS population data in Figure 11 suggests the number of people aged 85 years and older is growing faster than people aged 65 to 84 years. The over 85 age group is significant as this is the group most likely to need care and support.
The National Audit Office (NAO) analysed the census data in a 2014 report on adult social care. This analysis shows that the proportion of people aged 85 years and over has increased substantially over the last 20 years. The same analysis identifies that people are more likely to have some limitation to their daily activity (as a percentage) as they get older. This trend in activity limitation is shown in Table 6.

### Table 6: Daily activity limitation by age

<table>
<thead>
<tr>
<th>Year</th>
<th>16 to 24 year-olds</th>
<th>25 to 34 year-olds</th>
<th>35 to 49 year-olds</th>
<th>50 to 64 year-olds</th>
<th>65 to 74 year-olds</th>
<th>75 to 84 year-olds</th>
<th>85 years or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>5</td>
<td>6</td>
<td>12</td>
<td>23</td>
<td>39</td>
<td>61</td>
<td>83</td>
</tr>
<tr>
<td>2001</td>
<td>6</td>
<td>8</td>
<td>12</td>
<td>26</td>
<td>41</td>
<td>56</td>
<td>71</td>
</tr>
<tr>
<td>1991</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>20</td>
<td>32</td>
<td>46</td>
<td>62</td>
</tr>
</tbody>
</table>

*Source: Adult Social Care in England Overview by the National Audit Office (2014)*

Having established the forecasted increase in age of the population and potential increasing need for social care the CfWI then analysed the demand for social care service types by people in different age bands.
The pie charts in Figure 12 below show the breakdown of local authority funded care by different service types and service user age bands. This shows that the highest proportion of services users are aged over 65 years. Whilst we do not have a breakdown of service use by people over 85, the NAO data in table 7 above suggests that the older you are, the more likely you are to need social care.

**Figure 12: Proportion of local authority care in 2013 accounted for by age group**

The proportion of care as recorded in the local authority community care statistics for 2013 by age band

- **Domiciliary/community care**
  - 64% 18 – 64 year olds
  - 36% 65 years and older

- **Residential care without nursing**
  - 79% 18 – 64 year olds
  - 21% 65 years and older

- **Residential care with nursing**
  - 91% 18 – 64 year olds
  - 9% 65 years and older

- **‘Other’ care**
  - 66% 18 – 64 year olds
  - 34% 65 years and older

- **Local authority social work teams**
  - 67% 18 – 64 year olds
  - 33% 65 years and older

**Source:** Health and Social Care Information Centre (2014) *Community Care Statistics, Social Services Activity, England - 2013-14, Final release*

### 6.4 Change in proportion of older people with a learning disability

Research by Emerson et al (2012) suggests people with a learning disability are living longer.

The report, *Estimating the Need for Social Care Services for Adults with Disabilities in England 2012-2030* (Emerson et al, 2012), provides an estimated number of adult social care users with learning disabilities and predicts that the life expectancy of people with learning disabilities is increasing. The CfWI model uses this estimate and calculates the annual percentage change from 2013 moving forward. We have assumed the
percentage change predicted by Emerson et al for service users with learning disabilities is an appropriate replacement for our percentage change in demand values.

As Emerson et al does not provide the value by service type the same percentage change in demand is applied across all service/demand types for users with learning disabilities, i.e. percentage change in domiciliary/community care demand for people with learning disabilities is the same as for percentage change in residential care demand for people with learning disabilities.

6.5 Forecasting the number of self-funders

The data relating to self-funders is insufficient to make a viable forecast.

There is currently insufficient longitudinal data to make any forecasts in the proportion of people funding all or part of their social care by 2030. For the purposes of modelling based on population change, the CfWI has maintained the current proportion of service user types across local authority funded and self-funded social care.

The implementation of the Care Act 2014 is likely to have an impact on the number of self-funders.

6.6 Summary

The expected future forecasts from our modelling and qualitative analysis identifies that people are living longer, there are more older people, particularly over the age of 85 years, who are more likely to be living with activity limiting conditions so are more likely to need care and support.

The extent to which the number of people older than 85 years is increasing compared to other age groups, plus the increase in people with learning disabilities needing a complex set of services, will significantly increase the demand for social care. This is set in a context of diminishing resources.

It is also important to note that the HSCIC data relating to services delivered to older people does not currently subdivide the over 65 age group. This restricts ability to predict demand driven by people older than 85 years and most likely to require residential care and other services. In short, it is clear that major increases driven by demographics are coming, but lack the granularity of data in the 85-plus age group in turn limits the conclusions on how much this increase may affect demand.
7. Supply modelling

7.1 Overview

This section focuses on social care workforce supply, using analysed trends from workforce supply data. The CfWI experienced challenges in supply side modelling owing to gaps in the available data, and this section explores the effect of some of these as well as presenting the outputs of the modelling undertaken.

The CfWI robust workforce planning framework would usually consider demand and supply in the same modelling structure – comparing supply and demand with each other over time. However, the data limitations inherent in the social care workforce (described in Section 4 – Methods) mean that for this project they have been separated. The CfWI has modelled future supply for the overall social care workforce and the seven key workforce groups: social workers, occupational therapists, registered nurses, allied health professionals, social care workers, registered managers and other support staff.

7.2 The supply calculations

As described in Section 3, the supply model is an accumulation and depletion calculation. The calculation takes the workforce numbers across all job roles, adds the number of joiners in a year and takes away the annual leavers. This gives an overview of the current workforce and the flow of workers in and out of that workforce. Where possible this is done using a number of years’ worth of data to analyse historical trends in the workforce. This calculation enables the estimation of both the potential size of the future workforce and how it may need to change to meet future demand.

For this model seven categories were used to provide specific information for these workforce groups:

- qualified social workers (QSW)
- registered nurses (RN)
- occupational therapists (OT)
- allied health professionals (AHP)
- social care workers (SCW)
- managers in social care (MSC)
- support staff (SS)

For simplicity the CfWI used the average of 2012 and 2013 Skills for Care joiner and leaver rates to predict changes in supply. More detailed graphs based on individual years are available in the separate CfWI document Forecasting the adult social care workforce: Model technical report.

7.3 The training pipeline

The training pathway for qualified social workers, depicted in Figure 13 below, is simulated within the supply model developed for this project. The training pathways for the other job roles under review were not included within the modelling as they do not have training routes specific to the social care system. Like the workforce supply calculation it consists of an accumulation and depletion calculation.
The key driver for the social worker training model is the recent recruitment statistics from the General Social Care Council (GSCC, 2012) and Universities Colleges Admissions Service (UCAS, 2014). As shown in Figure 14, recruitment has been fairly stable over the last four years for both the postgraduate training route and the undergraduate training route.

**Figure 14: Recent recruitment to social work degrees at university**

Postgraduate and undergraduate social worker recruitment has remained stable in recent years.

Source: General Social Care Council, Universities and Colleges Admissions Service
Given the stable recruitment in recent years, the model holds recruitment at a flat value (the most recent year’s value for both the post graduate and undergraduate training route). This results in the calculated output holding level throughout the simulation.

### 7.4 Workforce supply by category

Using the NMDS-SC data described in Section 4 we modelled the forecasted supply of the seven categories of social care workforce over the next 15 years. Figure 15 charts all seven groups together and shows a 16 per cent total increase in the adult social care workforce to 2030.

Within the job role categories, the largest increases in supply are in other support staff (22 per cent) and qualified social workers (26 per cent). Registered nurses and allied health professionals are forecasted to increase at the slowest rate at 3 and 4 per cent respectively.

**Figure 15: Future adult social care workforce supply**

The CfWI future workforce supply forecast assuming the average of the 2012 and 2013 joiner and leaver rates is maintained.

Table 7 below presents the same data in percentage terms for three, five, 10, and 15 year increments.
### Table 7: Percentage change in adult social care workforce size

<table>
<thead>
<tr>
<th>Workforce group</th>
<th>2018</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified social worker</td>
<td>13%</td>
<td>17%</td>
<td>23%</td>
<td>26%</td>
</tr>
<tr>
<td>Occupational therapist</td>
<td>7%</td>
<td>8%</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Allied health professional</td>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Social care worker</td>
<td>12%</td>
<td>14%</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Managers in social care</td>
<td>7%</td>
<td>9%</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>Other support staff</td>
<td>13%</td>
<td>16%</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>11%</td>
<td>13%</td>
<td>16%</td>
<td>16%</td>
</tr>
</tbody>
</table>

*Source: CfWI*

The future workforce supply forecasts shown here are based only on historical trends in the data available. They do not take account of any policy changes, different models of care or ways of working.

### 7.5 Summary

Historical social care workforce supply data has experienced changes in categorisation and collection that prevent meaningful trend analysis much further back than 2012. Moreover, records of where leavers and joiners go to (or came from), make it challenging to assess whether staff are staying within the sector or moving in and out of it.

The CfWI has explored these issues carefully with Skills for Care and, given the data limitations, believe they are analysing the data in a robust way given its limitations. However, when used in the CfWI model workforce supply forecast is not as robust as demand forecast.

Based on historical trends it is apparent that whilst the workforce is growing the rate of growth for different groups is lower than forecasted increases in population-based demand. However, because CfWI confidence in supply side data is much lower than demand data, there remains a significant margin for error. Making any direct comparison between the two is not recommended currently, until such time as data limitations allow supply forecasts to be made on a more robust evidence base.
8. Key findings

The expected future forecasts from our modelling and qualitative analysis identifies that people are living longer. There are more older people, particularly over the age of 85 years, who are more likely to be living with activity limiting conditions so are more likely to need care and support.

Older adults aged 65 years and older will increase by a greater proportion than the overall adult population. Research by Emerson et al (2012) suggests people with a learning disability are also living longer. The extent to which the number of people over 85 years is increasing compared to other age groups, plus the increase in people with learning disabilities needing a complex set of services, will significantly increase the demand for social care. This is set in a context of diminishing resources.

This analysis provides a baseline position of how the number of people needing social care services may change over a 15 year period and the impact that change will have on demand over that timescale. The analysis forecasts a 33 per cent growth in demand by 2030.

Using the NMDS-SC data described, the CfWI modelled the forecasted supply of seven categories of social care workforce over the next 15 years. The analysis and forecasting in this report shows the enormous difference in the size of workforce categories. Taken together, the analysis shows a 16 per cent total increase in the adult social care workforce to 2030. Based on historical trends it is apparent that whilst the workforce is growing, the rate of growth for different groups is lower than forecasted increases in population-based demand. However, because CfWI confidence in supply side data is much lower than demand data, there remains a significant margin for error. Making any direct comparison between the two is not recommended currently, until such time as data limitations allow supply forecasts to be made on a more robust evidence base.

The potential impact of policies have not yet been included in this analysis (such as those in the Care Act 2014), or the possible scenarios that might unfold in the future. This CfWI analysis is ongoing in partnership with key stakeholders, and a follow on report with further forecasts will be published in 2016.
# Annex A: Acknowledgements

The Centre for Workforce Intelligence (CfWI) sought input from a range of social care professionals during the course of this project. The following individuals and organisations engaged with us and we would like to thank them for their support with this work.

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharon Blackburn</td>
<td>National Care Forum</td>
</tr>
<tr>
<td>Prof. Keith Brown</td>
<td>Bournemouth University</td>
</tr>
<tr>
<td>Martin Caunt</td>
<td>Department of Health (DH)</td>
</tr>
<tr>
<td>Ivor Cawthorn</td>
<td>Bournemouth Borough Council</td>
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