

An overview of research, organisations and activities in long-term care

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Preface

The Care Initiative was set up in Green Templeton College in 2013 by several college fellows led by Mary Daly, Governing Body Fellow and Professor of Sociology and Social Policy at the Department of Social Policy and Intervention. Its mission is to be a forum in Oxford that, through informed debate and research, advances and shares knowledge about the complex issues involved in the care of older persons.

The challenges of caring for ageing persons in an increasingly ageing society are diverse and multi-faceted, and benefit from analysis from a range of disciplinary and professional perspectives. Viewing care as a societal and economic challenge, the Initiative's approach is to consider the issues relating to care from multiple vantage points, and to attend to its resource, ethical and policy/service dimensions from both academic and praxis perspectives. Key topics that the Initiative has focused on include: investments in and costs of social care; innovations in social and health care (with particular reference to online and digital, technological innovations); reimagining and remodelling care; philosophies of care and caring; and the degree to which physical, social and personal environments enable people to live out their lives in the place(s) which they consider home.

The Initiative has been funded and supported by Green Templeton since its inception. Its mission is rooted in the college's engagement with, and commitment, to human welfare as a foundational college interest and common concern. The Initiative's membership also reflects the diverse disciplinary orientations of the College, drawing together scholars and students especially from medical sciences, social sciences, and business and management programmes at Oxford. Since its formal launch in October 2014 through a lecture by Sir Andrew Dilnot, Chair of the Commission on Funding of Care and Support, its main activities have been lectures and panel discussions ('Conversations on Care'). These events have been designed to appeal both to people in the public service and charity sectors, and to academics in Oxford and elsewhere. In this it has been very successful, having assembled a wide community of interest through these activities.

As part of its efforts to plan for its future, in early 2024 the Care Initiative hired Dr Kate Murnane as a postdoctoral researcher to conduct background research to inform the planning process. Dr Murnane completed her DPhil in Medical Sciences at Oxford, and is currently completing her graduate-entry medical studies at Oxford. This report, co-authored by Dr Murnane and Professor Daly, identifies and discusses possible areas on which the Initiative might focus its future efforts. In an accompanying report, Dr Murnane reviews the literature on the key challenges and issues facing social care, discussing in particular the application of AI and other technologies, workforce shortages in care, informal care and issues facing the Global South (Murnane 2025).

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0. Introduction

0.1 Aims

This report presents the findings of a scoping review of the research focus and range of organisations active in the field of adult social care. The aim is to map the broad field so as to give an overview of relevant activities and organisations in the UK and elsewhere that are active in researching and promoting policy and public debate on the topic. By taking account of extant activities, interests and organisations, the findings of the review are intended to inform discussions around the future form, function and contributions of the Care Initiative at Green Templeton College (GTC).

0.2 Methodology

The research was designed as a scoping exercise in the sense of undertaking an overview scan of the main academic and other research as well as organisations and agencies active in promoting and critiquing social care practice and policy both in the UK and elsewhere. The task was executed as a documentary overview of the main types of research and funding interests as well as identifying the main forms of policy- and public knowledge-related engagement.

Adult social care is a broad term which is frequently used in a loose fashion. For the purposes of this review, the following definition used by the King's Fund was adopted: '[adult social care] pertains to a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe' (The Kings Fund, 2023a). The demographic group of most interest for the Care Initiative, and hence this review, is older adults whose care may be delivered in their home, nursing/care homes and hospital settings.

The review was undertaken over 10 weeks (between February and April 2024), predominantly through search engines such as Google, and by searches of other resources including member-affiliate directories of Care England and Help Age International UK (Age International). It also included searches of field-specific academic journals such as [the] International Journal of Integrated Care and The Journal of Long-Term Care, accessed via PubMed. Local, national and international activities were scrutinised. The information reported is valid as of mid-2024.

Because of relatively limited resources, the short time period and the often local nature of some activities, the information should be interpreted as indicating the main activity in the field, rather than as representing a full and comprehensive survey of what exists. The focus on England within the national context should also be noted. A broad-ranging search of international developments of interest was also undertaken. However, these are not outlined in the report in full detail since the activities underway in other countries are only of general background relevance.

0.3 Structure of this report

To open, the report offers a short introduction to the organisation of social care in the UK. It then proceeds to consider the range of relevant activities, organised under a number of headings. These are first outlined for the UK before turning to the international context. A short conclusion overviews the main points, especially from the UK analyses, and highlights some implications for the Care Initiative.

1. Adult Social Care in the UK

Social care services, like health services, can be categorised as long- or short-term, with the respective thresholds dependent on context. Short-term care is typically understood as a limited course of support spanning weeks or months, aiming to rehabilitate those with care needs so that they can better support themselves (usually conceived as involving the help of family or friends) (NHS Digital, 2019). This is distinct from long-term care, which serves people with chronic, higher-level needs requiring support over a prolonged period (NHS Digital, 2019), including those who will receive care for their remaining years. Many people transition from short- to long-term care as they age.

There are a number of unique features of social care as it is organised and delivered in the UK. First, care is offered in both paid and unpaid forms, with some 1.5 million of paid carers and an estimated over 4 million unpaid carers in England alone. Second, staff shortages are common in the paid care sector. For example, there were 131,000 vacancies on any given day in England in 2023-24 – a vacancy rate of 8.3%, which was around three times the average for the economy as a whole. Over a quarter of people (28%) leave their jobs in care each year and around a third of workers leave the sector altogether (The Kings Fund, 2023a). In 2024, the organisation charged with workforce review and planning in England – Skills for Care – devised England’s first social care workforce strategy (Skills for Care, 2024a) and estimates that, if the number of adult social care posts is to grow proportionally to the projected number of people aged 65 and over in the population between 2023 and 2040, an increase of 29% positions (540,000 extra new posts) would be required by 2040 (Skills for Care, 2024a). These findings have led to calls from the NHS Confederation's Integrated Care Systems (ISC) Network director for the recently-elected Labour government to tackle workforce vacancies, promote integration of health and social services and deliver a sustainable social care workforce plan (NHS Confederation, 2024). Moreover, the most recent workforce audit by Skills for Care has highlighted the UK as retaining fewer staff from international countries such as those in South East Asia from whence it historically recruits, due to these countries own ageing populations leading them to retain their own social care workforce (Skills for Care, 2024a). This reinforces the need for the UK to actively recruit and retain UK-based social care staff by making the profession more appealing.

A third feature of the UK care sector is that it is very fragmented. The English care home sector alone comprises approximately 10,000 registered providers of very different types and spread across many locations (Anderson et al, 2021). It is known also that there are large local and regional differences (in England and elsewhere) in many aspects of social care provision, leading to regional inequalities in the supply of social care, costs and take-up (Care England, 2023). Fourth, social care is a highly gendered sphere, with women dominating those providing care (women comprise around 80% of the workforce) (Skills for Care 2023 and 2024b) and forming the majority of those receiving care (Hayes, 2017; ILO, 2018).

Fifth, the proportion of people with unmet care needs is high (The Kings Fund, 2023b). For example, in England, there were almost 2 million service requests for adult social care between 2021 and 2022, with nearly 70% made by older people (The Kings Fund, 2023b). Approximately 43% of individuals received a long-term care package – 529,000 older people and 289,000 working age adults. Short-term care was provided in 224,000 ‘episodes’. Almost one-third of applicants received no care package or assistance at all (The Kings Fund, 2023b). Across Wales, Scotland and Northern Ireland, a similar picture emerges of a failure to meet demand which is worsening in all four jurisdictions. There are several interconnected reasons for this failure:

- An ageing population which is projected to grow at a much faster rate than the current working population;
- Workforce shortages exacerbated by poorer retention and reduced recruitment of European workers due to tougher post-Brexit immigration practices;
- Inconsistent political support and funding for social care reform;
- A cost-of-living crisis which exacerbates existing health inequalities and barriers to accessing care;
- A backlog of delays following COVID 19.

Looking from an operational perspective, the King's Fund (2021) has drilled down into the factors contributing to the problems in social care citing an overly-stringent means test; catastrophic costs; unmet need; patchy care quality; poor workforce pay and conditions; a fragile provider market; disjointed care; and a 'postcode lottery' of access. Together these problems have led the UK to witness charged debates around the perceived incapacity of the welfare state and the respective roles and resources of local authorities, the National Health Service (NHS) and families and communities in delivering, funding and supporting social care (Institute for Fiscal Studies, 2018).

Among these different issues, financing of care is of major concern. Unlike NHS-provided health care, formal social care is not free at point-of-access (except in Scotland where personal care is free). Rather, the contribution a citizen makes to their own formal care depends principally on their income. In practice, most citizens needing care will utilise a considerable proportion of their personal savings and assets to pay for their care, although some will also receive government subsidies. Research confirms that financial disparities and systemic barriers to accessing formal care often force those needing care from less well-off groups to rely on informal care (Lindt et al, 2020; Quashie et al, 2022; Peterie and Broom, 2024). In 2021, the Conservative government laid out plans, known as The Social Care Charging Reform, which would considerably change how social care is paid for (GOV UK, 2021). The proposed changes included the introduction of amended lower and upper capital limit thresholds (LCL and UCL, respectively). The LCL is the 'threshold below which people will not have to pay anything for their care from their assets', which was set to be £20,000 (up from £14,250). By contrast, the UCL, which describes the upper asset threshold at which citizens remain eligible to receive financial subsidies from their local authority, was to be raised from £23,250 to £100,000. In addition, the (then) government pledged an £86,000 cap on the total amount anyone in England would be expected to spend on their personal care over their lifetime. This was in response to data indicating that older age adults called 'self-funders', who are ineligible for subsidies or financial support, pay for all of their care out of pocket usually to private providers (Lyu et al, 2023). These changes were planned to be implemented from October 2023 but due to economic and political instability and insufficient funding, roll out of these changes was delayed until October 2025 (UK Parliament, 2022). In July 2024, the Labour government announced the planned reforms would be cancelled as part of a series of spending cuts (Foster 2024).

As the older population becomes increasingly characterised by multimorbidity, anticipating the level of care required is increasingly challenging. In the current scenario, it is likely that many of those needing care fall through the cracks of a system struggling to meet the demands of a population sector with diverse needs, and in a context of limited funding creating growing unmet care need.

2. Relevant Activity in the Field Nationally

The survey and mapping undertaken make clear that many challenges facing the care sector, and the many potential avenues for addressing those challenges, make adult social care a vibrant domain of research and policy engagement. The main relevant activities and organisations in the social care field can be categorised into four types:

- academic and other institutions engaged in research and/or its funding;
- think tanks and consultancy organisations;
- institutions and organisations involved in training, governance and regulation; and
- those involved in advocacy, knowledge sharing and representation.

It should be noted that many of the activities and organisations are multi-functional, that their scale and duration vary and that the classification is based on the primary function (which meant classifying some into a main category).

Academic Research Centres and Funding Bodies

There are some 13 centres or units in the UK with a strong research focus on social care (Table 1). Eleven of these are located within universities while two are what can be called 'bespoke' research initiatives originating through funding from the Health Foundation and the National Institute for Health Research (NIHR).

TABLE 1: ACADEMIC RESEARCH CENTRES WITH A FOCUS ON SOCIAL CARE

<i>University-based</i>	Advanced Care Research Centre (ACRC), University of Edinburgh
	Care Policy and Evaluation Centre, London School of Economics
	Centre for Applied Health and Social Care Research, Kingston University
	Centre for Primary Health and Social Care, London Metropolitan University
	Centre for Research in Health and Social Care, University of Bristol
	Global Observatory on Long-term Care, London School of Economics
	IMPACT (IMProving Adult Care Together), University of Birmingham
	NIHR School for Social Care Research, London School of Economics and Political Science (Lead), King's College London and the Universities of Birmingham, Bristol, Kent, Manchester and York.
	Plymouth Institute of Health and Care Research, University of Plymouth
	Social Care Innovation Lab (Centre for Ageing and Dementia Research, Universities of Aberystwyth, Bangor and Swansea)
	The Centre for Care/CIRCLE (University of Sheffield)
<i>Other Research Centres/Resources</i>	Health Foundation REAL Research Units – University of Oxford, University of York
	NIHR Applied Research Collaborations (ARCs) – 15 research centres funded across the UK

Taking a broad overview of the substantive research themes, the following themes are well-reflected in existing academic work:

- the quality of care and evaluation of the ethical considerations impacting social care delivery, including the pillars of medical ethics such as autonomy and beneficence;
- the institutional and social organisation of care;
- the conditions under which care is provided (such as the working conditions of paid carers and the situation of unpaid carers);
- the nature and impact of health and social inequities on social care;
- the integration of health and social care;
- the production, review and synthesis of evidence (including primary research on current practice or meta-analyses of different care models).

Looking at the field as a whole, the landscape is dominated by critical appraisal and analyses of existing and proposed policies in the field of social care, reform of care provision, and the resourcing, funding, and delivery of social care. Effective integration of health and social care is a cross-cutting theme.

It is striking how many of the research centres identified in Table 1 consider health and care together. This is partly because much of the funding comes from health-related funding sources; the NIHR alone funds 15 Advanced Research Centres across the country as well as a School for Social Care Research. While there are benefits to an inclusive conception of care, health research usually dominates in units that have both topics within their compass. A further notable feature of the research landscape on care is the wide presence of interdisciplinarity. Among the predominant disciplines in the field are population health sciences, medical science, ethics, social policy, social work and organisational and business studies.

One of the most relevant and significant centres is IMPACT, a £15 million UK centre for implementing evidence in adult social care, led by the University of Birmingham and jointly funded by the Economic and Social Research Council and the Health Foundation. As the title implies, the overall aim is to focus on implementation of knowledge to bring about tangible and meaningful impact in the organisation and delivery of social care. IMPACT fosters collaboration for social care evidence generation through a unique combination of facilitators, demonstrators, and networks, and recently entered a delivery phase that span 2023-2027. Facilitators are focused on supporting bottom-up local change in small projects, whilst a network is made up of up to 10 representatives in each of the four nations, who meet to discuss complex challenges using previously prepared materials.

Demonstrators explore how evidence can be used to address major strategic issues, linking existing researchers or groups of facilitators working on individual small projects. The centre has a nationwide reach and engages in activities at both the local and national levels. IMPACT's broad range of stakeholders is also noteworthy, ranging across academics to policymakers and carers in particular projects.

As Table 1 indicates, two existing centres are based in Oxford (or its environs). The Oxford REAL research unit is a collaboration between the Leverhulme Centre for Demographic Science and the Centre for Experimental Social Sciences at the University of Oxford, and the Centre for Health Economics at the University of York. Its research focuses on understanding demand for (primarily) health and (to a lesser extent) social care, using individual-level data to analyse how health evolves and interacts with families' socioeconomic lives and environment. Another relevant activity with Oxford connections is the Oxford and Thames Valley NIHR Advanced Research Centre. This is hosted by the Oxford Health NHS foundation Trust and is led from the University's Nuffield Department of

Primary Care Health Sciences. It is focused on applied health research but at least one of its research units has a social care orientation.

On the funding side, research on social care is supported by a relatively small number of funders (Table 2).

TABLE 2: MAIN FUNDERS OF ACADEMIC RESEARCH ON SOCIAL CARE

Arts and Humanities Research Council (AHRC)
Economic and Social Research Council (ESRC)
National Institute for Health and Care Research (NIHR)
The Health Foundation
Wellcome Trust

There is no single fund in the UK devoted solely to research on social care. The main sources of research funding are national research councils, including those for the social sciences and the arts and humanities. Taken as a whole, the top three funders of past and ongoing social care projects nationally are the NIHR, Health Foundation, and Economic and Social Research Council (ESRC). The NIHR is a significant funder of health and care. The Health Foundation, a charity funded mainly by endowment, is also a significant funder of research in the field of social care. The ESRC does not have a specific strand of funding on care but is a significant funder in responding to research proposals. The Wellcome Trust primarily funds health research but does occasionally fund research on social care. The Medical Research Council hardly funds any research specifically on social care.

2.2 Think Tanks and Consultancy Organisations

As well as academic centres, research on social care is also undertaken by think tanks and consultancies (Table 3). For the purposes of this report, think tanks refer to groups or units consisting of industry (and sometimes academic) experts which convene to discuss a given issue, and which usually produce an analysis of said issues in the form of an advisory report. For instance, think tanks are often commissioned to respond to proposed legislation and policy changes through formal reviews. These think tanks tend to be supported through generational endowments, estates and investments, which enables them to maintain impartiality and independence. This also allows their reports and other resources, such as recorded summits and podcasts, to be freely accessible with no paywall, enabling these organisations to command a large and broad audience. These types of organisations have a strong focus on producing industry insights with practical and translational applications for both policy and governance.

TABLE 3: THINKS TANKS AND CONSULTANCY ORGANISATIONS

<i>Think Tanks</i>	Nuffield Council on Bioethics
	Nuffield Trust
	The King's Fund
<i>Organisations Involved in Consultancy</i>	Institute of Public Care (Oxford Brookes University)
	National Social Care Forum Consult
	Picker

In the UK, think tanks working on social care include the Kings Fund, Nuffield Trust and the Nuffield Council on Bioethics. All of these organisations have undertaken or regularly undertake work for the Department of Health and Social Care (DHSC) and National Health Service (NHS) for analysis and strategic consultancy on how to improve the organisation and effectiveness of social care. Beyond their contracted work, these organisations also conduct their own independent research, producing (for example) special reports and longer-form articles on topical themes. A large focus of this work involves auditing an area of public interest or current pressure, such as treatment delays during the COVID-19 pandemic or demand and supply of care and costings. None of these think tanks focuses exclusively on either health or social care, but they all publish regularly on both.

Consultancies range in size and expertise from multinational generalist firms (such as McKenzie, BCG, Bain), which are not discussed in this review, to those that work with the health and social care sector such as The Institute of Public Care (IPC) at Oxford Brookes University. The IPC model primarily entails connecting social care experts (including academics, researchers and practitioners) through consultancy contracts procured from commercial partners and NHS trusts. The IPC also offers accredited training and development programmes. The National Care Forum Consult – an offshoot of the National Care Forum which is included under advocacy and knowledge sharing activities in section 2.4 below – offers service support to the providers of care in the non-profit sector.

One Oxford-based consultancy organisation to note is Picker, an international charity working across health and social care with a strong cross-national focus. The Picker Group is privately owned and consists of Picker Institute Europe (a charity trading as Picker) and Picker Howard Warwick Associates, which recently diversified its portfolio to include care homes and private providers. Picker is independent of the University of Oxford and other academic institutions and its work in the UK seems to be focused entirely on research and insight on the workforce and service provision.

2.3 Governance, Management and Training

A third type of activity characterising the field is focused on management and governance or training or producing guidance. Table 4 lists some of the main organisations.

TABLE 4: ORGANISATIONS UNDERTAKING GOVERNANCE/REGULATION AND TRAINING

<i>Governance</i>	Care Quality Commission (CQC)
<i>Training and Management</i>	Institute of Health and Social Care Management
<i>Skills for Care</i>	Social Care Institute for Excellence (SCIE)
	NIHR Incubator for Social Care

As their titles suggest, the organisations within this grouping are quite diverse. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It registers, monitors, inspects and regulates relevant services, including care homes and agencies providing home care services. Turning to training and the promotion of professional standards, the Institute of Health and Social Care Management is a

membership organisation oriented toward training 'leaders' (individuals or organisations) in the health and social care fields. It offers accredited programmes and support to its members. Skills for Care is the strategic workforce development and planning body for adult social care in England. It undertakes analysis to understand the key drivers of workforce change and shares strategic insights, data, and evidence. It also offers resources, intelligence and tools to managers and those involved in the delivery of social care to support workforce capabilities. The Social Care Institute for Excellence (SCIE) has the role of improving practice in social care through dissemination of 'what works', eLearning tools and other resources. Funded by a mix of private donations and income secured through public and other contracts, the SCIE targets commissioners and providers (inter alia) for training, consultancy, topic expertise, research, evaluation, facilitation and coaching. SCIE has built a free information repository across a broad range of care themes including integrated care, legislation, advocacy and supporting marginalised older care receivers such as LGBTQ+ people. In collaboration with the University of Birmingham, SCIE also offers a Continuing Professional Development accredited leadership programme targeted at practice leaders. This programme thus appears to utilise similar models to Green Templeton's Management in Medicine programme. Outside of these formal activities, SCIE has an impressive online presence, with many informal training resources and a diverse and broad evidence base (reports, blog posts, policy commentaries).

Of special interest to the Care Initiative is the NIHR Incubator for Social Care which was formed as an offshoot of the NIHR School for Social Care Research (mentioned in Table 1 above). Established in 2020, it is a network open to individuals and organisations with research backgrounds or interests in adult social care. The overarching goal of the Incubator – which acts as a virtual community – is to identify and nurture opportunities for greater collaborations between individuals, existing training programmes and infrastructure to enhance career progression opportunities, raise the profile of adult social care within NIHR, and work with other funders of research as well as policy and practice organisations. Alongside access to a network of field researchers and academics, the Incubator also aims to signpost career opportunities and offer training sessions where experts can share guidance for best practice both in terms of care provision and research methodology.

2.4 Advocacy and Awareness Raising, Knowledge Sharing, and Representational Organisations

The final category of activities and institutions is centred on raising awareness of, or engaging in, knowledge dissemination or representing different interests or parties involved in social care. These organisations, which are listed in Table 5, vary in size, capacity and degree and nature of activity; in the table they are organised into three main types.

TABLE 5: ORGANISATIONS INVOLVED IN ADVOCACY, REPRESENTATION AND KNOWLEDGE SHARING AND AWARENESS RAISING

Advocacy	Age UK
	Championing Social Care
	Think Local Act Personal
	Social Care Future
	The Caring View
Information and Knowledge Sharing	Care Management Matters
	Social Care Elf
Representational	Care England
	Care Workers' Charity
	Carers Trust
	Carers UK
	National Care Forum
	Residents and Relatives Association

While it may not be necessarily obvious from the table, the set and range of activities involved here makes for a vibrant 'public space' for care-related debate in the UK. Advocacy organisations, such as the Caring View, Championing Social Care and Social Care Future, offer public-facing information and activities in raising issues that are either strategic in nature or intended to improve public information and generate debate on social care. The Caring View is a podcast that hosts discussions about pressing issues in the sector: improving workplace culture, use of technology and artificial intelligence (AI) in social care provision, unpaid care and carers (among others). The Caring View also issues a free monthly newsletter containing a roundup of content, top tips, opinions and upcoming events.

Social Care Future expresses its aims in terms of inspiring positive energy and enthusiasm for the care sector, improving the public perception of social care and offering ways to address problems. Its Public Living Room campaign had wide exposure and seems to have created opportunities for information and discussion across the country to engage with those receiving or needing care, carers and members of the community. Blog posts and written pieces are regularly updated and made accessible to a broad audience.

Think Local Act Personal seeks to bring the voices of those with lived experience of needing or receiving care to the fore. Its goal is to create dialogue and design services together with central and local government, commissioners of services, national bodies, providers and social enterprises so as to bridge the gap between policy and legislation and real life experience of people with care need. Age UK is another relevant organisation that both advocates for the older generations and offers information, advice and services pertinent to social care (inter alia).

In addition to these advocacy-focused organisations, there are several bodies or entities working for information dissemination. These include Care Management Matters, a bespoke publishing and information agency in the field of social care that both publishes magazine-type articles and acts as an information channel for news, events and developments in the field. The Social Care Elf is another outlet for issues and opinions on social care (among health and well-being matters more generally). It serves as an online resource through the provision of blogs and papers on emerging research, while also providing some training tools.

The organisations in the third sub-category – referred to as 'representational organisations' in Table 5 – seek to be a voice for different actors or sectors involved in social care. These

are quite numerous. They include a number of carers' organisations (e.g., the Carers Trust, Carers UK), those engaged with the well-being of care workers (e.g., the Care Workers' Charity), and those representing the view of the families and relatives of people receiving care (Relatives and Residents Association). There are also a number of bodies and membership organisations representing the interests of providers (e.g., Care England for small medium and large providers and the National Care Forum for providers in the non-profit sector).

Among the general issues of interest motivating representation are the conditions of workers, the situation of informal carers, the need to plan for the future of the sector and the situations of those providing social care and those receiving it. Most of these activities operate predominantly online, with occasional in-person events and meetings. Funding for advocacy and awareness projects is sparse, and consequently representational organisations rely heavily on fundraising and sponsorship.

While assessing vibrancy is never straightforward, the organisations and activities spanning research, capacity building, awareness raising and advocacy and representation identified in this review suggest that social care is a vibrant field and that it can engage considerable public interest. However, social care has many problems that need greater research, public airing and strong political decision-making regarding resource investment and services that better meet need. In research in particular, social care is often linked to healthcare and in many if not most instances receives only secondary attention. In sum, in comparison to health, social care is under-researched and too seldom a focus of research leadership but, looked at more broadly, social care has a striking degree of dynamism and animates a wide range of types of engagement and contestation.

3. Relevant Activity in the Field Internationally

To the extent that it is possible to make a comparison on the basis of the rather limited nature of this scoping review, the research undertaken suggests that the situation in other countries bears similarities with the UK.

First, social care (or long-term care as it is known internationally) is a focus of specialised research, undertaken in academic centres but also in other domains and through other channels. Many high-profile research centres of excellence dedicated to social care have been established in East Asia and Australia. These include the Australian Centre for Evidence Based Aged Care (ACEBAC), the National Ageing Research Institute (NARI, Australia), the Centre for Ageing Research & Education (CARE, Singapore), and Sau Po Centre on Ageing (Hong Kong University). Numerous activities focused on long-term care and person-centred care have similarly been established in the USA and Canada, with many of these activities and projects funded by government grants. These include the Centre for Health Policy Evaluation in Long-Term Care, created by AHAC and NCAL (American Health Care Association and National Care for Assisted Living), NORC (University of Chicago) and Michael Smith Health Research Long-Term Care Quality Initiative British Columbia.

In terms of research funding, research groups, agencies and charities typically apply for funds from their own government or multi-national governance bodies (such as the European Union in Europe). These provide the bulk of funding for the few large country-spanning projects studying long-term care. Academic partnerships between universities tend to rely on combining grants obtained by applicants from their respective countries (such as those awarded by United Kingdom Research and Innovation (UKRI) and the US-based National Institutes of Health (NIH)) into an overall project fund. The National Institute on Aging represents a sub-division of NIH, and at the time of writing is making sizeable donations to North American social care projects, although these are a minority of the successful grants when compared to biomedical or clinical research. The Tsao Foundation and SCAN Foundation are private charities with (respectively) Asian and American geographical catchment areas. Both support a broad range of community projects targeted at ageing individuals, from front-line care provision to empowering marginalised older communities to access high quality care at home. These foundations are in the relative minority of international funders, but new charities emerge constantly.

Whilst many international philanthropic not-for-profit organisations such as Novo Nordisk or the Bill and Melinda Gates Foundation make consistently sizeable donations to health and medically-focused research projects, these opportunities are less abundant for social care-focused projects (similar to the UK). Research that encompasses disease R&D and clinical trials might be allocated funds for a social care sub-project, but this is typically a minor part of the total grant. This relative exclusion problem is particularly an issue for institutes that require larger grants to achieve their goals, and for those wishing to collaborate with international partners.

Second, the scoping review identified a number of relevant think tanks and consultancy organisations that work cross-nationally. The evidence in this regard suggests that the consultancy, corporate and industry landscape for social care is rapidly changing, not least because governments and international agencies are increasingly turning to private consultancies for finance and business insights. International consultancies identified during the review included the following:

- professional networks comprising care providers and agencies, which offer training to members to improve quality of care and professional development (e.g., I-CARE4OLD, Global Ageing Network, European Ageing Network);

- Asia-Pacific industry alliances working at the interface between business and ageing, including elderly care providers, government and investors (e.g., Ageing Asia);
- analysis and strategy consulting companies which aim to develop solutions to public policy challenges (e.g., RAND).

Relevant global think tanks include the Milken Institute, Picker, the SCAN Foundation and Friedrich-Ebert-Stiftung (FES). The Milken Institute and FES undertake activities across many international sectors including health and care, whilst the SCAN Foundation and Picker have specific expertise in health and social care. Both SCAN and Picker are particularly focused on themes such as dignity in ageing, person-centred care and tackling health inequalities. SCAN's activities are directed to system-level insights by advocating for change through analytical insights of the sector, whilst Picker's activities are MAINLY focused on front-line provision.

Third, there is a relatively small number of organisations that are prominent in professional training, governance and regulation on a cross-national basis, but social care has generally higher regulation educational and training requirements in many countries – especially those in western Europe. Of these, the World Health Organization (WHO) and its parent organisation, the United Nations (UN), exert significant influence in terms of undertaking and funding research and analysis, disseminating information and developing policy recommendations on social care. Both have unrivalled access to world health and care data, which enables them to robustly analyse evidence and compile recommendations for priority areas for action that are global in reach, such as mandating workforce training and capacity to meet basic human needs. Their international outlook also positions them to understand the global implications of social care issues, such as the need for aid and training in low-and-middle-income countries (LMICs) to facilitate care coverage. Both organisations have been vocal advocates for older-age issues and particularly for communities more likely to suffer care inequalities. This includes people providing care themselves who are disproportionately women.

The WHO's main work in adult social care falls under the Ageing and Health Unit, in which there are numerous relevant subdivisions including the Integrated Care for Older People (ICOPE), the Global Network on Long-term Care (GNLTC), Integrated Continuum of Long-term Care, and the WHO Clinical Consortium on Healthy Ageing.

The WHO's activities in social care include:

- gathering and collating health and care data into free and accessible summary reports which can then be used by national and other agencies to devise strategy, anticipate demand and plan future provision. Data repositories are accessible to the public and updated regularly;
- fostering international collaboration and data sharing between nations on care demand and provision, population demography, and workforce challenges;
- setting out international health and care agendas and standards to which all affiliated nations are expected to adhere;
- providing toolkits and guidance, such as the WHO Integrated Care for Older People (ICOPE) package, which helps stakeholders in health and social care to understand, design and implement a person-centred and coordinated model of care for patients. The ICOPE Handbook App helps implement ICOPE in community and primary care settings by generating a printable summary of the resulting assessments, interventions, and care plan;
- producing educational materials with guidance for carers (informal and formal).

In partnership with the WHO, the UN launched a 'Decade of Healthy Ageing', a public health campaign and collaborative platform running from 2021 to 2030 that brings together

knowledge from diverse sectors including social care, to transform the lived experience of ageing on a practical, psychological and socio-political level. This initiative spans governance, advocacy, awareness and information dissemination. Citizens including carers, care-recipients, researchers and clinicians are invited to submit 'knowledge' to the online platform which is then published on the relevant topic (e.g., integrated care or long-term care). Of the UN Decade's four areas of action, the most relevant to the Care Initiative are iii) delivering person-centred, integrated care and primary health services responsive to older people, and iv) providing access to long-term care for older people in need.

In the fourth category of organisations covered for the UK and discussed above – organisations involved in knowledge sharing and dissemination, advocacy and awareness raising and representation – most of the activity is national and hence too specialised to be of relevance for the Care Initiative. However, Age International and Eurocarers are two potentially relevant organisations. Age International is a charity that campaigns for and offers practical guides and information to those needing care services, as well as to those who provide them (similar to Age UK). Eurocarers is a network representing informal carers and their organisations, irrespective of their age or of the health and care need of the person they are caring for. Eurocarers' mission is to bring together carers, universities and research institutes in a unique combination that enables evidence-based advocacy. Specifically, Eurocarers want to raise awareness of the significant contribution made by informal carers, the need to safeguard this contribution and ensure that future EU and national policies take account of informal carers.

4. Findings and Strategic Issues

4.1 Findings

This report has surveyed the current social care landscape, outlining national and international activities and organisations that are active in researching, building capacity, governance, raising awareness, providing insights for policy and public debate and representing interests in social care.

The main findings of relevance, especially in relation to the national situation in the UK, are as follows:

Social care research dominated by health (system) considerations and interests: While the field of research in social care is developing, the extent to which the subject is appended to research on health is striking.

Limited long-term funding: Most of the organisations and activities discussed in this report have evolved through several iterations, in part in response to emerging developments in social care as a 'problem' for public policy and to particular calls for research. They tend to be 'funding supply driven'. For those initiatives that have been running for decades, adapting to the times by trying different approaches and diversifying what they do has been critical, even if the core mission remains the same.

Considerable public debate: The research and other activities has evolved to both deepen specialist knowledge and contribute to a public debate about social care. In a field where resources are generally scarce, there is a lot of specialist interest organisations, making for some jockeying for position and contestation regarding 'voice' in the public debate. This suggests a clear role for a 'non-interested', academic commentator or facilitator of debate and knowledge exchange in the field.

Funding for knowledge generation vs dissemination: Most funding calls (Wellcome, ESRC, NIHR) tend to be for primary or applied research for the purpose of generating new knowledge or evidence, rather than for efforts to form knowledge hubs or engage in knowledge dissemination activities. Small amounts of funding are available for community-based projects, generally through the Health Foundation and a range of charities, but these tend to be aimed at grassroots front-line initiatives, and the amount of funding available is limited.

International engagement: The most promising international engagements in social care are undertaken by policy organisations such as the WHO and UN. Each draws attention to lacking engagement with social care in LMICs, in terms both of under-provision of formal services and too little strategic policy and planning.

4.2 Strategic Considerations

There are few if any initiatives that resemble the Care Initiative in terms of its current operation – offering talks and taking forward conversation and knowledge exchange on subjects of key importance. The unique selling point of the Initiative is its academic location and focus.

In order to build on its history and successes, the research suggests four key strategic decisions that the Care Initiative must consider as it looks to its future.

It is vital that the Care Initiative has a clear future mission and remit. This can be achieved by defining a clear mandate and terms of reference, identifying the social care topics it wishes to focus on and contribute toward and being clear about its major contributions and audiences. For any activity to be successful it has to have a clear mission. This scoping review indicates that the Initiative's potential contribution could be thought of along four dimensions: undertaking (academic) research; offering consultancy, for example on the organisation and operation of service provision, governance, regulation, training and skilling of the paid and unpaid workforce; advocacy, knowledge sharing and awareness raising. If the Initiative wants to broaden its focus and offer (for example) consulting or informational services, there are a number of organisations that it might look to as models (or might be considered as occupying the space). Those models include SCIE (which focuses on improving practice in social care through dissemination of 'what works', eLearning tools and other resources) and the IPC at Oxford Brookes University (which offers consultancy, training, evaluation and applied research services to both central and local government agencies and commercial organisations).

To ensure its success, the Care Initiative must clarify its reach – whether local, national or international – and scale.

The initiatives and organisations analysed tend to work at different scales. Smaller scale, community-based engagement or advocacy initiatives offer the benefit of nurturing community identity and integration but are unlikely to yield some of the high-level exposure and collaborative opportunities of a broader focus.

While there is no existing pot of money available, there are a number of modes of funding existing activities which should be further scrutinised for the Care Initiative.

A theme that consistently emerged from this review was the importance of initiatives being sustainable and, ideally, income-generating. Most of the initiatives that have been highlighted do not maintain themselves on endowments or guaranteed funding (with the exception of the major think tanks) but instead secure income through consultancy and contract work for governmental and other agencies. This ranges from small training contracts for providers to larger commissioned analyses for policy development. Alternatively, some organisations charge membership fees for access to resources, networking events and training, although this model is somewhat endangered as users are able to access many resources for free through forums and communities, professional networks such as LinkedIn, and even social media and Facebook. Factors to be considered here include the principal offering, the logistics of personnel/champions, infrastructure and start-up costs.

A critical decision will need to be made regarding partnership and collaborations, within Oxford and outside.

Careful strategic thinking will have to be done around the advantages of partnering with an existing centre or agency, especially one that already has either secure funding or an audience or reputation in the field. If GTC wants to apply for some of the most generous funding sources, it might consider partnering with a local or national organisation on a larger grant that could then fund activities at the Care Initiative. Alternatively, GTC might consider hosting academics with existing grants for projects centred on social care research, who could then support Care Initiative activities. A portfolio of diverse streams of income and financial support would likely improve the Care Initiative's long-term financial health.

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