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Scottish Care  
Voice of the independent care sector



# International Social Care Workforce Summit

Challenges, solutions  
and the way forward

6 September 2023, Clayton Hotel,  
Glasgow, Scotland





On 6th September 2023 over 100 people, representing 14 countries, gathered together in Glasgow, Scotland to collaborate and find solutions to the global issues impacting the social care workforce. Co-hosted by the Global Ageing Network, Scottish Care and the National Care Forum, the Summit set the scene for the biennial Global Ageing Conference that followed over the next two days. The Summit was supported by UKRI, as part of their wider commitment to research and innovation in ageing.

Kicking off proceedings, Katie Smith-Sloan, CEO of the Global Ageing Network set the scene with a stark reminder. Though there were perspectives from many different parts of the world in the room, representing many different countries with many different sets of policies, population sizes and economic factors, we're united by a huge challenge. What brought us all together was our commitment to the care of older people and what motivated us was the huge workforce challenges we all face that have now reached an unsustainable tipping point.



As many of our international speakers demonstrated, the need for sustainable solutions for the care of our ageing populations is becoming ever more urgent. By 2030, 1 in 6 people in the world will be aged 60 years or over<sup>[1]</sup>. This is a challenge not just facing western countries. Mansur Dalal, Chair of CommonAge, Founder and Chairman emeritus of Association of Senior Living India (ASLI) and appointed by Govt. of India to chair a committee for Standards in senior living, shared the perspective of India which has an ageing population totalling 138 million people that is set to rise to 240 million by 2050. In his words 'senior care is an idea whose time has come' with millions more people around the world needing care.

## What are the challenges we face?

Dr Leon Geffen, Director of Samson Institute for Ageing, Cape Town, South Africa, began the discussion with his opening keynote, 'Setting the Stage: Workforce Challenges.' In it, he told the story of a care worker in Cape Town called Simukasi and outlined her typical experience: living on low wages in a two bedroom shack in the slums which she shares with her mother and two sons. They don't have their own running water supply and have limited access to electricity.



As well as surviving in such difficult conditions at home, care workers like Simukasi reported in a research project Dr Geffen conducted with colleagues <sup>[2]</sup> feeling undervalued in their work and having to endure poor health and safety provisions while handling a high workload. Additionally, workers feel they lack skills and there are insufficient opportunities for them to learn through structured training. The research also showed that care workers would benefit from the professionalisation of their work.

[1] <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>

[2] <https://bmccgeriatr.biomedcentral.com/articles/10.1186/s12877-019-1105-3>



Younger people in South Africa are not being attracted to care roles which is likely due to perception that care does not offer professional career pathways. Other contributing factors are at play too; an embedded fear of ageing, the language used around ageing and historic unconscious bias that has caused ageism among younger generations.

Unethical international recruitment has led to lower income countries losing their domestic workforce to migration while their ageing populations grow, leaving a huge shortfall in some countries' abilities to care for their older people. Dr Geffen noted in his presentation that 55 countries now have serious shortages of health and care workers due to migration to higher income countries. 37 of those countries are in Africa and this is threatening those countries' ability to achieve Universal Health Coverage by 2030. He went on to reference WHO's Global Code of Practice on the International Recruitment of Health Personnel [3]. In this document, WHO talks about 'ethical' international recruitment. Dr Geffen issued the challenge to delegates that we need to start talking about the ethics of drawing on or 'extracting' staff from lower income countries to solve workforce challenges in middle and higher income countries and understand the impact on those lower income countries.

## How can we develop solutions as a global community to tackle these challenges?



The panel session, 'Workforce Interventions and Solutions' explored the research, data and knowledge available to us to help drive change. There's a great deal we can learn and embrace from research and the new ideas that they are developing if we are to stay ahead of the crisis and start to fix it. Dr Reena Devi, Associate Professor at University of Leeds considered the factors at play in developing sustainable solutions to workforce challenges in her REACH project [4] which studied workers in care homes.

The project considered multiple factors affecting staff experiences such as how valued they felt, sector heterogeneity with so many care settings in one sector and a varied workforce with different needs, wants and expectations. All of this complexity needs to be taken into account before any solutions could be designed and implemented. The study concluded after interviews with staff, consultations with stakeholders and reviews of published and unpublished literature that the following strategies were needed to attract, recruit and retain care workers and registered nurses in care homes:

1. Improvements to working conditions including salaries
2. Career development opportunities, better training and mentoring
3. Better rewards and recognition

With time and the right funding and attitudes from leadership to ensure these opportunities are made available, the rewards will be a workforce that is loyal and motivated. And by applying the same attitudes when recruiting there is a huge opportunity to reach untapped populations of potential new employees who have never been shown the career pathways open to them within care.

[3] <https://www.who.int/publications/i/item/wha68.32>

[4] Devi, R., Goodman, C., Dalkin, S., Bate, A., Wright, J., Jones, L. and Spilsbury, K., 'Attracting, recruiting and retaining nurses and care workers working in care homes: the need for a nuanced understanding informed by evidence and theory', Age and Ageing, vol. 50, no. 1, 2021, pp. 65–67, <https://doi.org/10.1093/ageing/afaa109>



So, who are the workforce of the future and how do we reach them? Oonagh Smyth, CEO of Skills for Care, whose State of the Adult Social Care Sector and Workforce in England report was published in October 2023 gave delegates insights into the current workforce and the opportunities we have to grow that workforce for the future.

Four choices are before us:

1. We continue to recruit the core demographic of care workers, the people who have traditionally always done these jobs
2. We can try to attract new demographics, which in England would be men and younger people, and in doing that we need to change the language we use when we describe roles in care
3. Radically change the terms and conditions for care staff, not only instilling better pay but also creating better ways to reward and recognise workers. This is something National Care Forum is calling for in its must haves for the next government
4. International recruitment is the fourth option

As we had previously heard from Dr Geffen, this final option could have a catastrophic impact on the care systems of lower and middle income countries if ethical guidelines are not followed. Meanwhile, however these same countries may benefit from remittances sent back home to families and the longer term opportunities migration might offer to future generations. Mansur Dalal also cited in his presentation that in India the attrition rate for skilled workers with experience in elder care, both nonclinical and clinical, is 51% meaning one in two migrate to foreign countries. In the pursuit of an ethical route through the push and pull of international recruitment in social care, Mr Dalal put forward a suggestion. He proposed an agreement or arrangement in which healthcare workers, tempted away for better money, would work abroad for a certain number of years, three to five for example, before returning home to be of service to the country that raised them and trained them.

Kim Gaskell, CEO, The Riverwoods Group, Exeter, New Hampshire, USA talked about how providers need to flex their recruitment practices in order to overcome the obstacles presented by Millennial and Generation Z attitudes to work if they are to secure workforces for the future. During the panel discussion 'Changing the Aged Care Workforce Narrative', Ms Gaskell challenged providers 'to meet the new workforce where they are', to look inside their organisations and think about how they can better attract younger people into care by implementing different



practices and embracing tools like technology and robotics to reduce the number of tasks to be performed by staff. Ms Gaskell quoted statistics showing that in the U.S. by 2030 Millennials will make up 75% of the workforce and Generation Z will account for 15%, with a warning that both cohorts have different expectations of their working lives than the Generation X and Baby Boomers who have made up the care workforce for decades.

Marcus Riley, Executive Chairman of Ballycara, an independent living and aged care organisation in Brisbane, Queensland, Australia shared the success his organisation has experienced in staff retention by turning the lens on workplace cultures. Acknowledging that Ballycara had encountered the same issues that other speakers had identified: high staff turnover, people leaving the sector altogether and a shortage of new candidates to fill vacancies, he knew things had to change. With no 'silver bullet' coming from government to solve workforce issues, it was going to be down to the industry, and individual providers, to fix things.



Ballycara's plan to improve staff retention focused on changing the workplace culture, which it approached in three ways: reconnecting, creating authenticity and recognising the positives.

Since implementing these cultural changes, Ballycara has seen staff surveys yield an eNPS (Employee Net Promoter Score) of 42 which would rival Microsoft and Google. But what shone through the survey results was the recognition by staff of the business' values, what it was trying to achieve, the way it focused on the wellbeing of staff and the focus to ensure staff remained valued and motivated.

## Where do we go from here?

Dr. Robyn Stone, Senior Vice President of Research at Leading Age started her summation of the Workforce Summit with an anecdote from 1989 when she was working for the U.S. Pepper Commission which produced a report on comprehensive healthcare reform in the US. She told delegates that the Senator who presided over the report assumed care workers were like butlers and maids and that sadly there are a great many people who know no better now, over 30 years later. If this is still the case what do we need to do to ensure that care work is recognised for the skilled and expert profession we know it to be?



This fundamental misunderstanding is hugely unhelpful to the care sector's need to reframe the narrative around care. But what is also needed in order to dismantle the existing narrative and rebuild it to attract the workforce of tomorrow are the skills, and competency based training that care workers actively want to possess, as evidenced by Dr Devi's research. If we don't successfully communicate care standards and the skilled work of care, we are going to be unable to achieve any kind of improvement to pay, terms and conditions for the workforce.

The care sector has been slow in the adoption of technology and this is leaving a gap in our ability to bring younger workers into frontline care jobs who will be expecting their lifelong relationship with technology to continue seamlessly into work. This is something that many speakers referred to in their presentations and panels and it challenges us to think about how we could use technology more to bridge the gap caused by workforce shortages.

As well as tackling the ageism that framed much of the conversation that took place during the Global Ageing Network events in Glasgow in September, we must also commit to calling out the sexism and racism endemic in frontline care. The latest Skills for Care data for England [5]. shows that 81% of the care workforce are female while Dr Stone quoted that in the US, over 60% of frontline professionals are non-white and there are almost no non-white people in management and higher-level roles. The only way to truly eradicate these inequalities and influence policymakers so they recognise the urgency for improved pay will be through the professionalisation of care jobs.

[5]<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>



Robyn tackled the issue of international recruitment, and how recruitment and retention can start to become more ethical including standards required to reduce the negative impact on parts of the world losing the most staff to migration like Africa and India. That this Summit exists, powered by the Global Ageing Network and the relationships that have been developed over years, shows what can be achieved when countries come together with a common goal. The energy and commitment we have shown to each other now needs to be communicated, forcefully, to our countries' policymakers. She suggested with the enormous human trade implications of this urgent workforce shortage, particularly for countries like Japan whose replacement rate is tracking as minus, it should take its place as an issue at the Davos Summit.

## Conclusion and Recommendations

As the session came to a close it was agreed that the time has come to stop talking about the issues we face among ourselves and start sharing the challenges with colleagues in other sectors, governments and policymakers. Speakers talked about improving standards on immigration and migration and identifying career development opportunities to help retain and recruit new talent into care. There was also a lesson running through each presentation about the need to reframe how we all talk about care. We are only going to rise to the many challenges before us by working together as a global community. We must embrace the insights that research can consider and the potential of technology. If we all commit to working together, we can tell the world a different story of care and create a global appreciation that reflects what we already know about the dedication of the wonderful, professional workforce who deliver it.

There were four core recommendations that came out of the Summit that will be taken forward by the Global Ageing Network over the coming years.

### Recognise and respect the global care economy

We now work in a global care economy, with a global care workforce. Understanding this is critical for policy makers in all parts of the world. Efforts to bolster the workforce in one country cannot continue to be at the detriment of the core health and care workforce infrastructure in another country. Movement of labour and migration are, of course, a reality in all parts of the globe, but the sort of extraction of skilled labour referenced by Dr Geffen will leave countries with rapidly ageing populations vulnerable. Fairness and responsibility must underpin all employers' approaches to the care workforce.

### Drive professionalisation of care workers around the world

Professional recognition and development of staff has to be the response to the understanding of a global care workforce. The current adherence to territorial qualifications and regulations means that even when workers move, their skills and expertise cannot be fully utilised in the country they move to. This creates a situation where their original country loses their contribution, and the country they move to fails to fully use their experience.



## **Embrace technology and change to develop the workforce of the future**

We need to get smarter about using the data available to understand both what is important to the workforce, and what is successful in terms of attracting, training and retaining staff. Right now, we are too busy 'throwing spaghetti at the wall to see what sticks' and we need to get smarter – quickly! The demographic changes which will see a very rapid increase in the numbers of people needing care and support also herald a shrinking workforce in many parts of the world. This will mean that nowhere in the world can afford to lose care staff to other sectors.

## **Challenge ageism and transform the global perception of ageing**

Finally, it is important to recognise that we all have a responsibility for the journey that the world is on in relation to ageing. We were reminded later in the conference by the United Nations Independent Expert on the Enjoyment of all Human Rights by Older Persons, Claudia Mahler, that we need to come together as a global community to advocate on the Rights of Older Persons and prioritise their rights and voices. Ageism is one of the gaps in current global human rights thinking and is not a priority for key stakeholders on the ground and on an international level. This has very real ramifications for the global workforce, impacting workers' status and value. Bringing justice to older people will deliver power and recognition to our workforce, highlighting the Summit's perspective that providing care that transforms the lives of global ageing citizens is a profession to aspire to.

## **The Global Ageing Network - The world's only network of ageing service providers**

To connect an international community of leaders in ageing services, housing, research, and design, we bring together experts from around the world, lead education initiatives, and provide a place for innovative ideas in senior care to be born and shared. We pave the way to improve best practices in aged care so that older people everywhere can lead healthier, safer, and more independent lives. The Global Ageing Network has grown from an idea to a vibrant network spanning nearly 60 countries serving millions of people every day.

Member organizations range from small nursing homes in rural South Africa, to large multi-site faith-based organizations in Australia, to retirement communities in New Zealand, Canada, and the United States, and to home care agencies in Ireland and around the world. The diversity of approaches, services, cultural influences, and resources adds to the richness of the global network. It affords a tremendous opportunity to expand our thinking and learn from one another. The core of the Network is made up of regional or country-based associations or organizations whose members are ageing service providers and who realize the importance of global connections in providing care for the elderly - as well as provider organizations, businesses, and other stakeholders.

**Save the Date for the next Global Ageing Conference:**

**Boston Convention & Exhibition Centre, Boston, MA, U.S.  
Sunday 2nd to Wednesday 5th November 2025**



## Get in touch with us:

Please share this report with any contacts you feel would find it useful. The wider the reach the more likely we are, as a global community, to find solutions to the workforce challenges discussed at the Summit.



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