

◆ RESEARCH REPORT • 2026

# Adult social care insights: workforce stability, digital impact and financial confidence

Evidence-based insights from a national survey of 318 social care professionals alongside qualitative interviews with senior sector leaders.



# Foreword

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Adult social care in England is sustained every day by committed people working in complex, emotionally demanding environments. This report offers a clear-eyed, evidence-based account of what those leaders and frontline colleagues are experiencing:

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## **A sector under persistent pressure, still delivering high-quality care, but too often doing so through goodwill, workarounds and personal sacrifice rather than through systems designed for the realities we face.**

The findings confirm what Care England members have been telling us for years. Short staffing is no longer an occasional disruption; it is the baseline operating context for many services. Almost half of respondents experience staffing gaps at least sometimes, with local authority funded services reporting even higher levels. The most common responses to those gaps are overtime, agency use, task redistribution and managers stepping in on shift. These approaches keep services safe in the moment, but they quietly drive burnout, cost escalation and long-term fragility.

The findings also challenge some common assumptions about funding models in adult social care. While organisations with access to capital, including Private Equity backed providers, report greater short-term financial confidence, this does not remove exposure to workforce strain or quality risk. Conversely, services that are heavily reliant on public funding experience pressure more immediately through staffing fragility and burnout. In both cases, the evidence shows the same underlying truth: resilience is too often achieved by absorbing pressure rather than by designing it out.

At the same time, this research reveals something deeply important: commitment to the sector remains high. Most staff intend to stay with their employer, motivated by pride, relationships and a desire to make a difference. That loyalty is one of adult social care's greatest strengths, but it is also a risk if we continue to rely on it as a substitute for sustainable design. Goodwill is not an infinite resource.

The report challenges us to rethink the workforce problem. It is not only about headcount; it is about how work is organised. Poorly aligned rotas, limited flexibility and lack of visibility over demand mean that even services that appear "fully staffed" on paper can be operationally fragile. The evidence shows that better shift design, informed by real data on acuity, absence and demand, can improve stability, reduce reliance on agency and create more predictable working lives for staff.

One of the most significant findings is that digital maturity has become a critical stabiliser. Where organisations have better visibility of their workforce, costs and delivery patterns, leaders are better able to anticipate risk, plan realistically and negotiate credibly with commissioners. Staff are broadly positive about digital tools when they reduce duplication, save time and make care delivery safer and easier. The barriers sit primarily at system level: constrained funding, fragmented platforms and limited capacity for investment.

For policymakers, commissioners and system leaders, the implications are clear. Pressures such as staffing fragility, increased acuity of those cared for, misalignment between commissioning and delivery, and rising labour costs are structural features of the current system. For boards and senior leaders, the call to action is equally direct. That means making workforce stretch visible, redesigning rotas around real demand, investing in digital infrastructure as core business, and using robust operational evidence to articulate the true cost of care.

Care England welcomes this report because it moves the debate beyond anecdote and towards practical, evidence-based action, and reinforces our long-standing position that sustainability in adult social care requires fair funding and system design.



**Professor Martin Green OBE**

Chief Executive, Care England



## Executive summary

Adult social care in England is operating under sustained and systemic structural pressure. Prolonged workforce shortages, widening demand, funding constraints, rising acuity, and increasing policy expectations are no longer episodic challenges; they are baseline conditions shaping how care is delivered every day. This report presents evidence from a national survey of social care professionals across frontline, managerial, and executive roles, alongside qualitative interviews with senior sector leaders, to analyse how these pressures are managed and absorbed across the sector. **Key findings show the sector's resilience is increasingly sustained through goodwill rather than system design.**

**Short staffing is a persistent operating condition across service types.**

**49%** OF RESPONDENTS REPORTED SHORT STAFFING AT LEAST SOME OF THE TIME EVEN WHEN SERVICES CONTINUE TO MEET REGULATORY AND COMMISSIONING REQUIREMENTS

**Staffing fragility is most acute in publicly funded services and in care models with limited flexibility, such as supported living and complex needs provision.** Crucially, understaffing is not often experienced solely as a lack of headcount, but as a shortage of hours and skills at the point of delivery, particularly as acuity rises. Services can appear to be fully staffed on paper but face operational difficulties in practice.

**Differences in funding and ownership models shape how pressure is experienced rather than whether it exists.** Publicly funded services are more likely to experience workforce strain and burnout directly due to constrained commissioning and limited flexibility, while organisations with access to capital may report greater short-term financial confidence but continue to face workforce and quality pressures at service level.

**Continuity of care is increasingly being maintained through informal coping mechanisms, rather than structural resilience.** When staffing gaps occur, providers are increasingly reliant on overtime, agency staff, task redistribution and uncovered shifts. This protects delivery in the short term, but increases costs, fragility, staff burnout and operational risk in the long term. Over time, these coping mechanisms become normal practice, rather than being treated as indicators of system fragility and the need for reform.

**Workforce commitment remains high with 72% of staff indicating they will stay with their current employer, but this figure masks underlying system fragility.** This report argues this form of resilience is finite, and it is dangerous to let it mask the risk of burnout.

**Shift deployment is a central pressure point: it is where financial, workforce and quality pressures are converted into risk at a practical level.** Misalignment between commissioned hours, care intensity and real demand mean services can appear adequately staffed on paper whilst remaining fragile in practice. Where there is limited visibility of day-to-day operations, funding and commissioning decisions are based on assumptions, rather than reality, entrenching structural fragility.

**Digital capability and maturity are the strongest controllable stabilisers available to providers. They do not remove pressure, but enable earlier intervention and more informed decision making, thus changing how pressure can be managed making them a core operational infrastructure.** Digitally mature organisations are better able to identify staffing risk in real time, distinguish structural over-delivery from episodic disruption, redesign rotas around care intensity, and evidence the true cost of care. This strengthens both internal decision-making and external engagement with commissioners. Furthermore, the workforce is ready for digital adoption: 70% agree that their organisation's current technology enables high-quality care. The limiting factor is a lack of organisational capacity or investment.

**Calls to action centre around the need for workforce stretch to become visible and measurable, allowing for commissioning and funding to be aligned with real conditions faced at a provider level.** To achieve this, digital maturity needs to be treated as an essential infrastructure, to ensure the reliance on workforce goodwill is replaced with accurate demand and acuity modelling and improved visibility of day-to-day operations for boards, commissioners and policy makers for effective rota planning and shift deployment.

**The question to providers, boards, commissioners and policy makers is not whether investing in digital infrastructure is desirable, but whether adult social care can continue to function safely and sustainably without it.**

## Sector context and methodology

Adult social care in England has demonstrated sustained resilience through successive shocks, including the pandemic, prolonged workforce shortages and rising cost pressures. However, the sector is now operating in a new phase of structural and operational pressure. Workforce fragility, constrained and uncertain funding, increasing policy and regulatory expectations around employment standards, quality and integration with health services, are no longer intermittent challenges; they form the baseline conditions in which care is delivered.

These pressures are reinforced by wider system dynamics. Demographic change, including an ageing population and rising levels of complex need, continues to increase demand. At the same time, social care is increasingly expected to absorb pressure from the NHS, for example through “Home First” models of discharge and care, often without commensurate financial support. In this context, the forthcoming Employment Rights Bill represents a significant moment for the sector. While its proposals to strengthen job security and worker protections, including expanded statutory sick pay, enhanced parental leave and guaranteed hours, have the potential to support recruitment and retention, they also bring into sharper focus long-standing structural tensions. Care England has been clear that such reforms must be matched by adequate and sustainable funding if they are to be implemented safely and effectively, to achieve the desired result.

This report provides evidence on how these pressures are experienced in practice, how they are managed on a day-to-day basis, and where risk is being absorbed within the system. It examines the interaction between workforce fragility, shift deployment and digital capability, and how these factors shape operational stability, governance oversight and commissioning relationships.

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# 318

THE FINDINGS ARE DRAWN FROM A NATIONAL SURVEY OF 318 SOCIAL CARE PROFESSIONALS, CONDUCTED WITH THE SUPPORT OF SENSU INSIGHT

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Respondents included frontline care and support staff, team leaders, managers, senior operational leaders and executive-level roles. This breadth enabled the research to capture both lived operational realities and strategic decision-making perspectives, and to identify where pressures at service level translate into organisational and system-level risk.

All participating organisations employed more than 250 staff and operated across a wide range of adult social care services, including older people’s services, supported living, learning disability and autism, mental health and complex needs provision. The consistency of findings across roles, service types and funding models strengthens the reliability of the analysis and highlights patterns that are relevant to providers, boards, commissioners and policymakers.

To complement the survey data, semi-structured qualitative interviews were conducted with ten senior leaders from across the sector. These interviews provided additional depth and context, particularly in relation to workforce strategy, financial decision-making, commissioning relationships and regulatory exposure. Verbatim quotations used throughout the report are drawn from these interviews and are intended to illustrate, rather than replace, the quantitative findings.

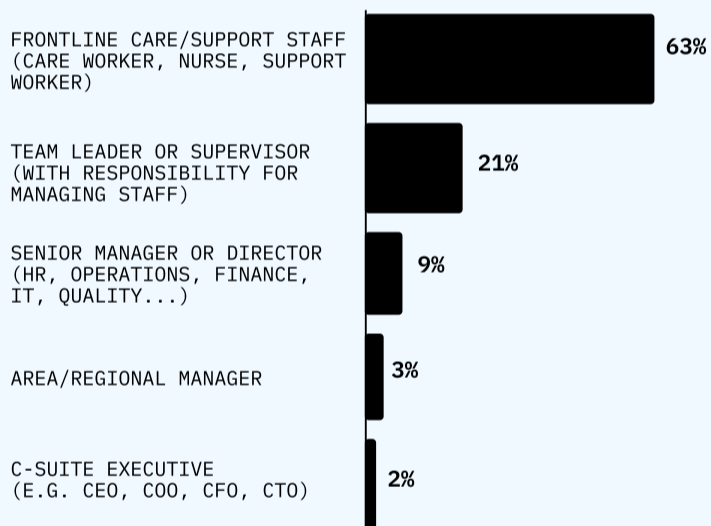
◆ CONTEXT

Across both the quantitative and qualitative evidence, one operational lever consistently emerges as central to how pressure is experienced and managed: shift deployment. Shift deployment sits at the intersection of workforce burnout, cost escalation, regulatory exposure, including emerging Employment Bill risks, and ultimately the quality and continuity of care. Where shifts are misaligned to demand, pressure is absorbed through overtime, goodwill and workarounds rather than addressed structurally. For leadership teams, this reframes the workforce challenge: effective deployment depends on visibility, predictability and alignment between commissioned hours, care intensity and available capacity.

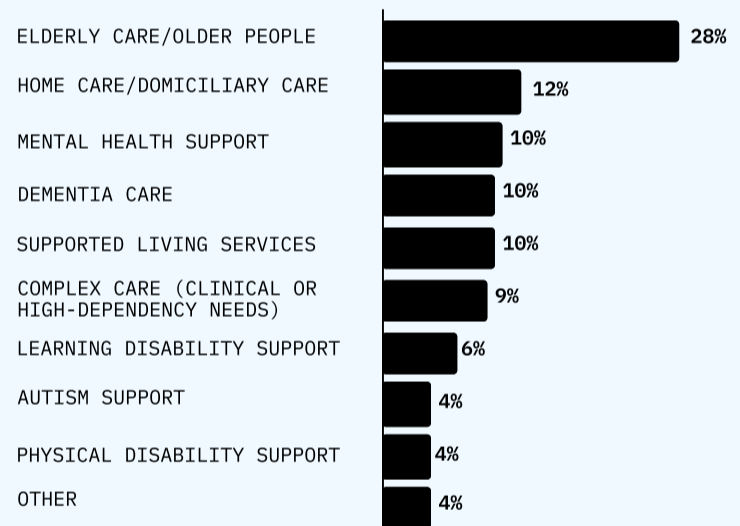
For providers, commissioners, boards and policymakers, the question is therefore no longer whether investment in digital capability and maturity is desirable. It is whether staffing resilience, regulatory compliance and care quality can be sustained, in an environment of persistent workforce shortages, rising acuity and policy reform, without it.

◆ SURVEY RESPONDENT PROFILE

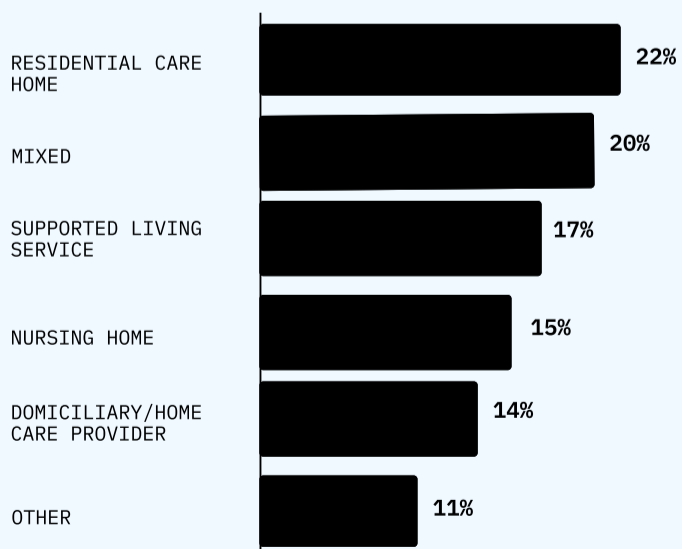
WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ROLE WITHIN YOUR ORGANISATION?



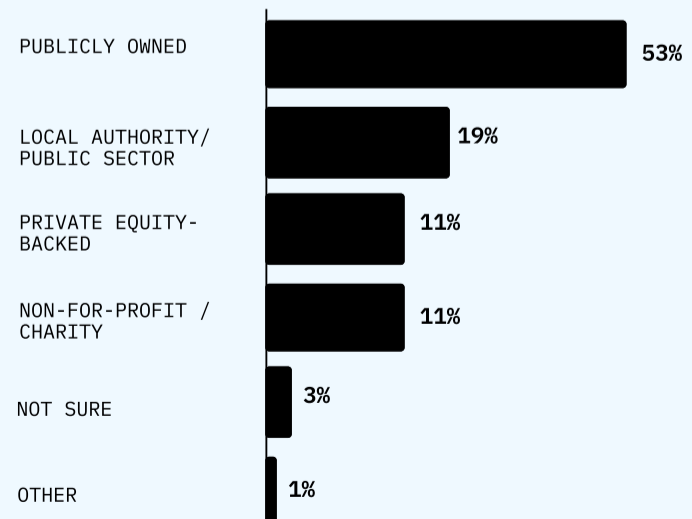
WHICH OF THE FOLLOWING BEST DESCRIBES THE MAIN TYPE OF CARE OR SUPPORT SERVICE YOUR ORGANISATION PROVIDES?



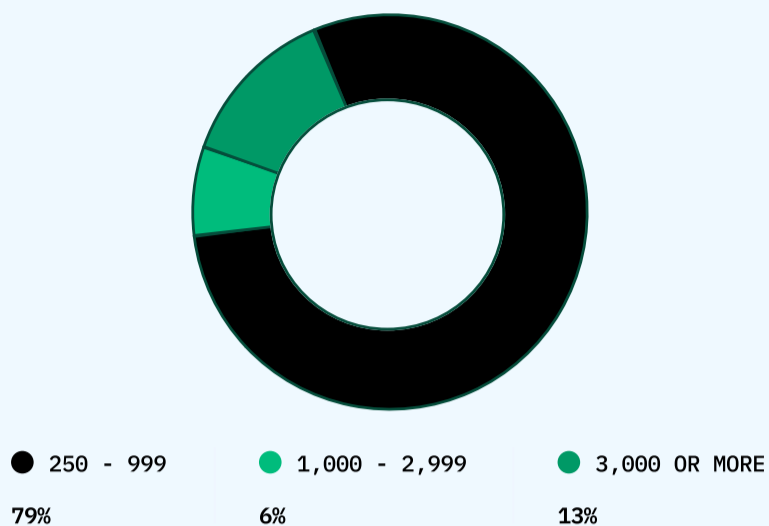
WHICH TYPE OF SERVICE DO YOU MAINLY WORK IN?



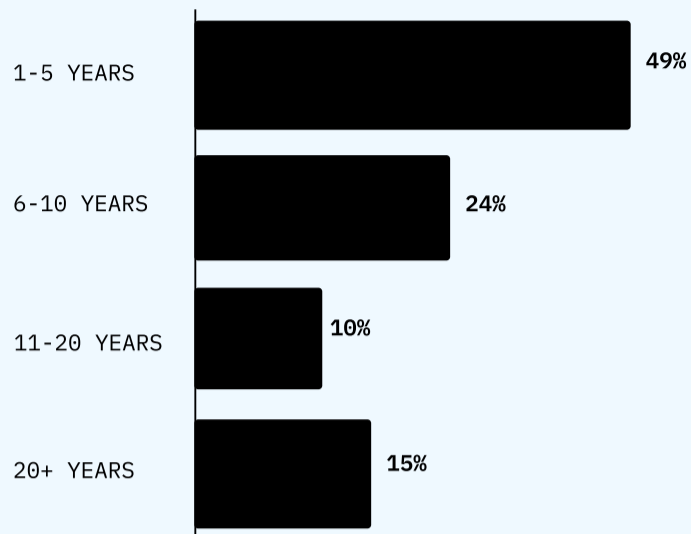
WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ORGANISATION'S OWNERSHIP OR FUNDING MODEL?



APPROXIMATELY HOW MANY EMPLOYEES WORK AT YOUR ORGANISATION?



HOW LONG HAVE YOU WORKED IN THE SOCIAL CARE SECTOR?



◆ ACKNOWLEDGEMENTS

**Interview partners**

We are grateful to the following organisations for sharing their time, insight, and experience. Their perspectives materially strengthened the analysis presented in this report.

**10 senior leaders** participated in semi-structured qualitative interviews.

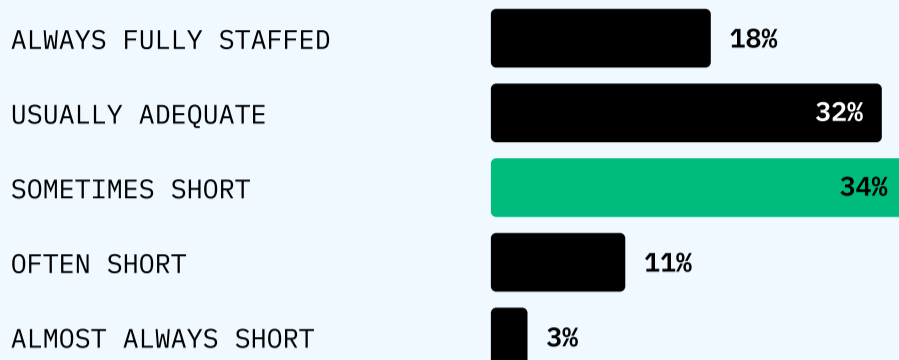


## Key findings

- 01 Core pressure points are universal across the sector, but solutions need to account for service type.
- 02 How organisations cope with short staffing quietly drives burnout, cost, and quality risk.
- 03 Short staffing is the norm even when organisations aren't "struggling."
- 04 Workforce commitment to the sector remains high.
- 05 Understaffing is not always about headcount; it's shift distribution too.
- 06 Financial confidence reflects adaptation — not immunity.
- 07 Digital maturity is the strongest controllable stabiliser.
- 08 The workforce is ready for digital change when it makes work easier.

## The reality: Staffing pressures and coping mechanisms

ON A TYPICAL SHIFT, HOW WELL STAFFED DO YOU FEEL YOUR WORKPLACE IS TO PROVIDE SAFE, HIGH-QUALITY CARE?



Staffing fragility is a baseline operating condition for many providers, even when operating as commissioned. The data shows short staffing is a persistent feature of service delivery, rather than a temporary disruption or unforeseen issue. **Nearly half of respondents (49%) experience short staffing at least sometimes, and 15% experience it frequently.** This suggests staffing fragility has become a systematic operating condition across the sector, rather than an isolated, infrequent issue.

When mapped onto service type and funding context, the data shows consistent, troubling impacts on the quality of care.

- In Residential and Nursing Homes, small staffing gaps can destabilise entire shifts due to the limited operational flexibility and interdependent nature of case tasks.
- In Supported Living and Complex Needs services, a single vacancy can directly compromise safety, continuity and regulatory compliance due to 1:1 or more to 1 staffing requirements.

These service types cannot create resilience through the redistribution of labour; staffing is binary, rather than absorbable.

- Short staffing is most acute within Local Authority and other Public Sector services, with 74% reporting feeling short-staffed at least sometimes.

This reflects sustained structural pressure in publicly commissioned services, where fee rates and commissioned care packages set the baseline staffing level, limiting providers' ability to build in spare capacity for rising acuity, demand volatility or staff absence.

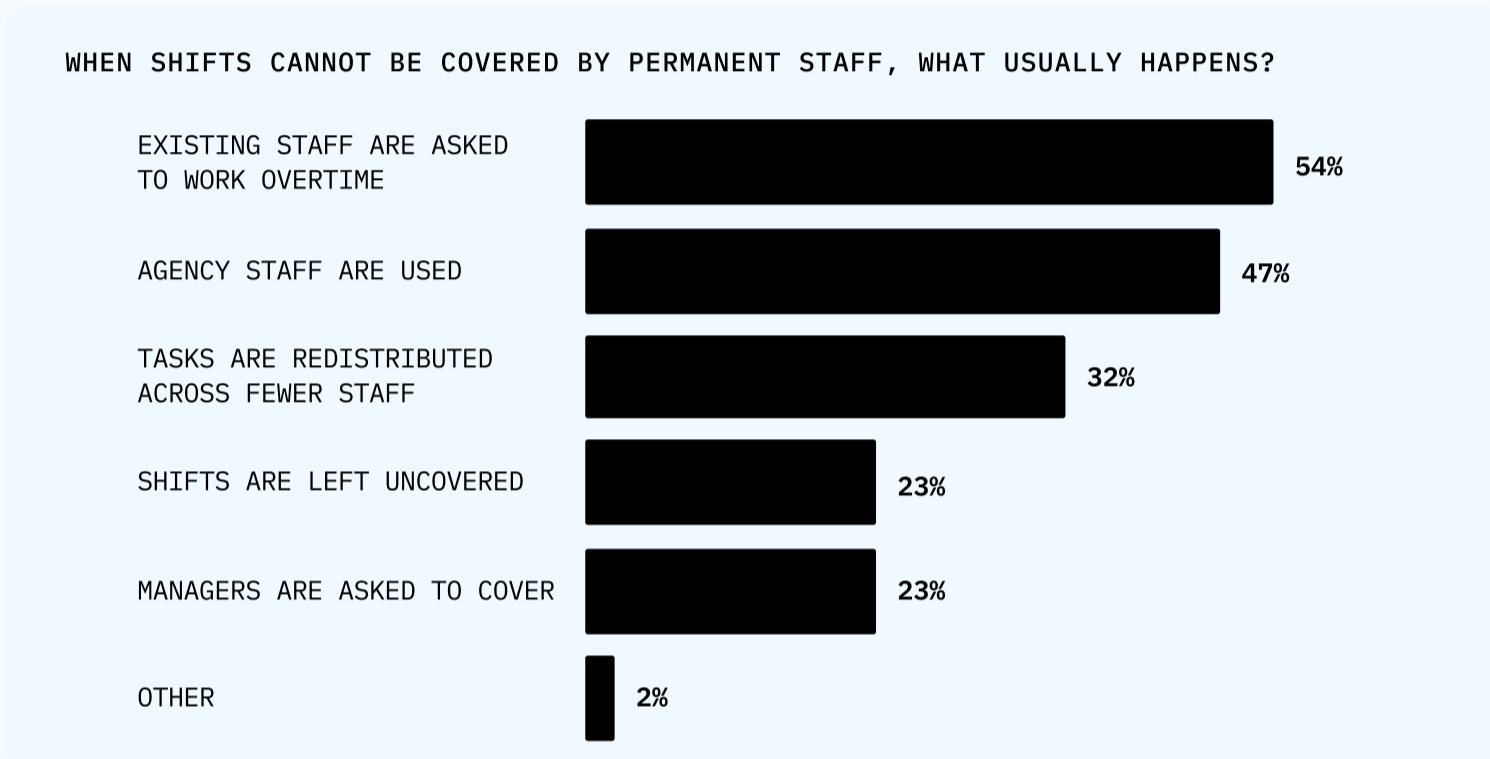
Short staffing should no longer be treated as an exception to plan around; the evidence suggests it is the baseline reality in which services are being delivered. We argue that the primary risk is not the existence of staffing shortages, but the operating models shaped by commissioning expectations and funding constraints that leave little space for resilience. These conditions mean that when acuity increases, demand spikes or there is lots of sickness absence, the service can become unstable quickly, increasing the reliance on coping methods which elevate risk to staff wellbeing and care quality.

**“When you’re constantly short, people stretch themselves, they do more than their fair share. They want to do the right thing, but it’s not sustainable. Burnout is a real risk.”**

**Claire Kennedy,**  
Chief People Officer, Liaise (Private Limited Company)



Furthermore, the coping mechanisms adopted by providers mean pressure is absorbed, slowly driving burnout, increases long term costs and risks the quality of care, rather than structurally resolved.



When staffing gaps occur, the data shows that the dominant organisational response is workforce stretch rather than structural adjustment. The data is clear:

- **54% of organisations rely on overtime**
- **47% use agency staff, and**
- **23% leave shifts uncovered.**

This suggests short-term continuity is being maintained by short-term practices, rather than structural reform. Whilst these coping mechanisms enable services to remain safely operational, they systematically increase cost, fatigue, and operational risk.

According to Care England, the sector is losing more domestic employees than it can recruit, whilst international routes are being curtailed. Although agency usage is currently at its lowest level in five years, it is expected to increase as workforce supply tightens and resident acuity increases, driven in part by the “Home First” approach to commissioning. At the same time, fee uplifts have not kept pace with inflation and frozen thresholds limit providers’ ability to overstaff in order to absorb shortages or avoid staff burnout.

This demonstrates that providers are operating with diminishing margins and resilience. The combination of factors makes reliance on reactive, workforce-stretching coping mechanisms increasingly unavoidable.

When mapped to service type, the data shows a consistent and predictable pattern.

**Residential Care Homes and Nursing Homes at 56% report the highest reliance on overtime and bank staff usage.**

This reflects limited flexibility in interdependent care environments where staffing shortages cannot easily be absorbed.

**In Supported Living and Complex Needs services, 32% report the shifts are more likely to be left uncovered.**

This exposes the fragility of 1:1 care models. While safety and compliance are maintained, uncovered shifts often result in the loss of non-essential, but meaningful support, including enrichment activities, social participation and preventative engagement. Care remains compliant, but individuals may not receive the support needed for a fulfilling life, increasing the risk that over time, unmet needs escalate into deterioration and more intensive, higher-cost care.

For care providers and the wider sector, short staffing should not be understood solely as a resourcing issue. The evidence indicates this perspective is shaping how care is delivered day-to-day. The sector is increasingly reliant on workarounds, including overtime, agency and uncovered shifts, impacting the quality of care, which are unsustainable, unevenly distributed across providers and service types, and often unnoticed at board and system level.

We argue that without recognition of these coping methods, policy and commissioning decisions risk undermining both the true cost of delivery and the long-term consequences for workforce wellbeing and care quality.

**"Recruitment is just relentless. We're constantly advertising, constantly interviewing, but some of the people applying often don't have the enhanced skills or the resilience required to support individuals with complex needs. It's not just filling posts - it's filling them with the right people"**

Angela Fletcher,  
CEO, Yorkshire Care Group (Privately Owned)



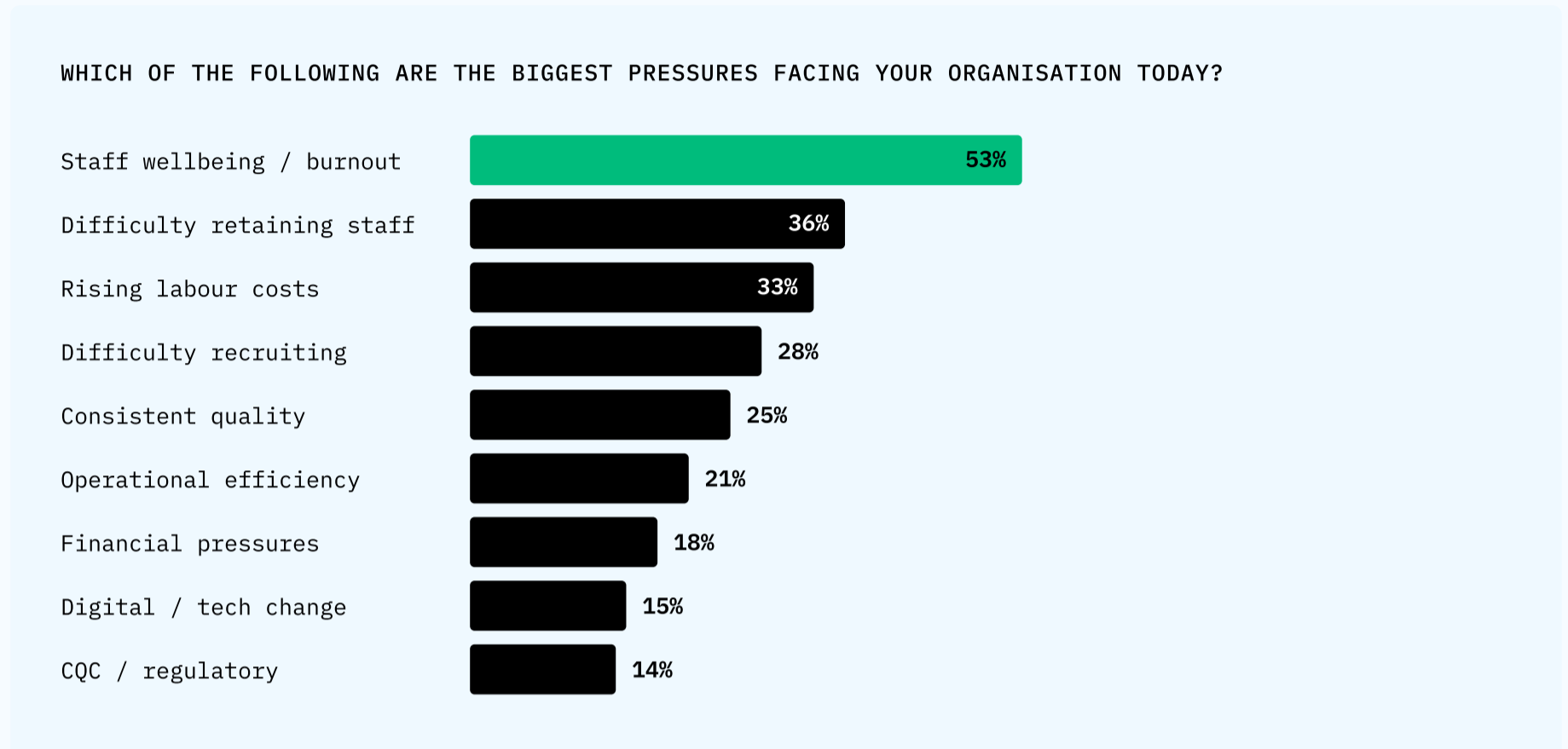
#### KEY TAKEAWAYS

Staffing fragility is a baseline operating condition for many providers, even when operating as commissioned.

The sector's coping mechanisms are driving burnout and risk, rather than addressing the structural problems.

## The risk: burnout, stretch and fragility hidden by goodwill

Data shows that the risk of poor staff wellbeing and burnout, is prominent and a priority to avoid across the sector but not evenly spread across the service types and funding models.



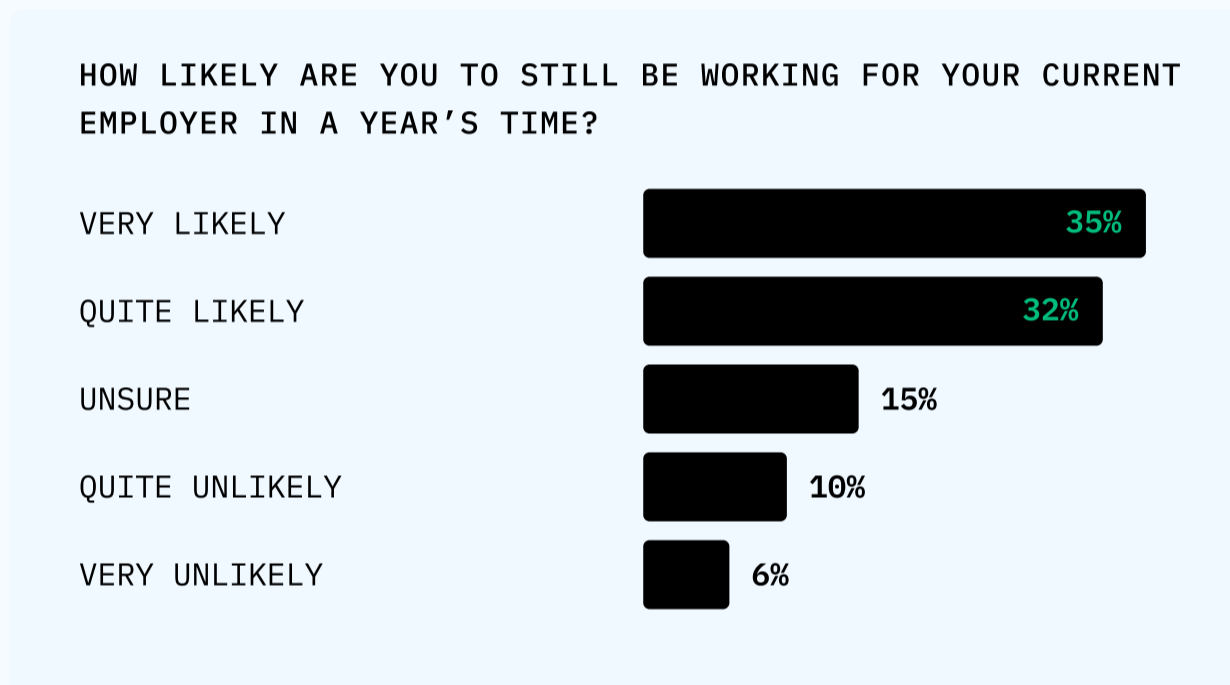
In the survey, Supported Living services reported workforce pressures related to the intensity and emotional demands of 1:1 support provision. In contrast, Residential Care services reported experienced pressure primarily through higher acuity needs and interdependent shift patterns, which limit operational flexibility and contribute to unavoidable cost inflation. This suggests that workforce pressures manifest differently by care model. Supported Living services are disproportionately affected by the emotional load on individual staff members, causing burnout whereas Residential services are more constrained by structural factors, limiting the ability to adapt, also causing burnout.



When considering funding models, the pattern moves from operational strain to system constraint. Public Sector backed services reported the highest levels of staff wellbeing risk and burnout. Private Equity backed providers reported comparatively lower workforce strain, but higher pressures associated with maintaining consistent quality and performance outcomes.

This suggests publicly funded services operate under prolonged conditions of pressure with limited scope for flexibility, but Private Equity providers face tighter overall scrutiny of the quality of care, shifting the pressure away from workforce availability alone. Publicly funded services may be more likely to see the effects of staff burnouts from the workforce being so stressed.

**However, staff commitment and goodwill is currently compensation for the sector’s systematic weaknesses, hiding its fragility.**



At surface level, the data shows relatively strong stated workforce commitment, with 67% of respondents indicating an intention to stay with their current employer. However, **this sits alongside data of widespread staffing shortages** (49% say they are short at least sometimes), **leading to high levels of stress and fatigue**. It is implied that this commitment is sustained through individual overextension rather than a sustainable system design.

High retention co-exists with, and we argue partially hides, the underlying structural difficulties. Evidence shows that when motivation is connected to wider workforce pressures, a pattern emerges across service types: high commitment coexists with high stretch. This implies staff stay because of values, relationships and responsibility with colleagues and people that draw on their support, rather than because the operating model is sustainable. This suggests roles in care attract people who are motivated by delivering high-quality care and value strong relationships with colleagues

**IMPLICATION ON CARE PROVIDERS AND THE SECTOR:**

This headline figure should be treated with caution; whilst it appears reassuring, the underlying risks continue. Evidence indicates workforce loyalty and commitment are currently compensating and hiding structural problems. We argue that this form of resilience is a finite resource which cannot indefinitely be relied upon. Improvements to funding and workload sustainability are critical to mitigate future risks of workforce shortages when personal motivation and moral commitment limits are reached.

**“Retention is actually harder than recruitment now. People come in ... and then they leave for something less demanding or better paid. That churn is exhausting for managers and destabilising for residents.**

*Systems Manager, Provider with 3500+ staff (Private Equity & Local authority funded)*

**“We are caring for people with increasingly high-acuity needs... Rising costs and funding pressures are real, but we refuse to compromise on staffing or standards.”**

*Nitesh Somani,  
CEO, Kara Healthcare (Private)*



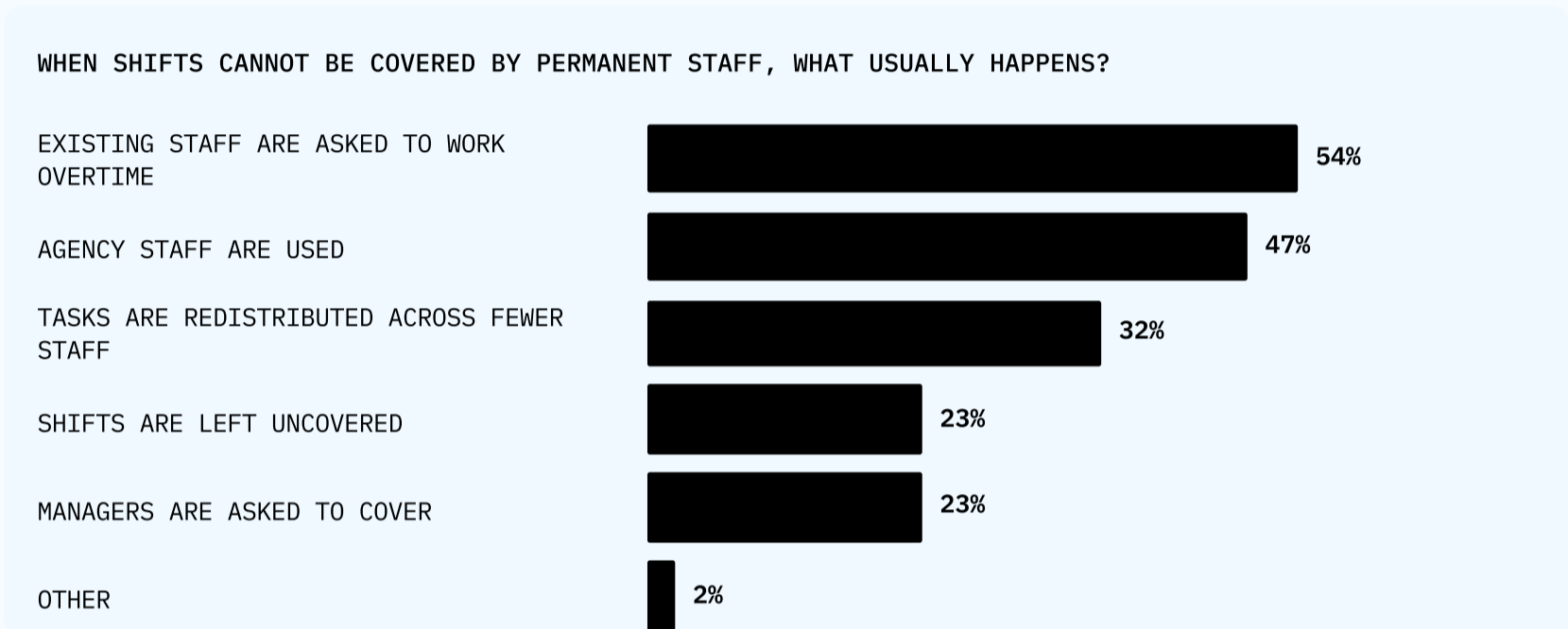
**KEY TAKEAWAYS:**

The evidence indicates the resilience and goodwill of the workforce is hiding the sectors staffing fragility. We argue this resource is finite and should not be relied upon.

## The system causes: commissioning, deployment and visibility gaps

Shift deployment is the operational mechanism through which competing pressures, including financial, workforce and quality pressures, are converted into risk at a practical level. The evidence shows these risks are not primarily the result of poor recruitment or weak operational management, but a misalignment between commissioning assumptions, shift deployment, and the visibility available to those responsible for governance, funding decisions and risk management.

**Understaffing is not always about headcount, shift distribution is important.**



The data shows that staffing pressures are rarely resolved through long-term recruitment; instead, it is managed on a short-term, day-to-day basis through workarounds.

When shifts cannot be covered:

- **54% of organisations rely on overtime**
- **32% redistribute tasks across fewer staff, and**
- **23% report shifts uncovered.**

This suggests the sector is compensating for staffing shortages by stretching time and people, rather than restoring balance through long-term structural change. In practice, this means service provision is held up by workforce goodwill, motivation and moral commitment, rather than staffing models designed to absorb routine disruption.

This pattern indicates that understaffing is often experienced as a shortage of deployable hours at the point of delivery, not simply a lack of employees. Services can appear adequately staffed to commissioners, whilst being fragile in practice.

## ◆ THE SYSTEM CAUSES

Visibility gaps prevent correction: commissioners and leadership teams can lack visibility into day-to-day operations, including scheduling decisions and informal coping mechanisms. This limits their ability to assess the cumulative impact of workforce shortages on recruitment costs, staff wellbeing, and the unmet or deferred needs of individuals receiving care. As a result, pressures that are experienced acutely at the service level may remain invisible at the system and governance levels.

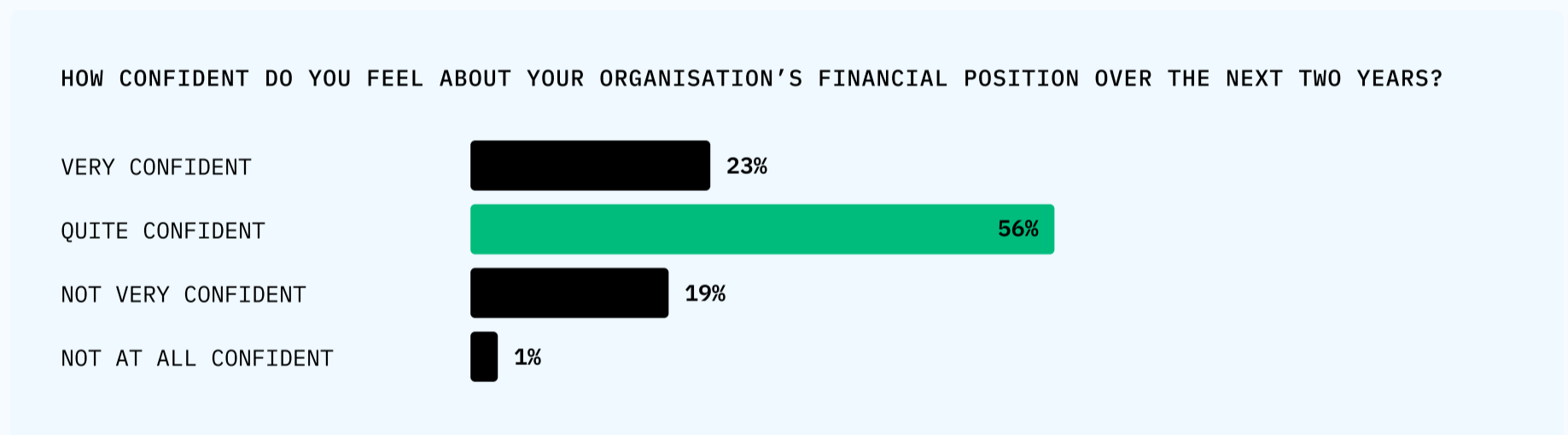
This would indicate that governance and funding decisions may often be made on the basis of commissioned staffing and high-level performance indicators, rather than on practical evidence as to how pressure is absorbed. Therefore, these pressures remain unresolved.

Where understaffing is framed solely as a headcount issue, system responses focus on recruitment volume rather than deployment design and visibility of service fragility.

**“We’re using more agency than we’d ever want to... But without them, we simply wouldn’t be able to staff some services safely.”**

COO, Provider with 2500+ staff (Charity)

### Financial confidence reflects the ability to absorb, not resolve pressures



On the surface, the data paints a sector under some financial pressures, but not paralysed:

- 56% reported confidence in their financial position,
- However 20% report active concern.

However, confidence is unevenly distributed across the sector, and seemingly affected by factors like funding transparency, service mix, and access to financial buffers, rather than leadership sentiment or workforce pressures. When looked at beside wider workforce pressures across different service types, a clear pattern emerges:

**In Local Authority/Public Sector services, there is lower financial confidence for the next two years.**

This reflects sustained exposure to cost inflation without matching uplifts, limiting flexibility in staffing and service design and increasing long-term fragility.

**In Private Equity-backed organisations, there is higher financial confidence for the next two years.**

This reflects greater access to capital, stronger balance sheets and greater ability to absorb short-term shocks. We argue this insulation supports confidence but does not remove exposure to workforce and quality pressures at service level.

This data implies financial confidence in the sector often suggests ability to absorb pressure, rather than resolve it. Across care services, it can be inferred confidence is strongest where demand and funding are predictable, and weakest where funding and commissioning are volatile.



**A deeper look at funding model impact:**

**PUBLIC SECTOR**

- Very confident or confident

**60%**

**PRIVATE EQUITY**

- Very confident or confident

**85%**

**IMPLICATION ON THE SECTOR:**

This report argues workforce pressures are being systematically misdiagnosed. Framing the challenge as primarily recruitment ignores the structural role of commissioning, deployment strategies and the gaps in visibilities which produce risks. Confidence, stability and thus sustainability improves when care providers can evidence:

- How demand fluctuates
- What care actually costs
- Where pressure is structural rather than episodic

Organisations with clearer visibility of deployment patterns, overtime reliance, and care intensity are better positioned to plan, negotiate, and invest with confidence, even in constrained financial environments. In contrast, where pressure remains hidden, it is managed through goodwill rather than representative commissioning and funding. This ultimately leads to a lack of financial confidence in the sector, and thus difficulty investing in longer-term solutions.

This analysis sets up the case for the system stabilisers namely digital maturity and capability. These are not optional enhancements, but the primary mechanisms through which deployment risk can be made visible, contestable, and ultimately reducible.

**KEY TAKEAWAYS:**

Those making decisions may not have sufficient day-to-day visibility of operations, leading to a lack of information in commissioning and wider governance and funding conversations. Digital maturity and capabilities are a key controllable factor for organisations to lever.

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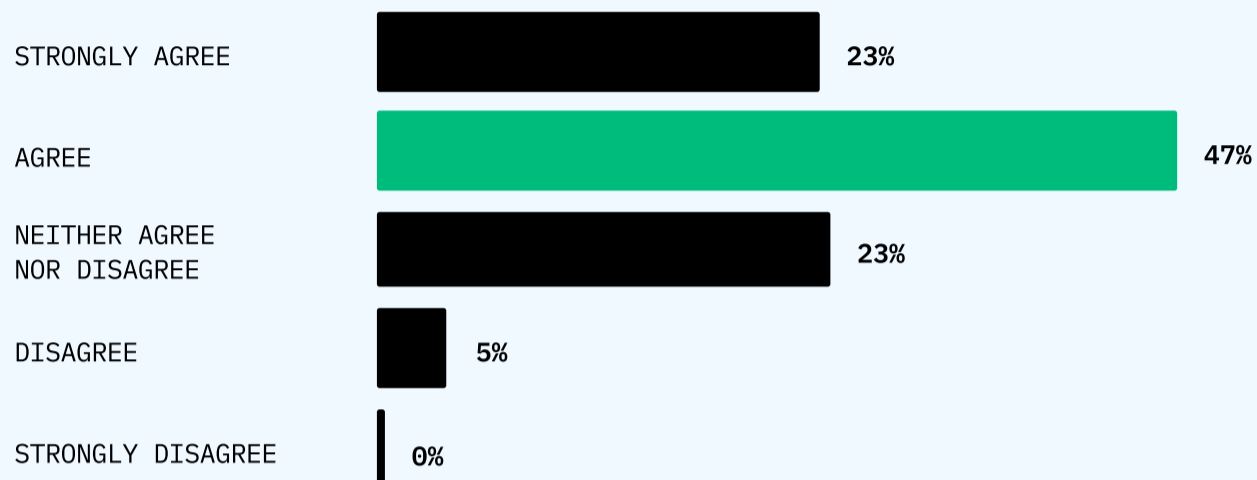
**“We had to look very seriously at whether we can continue certain contracts. When the fee doesn’t cover the cost of care, you either run at a loss or you make changes that aren’t in the best interests of the people you support. Neither option is sustainable.”**

Provider with 1000+ staff (Charity)

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## The system stabilisers: digital maturity and capability

TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENT:  
 "MY ORGANISATION'S CURRENT TECHNOLOGY ENABLES US TO DELIVER HIGH-QUALITY CARE."



The evidence shows digital maturity and capability as one of the few stabilising levers that care providers can use and influence in an otherwise constrained system.

- 49% of organisations now report having established or transformative digital systems in place
- 80% expect to increase investment in workplace technology in the next two years.

This suggests a shift in how digital is being understood within the sector, moving from an innovative, efficiency project towards a core, essential operational infrastructure. Digital capability is increasingly being treated as key to service resilience, rather than an optional development.

### How is enhancing digital capabilities a system stabiliser?

This report has already established that routine short staffing has become a baseline operating condition, rather than an exception in the adult social care sector. The pressure this puts on providers is predominantly absorbed through overtime, agency use, task redistribution and workforce stretch rather than structural redesign.

When short staffing is the norm, structural resilience becomes dependent on visibility. Digital systems that provide real-time insight into staffing gaps, absence patterns and escalation thresholds enable services to intervene earlier, before risk accumulates. Digital maturity makes the staffing shortage visible and measurable, allowing organisations to distinguish between structural over-delivery and episodic gaps. This evidence base is critical for rota design, demand forecasting, and crucially identifying misalignment between commissioning models and operational reality. Without this visibility, organisations rely on informal flexibility and goodwill from their workforces, increasing the risk of burnout and turnover.

Furthermore, workforce pressures and funding are closely intertwined: digital capability and maturity can strengthen external stakeholder engagement with commissioners. When pressures cannot be evidenced or measured easily, a provider’s case in funding conversations is weakened. Workforce and delivery data allow care providers to demonstrate the true cost of care by linking staffing intensity, hours delivered, and quality impact. Digital capability not only strengthens internal decision-making but also external engagement.

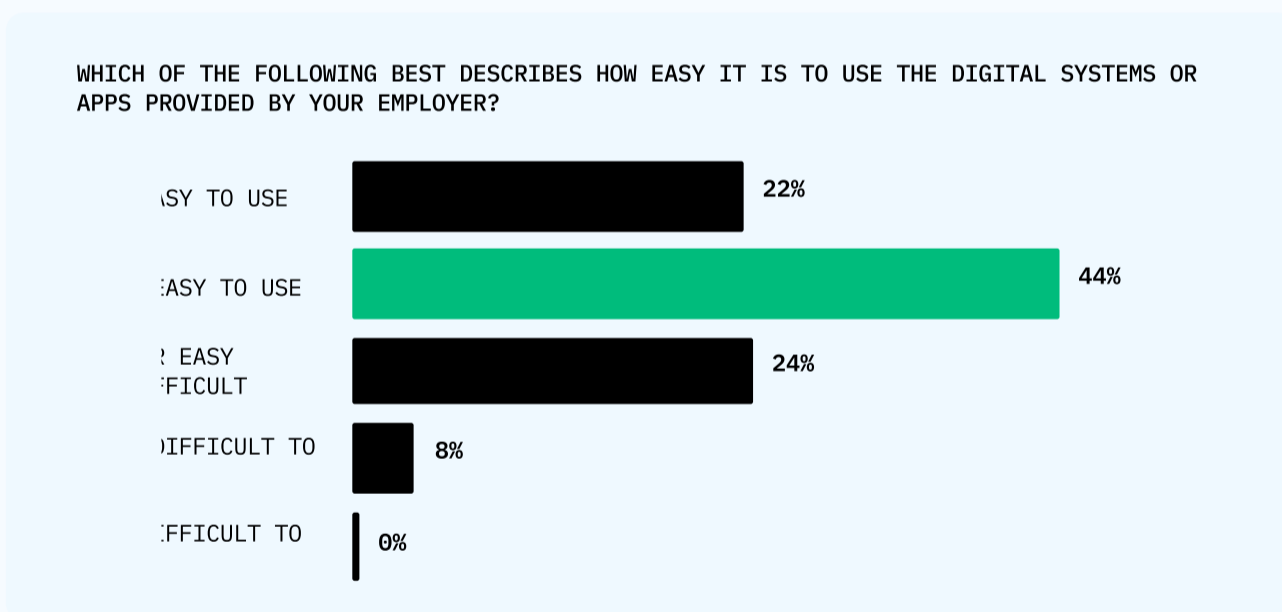
**What are the implications on the sector?**

Digital maturity does not remove pressure but transforms how pressure can be managed. Organisations with better-connected systems are able to anticipate risk, intervene earlier and make trade-offs explicit, rather than absorbing strain through individual effort.

This is an opportunity to shift the responsibility of resilience from individual effort to system design. In the context of persistent workforce shortage and fragility, the distinction is crucial for the sustainability of the sector and quality of care.

**“Technology and data will play a much bigger role. It won’t replace people - it’s never going to do that - but it can make the system safer, more efficient and more transparent. That’s where a lot of the future growth is.”**

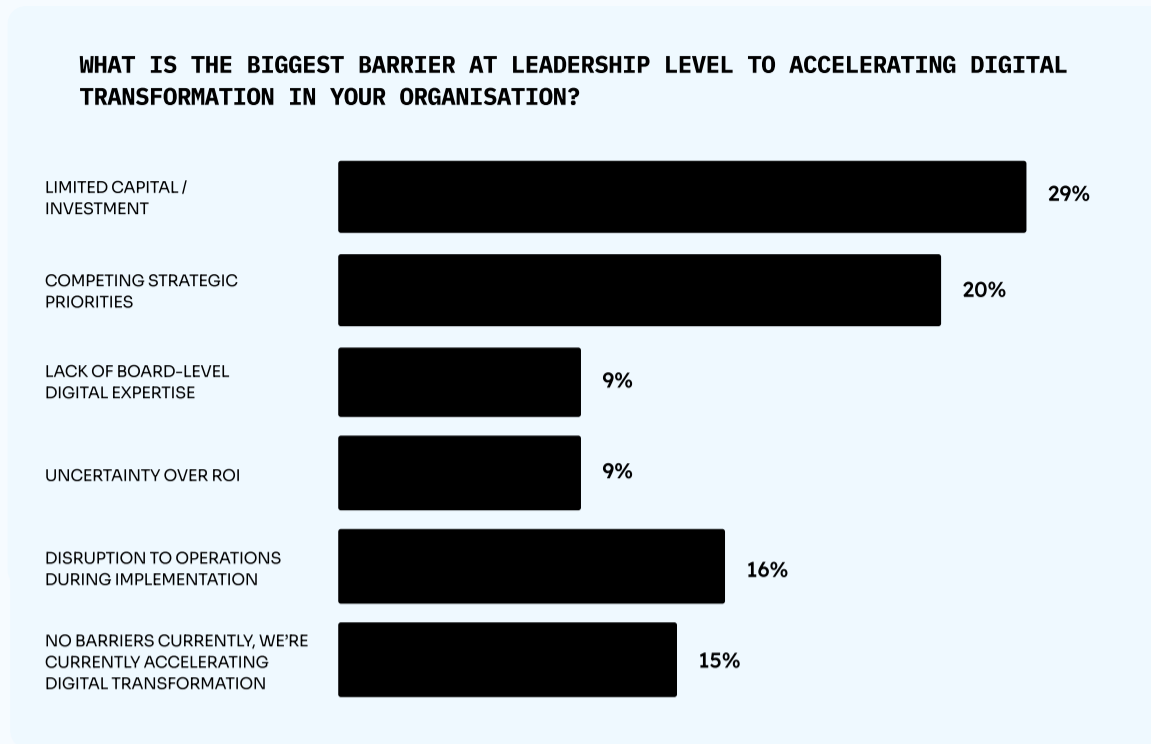
Rahim Walji,  
Director of Digital, iBC Healthcare (Privately owned)



Data shows the workforce is no longer resisting digital change, a previously strong rebuttal to digitalisation in the sector. When it makes work easier, it is largely accepted.

- 66% of respondents say the digital systems they use are easy to use
- 70% agree that their organisation’s current technology enables high-quality care
- 80% report that time is lost to manual processes and workarounds.

This demonstrates frontline staff are welcoming of digital adoption, especially when invested in properly, to ensure technology is enabling by freeing up time for care, rather than a burden.



The findings suggest this is an opportunity for the sector to act. Workforce openness to digital adoption is an asset. Staff are already navigating the available digital tools and are receptive to changes that make care work easier, more efficient and safer. The data shows that where digital adoption stalls, the primary constraint is not frontline resistance, but the lack of organisational capacity for integration, the lack of investment or the lack of digital skills. **This aligns with the workforce pressures identified in this report: where staffing is fragile, digital systems that reduce cognitive load and save time are not optional efficiencies, but an essential enabler of operational resilience.**

**“We’ve definitely moved forward, but we still have systems that don’t talk to each other. Staff have to enter the same information more than once — and that creates frustration. Until everything is aligned, we won’t get the full benefit.”**

**Angela Murphy,**  
Chief Executive, FitzRoy (Charity)



**KEY TAKEAWAYS:**

Digital maturity and capabilities can enhance operational level visibility, which is a first step towards a more sustainable solution. Furthermore, the data shows, the workforce is now ready for digital adoption, debunking a frequent critique, where it reduces their admin burden, enabling more time to deliver face to face care.

**“Younger generations have very different expectations around flexibility and benefits, and we’ve had to adapt to that. We’re seeing more colleagues with neurodiverse needs, and we’re working hard to make sure we’re supporting them properly.**

**Laura Perry,**  
Berkley Care Group, (Privately owned)



## Actions for providers, boards, commissioners and policy makers

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### Designing structural workforce resilience

These recommendations reinforce that resilience must be designed into systems, not carried by the goodwill of individuals. Commissioners, Board members and policy makers should shift their focus to expecting evidence of structural resilience, not individual or heroic effort.

#### COMMISSIONERS + PROVIDERS

Commissioners and care providers should treat workforce stability as a core operational risk, not an HR issue. Build staffing models that plan for absence and onboarding lag and prioritise predictability and support to reduce churn. In these services, retention is the primary efficiency lever.

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#### PROVIDERS

Providers should track how often overtime, agency use, uncovered shifts and manager cover occur, and treat repeated patterns as triggers for redesigning rotas, escalation routes and capacity planning. Sustainable services reduce reliance on emergency measures over time.

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#### PROVIDERS + BOARDS

Providers and boards need to shift the focus from “keeping shifts covered” by reducing the frequency and intensity of stretch responses through technology that enables rota flexibility.

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#### EVERYONE

Everyone should ensure workforce stretch is visible and measurable, not implicit. Track overtime, missed breaks, manager cover and repeated short staffing as leading indicators of risk, and intervene before they translate into burnout or turnover.

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#### PROVIDERS + BOARDS

Providers and Boards need to look beyond “intention to stay” and monitor predictability indicators such as overtime frequency, missed breaks, sickness absence and repeated short staffing.

## Making workforce, financial, demand and acuity pressures visible

These recommendations address the need for visibility and evidence to allow for realistic commissioning, funding and policy making. Data on workforce, cost and delivery needs to be used to test whether operating models reflect real demand and acuity.

### PROVIDERS

Focus on cost predictability rather than cost reduction. Use acuity and demand data to inform modelling, align rotas to real care intensity and distinguish unavoidable agency use from structural inefficiencies. Strengthening evidence on the true cost of care supports more realistic pricing decisions and reduces reactive staffing expenses.

### BOARDS + COMMISSIONERS + POLICY MAKERS

Need to understand shift distribution is a design issue, not a contingency. Using data on overtime, uncovered shifts, and task redistribution helps identify where demand routinely exceeds planned capacity and supports more resilient rota design.

### COMMISSIONERS + PROVIDERS

Can strengthen financial confidence by improving cost and demand transparency. Use workforce, rota, and delivery data to evidence the true cost of care and support more constructive funding conversations.

### PROVIDERS + BOARDS

Need clear visibility of emerging liabilities and must factor them into workforce and financial planning, particularly where additional hours risk compounding unmet need elsewhere in the system.

## Digital maturity and capability need to be treated as an essential operational infrastructure

These recommendations reinforce digital maturity and capability as the control stabiliser providers can use to enable more informed internal and external decisions, earlier interventions and a higher quality of care.

### BOARDS + POLICY MAKERS

Should position digital capability as a resilience enabler and an ROI driver, not a transformation programme. Prioritise integration across workforce, rotas and delivery data.

### BOARDS + POLICY MAKERS

Must design digital change around workforce reality. Prioritise demonstrating usability and integration by involving frontline managers and staff in shaping workflows.

### PROVIDERS

Scheduling technology should be used to signal when organisations are operating beyond contracted hours and approaching regulatory or financial risk thresholds.

### PROVIDERS

Providers should expand shift patterns and enable full-time staff to pick up unfilled shifts, supported by technology that can manage scheduling complexity at scale.

## Conclusion

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The evidence in this report demonstrates the adult social care sector is operating under sustained structural pressure, but not without agency. Workforce strain, financial confidence, and quality risks are no longer indicators of isolated failure. They are embedded features of the sector. Crucially, the survey shows that resilience is not random: it correlates with predictability, transparency and the ability to act on evidence.

Boards and policy makers are governing services in a context where short staffing is the invisible norm, wellbeing pressure is widespread, and costs increasingly outpace funding. Yet confidence, quality and stability remain achievable where organisations design for pressure, rather than adopting short-term solutions when pressure arises.

At a sector level, this is no longer a question of “fixing” individual providers. The pressures identified in this report, staffing fragility, over-reliance on goodwill and misalignment between commissioning and delivery, are repeatable patterns across care models and funding types. System resilience will depend on whether leaders recognise these as design challenges rather than performance shortcomings.

Digital maturity to facilitate data visibility, and realistic workforce planning emerge as the most controllable levers available to boards. Where leaders can clearly see staffing patterns, cost drivers and quality risk, they are better able to prioritise, negotiate and invest with confidence, even in constrained environments. Where this visibility is absent, pressure is absorbed through people, rather than managed sustainably through systems.

The core challenge facing the sector is outlined in this report: **care models are built on assumptions that no longer hold, including predictable demand and full staffing**. These assumptions are increasingly misaligned with the operational reality of rising acuity, workforce scarcity and policy decisions.

### The report’s overarching recommendation is:

Governance conversations need to shift from “Are we coping?” to “Are we designed to operate safely under consistent pressure and future challenges?”.

This requires:

- Designing structural workforce resilience, not relying on individual goodwill
- Making workforce, financial, demand and acuity pressures visible to enable stronger, evidenced-based commissioning and policy making decisions
- Treating digital capability and maturity as essential enablers of services for improved sustainability, quality of care, compliance and safety.

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**“Providers can adapt — we’re used to adapting — but there has to be a proper long-term plan. Without that, things will continue to be very fragile.”**

**Geraint Jenkins,**  
Chief Executive, Cartrefi Cymru Co-operative (Charity)



# Sona.

[getsona.com](https://getsona.com)

Sona is a workforce management platform built specifically for Social Care, helping providers improve staff wellbeing, control labour costs, and deliver consistently high-quality care. By combining Scheduling, HR, Payroll and Employee Communications with intelligent, real-time insight, Sona gives organisations the visibility they need to deploy people more effectively, reduce reliance on overtime and agency staff, and release time back to care.

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[careengland.org.uk](https://careengland.org.uk)

Care England is the leading representative body for independent adult social care providers in England. Championing high-quality, sustainable care, the organisation works closely with government, policymakers, and the sector to influence policy, share best practice, and ensure the voices of care providers are heard.

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# consensus.

[consensusupport.com](https://consensusupport.com)

Consensus Support provides specialist support and accommodation for adults with learning disabilities, autism and complex needs across the UK. Their purpose is to help every person they support live a fulfilling life and achieve their personal goals.

Guided by the values of Kindness, Creativity and Commitment, their 2,200+ colleagues work closely with individuals, families and professionals to create safe, empowering environments where people can thrive. At Consensus, people come first, because when they're valued, great things happen.