Summary
• The social care workforce is predominantly female, with many receiving low pay and having limited opportunities for career progression. An ageing population and difficulties in recruiting and retaining sufficient care workers mean demand for care is now outstripping supply, with 1.4 million older people not receiving the care they need. Brexit too could create further pressure. Currently 1 in 6 of the care workforce is from the European Economic Area.
• The social care sector needs to be more attractive as an employment option. It has never commanded the high status of work in the NHS. The greatest challenge is the way the social care sector is seen – often as a ‘Cinderella’ service to the NHS – with implications for how it is resourced and on the workforce.
• This Policy Perspective provides insight from expert voices in social care and makes recommendations relevant to policymakers and researchers in the Sustainable Care programme. These include the need to reconceptualise social care as skilled work and to ensure the structures are in place to support recognised and valued training to facilitate horizontal and vertical career progression. The contributions of government, employers and the broad social care workforce to a national strategy on this subject will be needed at formulation and implementation stages.
How can we create better jobs in care?

**CONTEXT**

How best to improve and enhance job quality in social care was one of the topics chosen for a series of Re-Imagining Care Round Tables, held in London and Birmingham in 2018, bringing experts, practitioners, carers and service users, and members of the Sustainable Care team together to discuss matters crucial for the sustainability of care arrangements in England. At a time when social care is high on the policy agenda and a growing focus of much public debate, the round tables were designed to inform the development of the Sustainable Care research programme and to guide the Sustainable Care team’s advice to policy makers.

Government has promised a Green Paper on Social Care (for England), and the workforce was highlighted by the new Secretary of State for Health and Social Care, Matt Hancock, on 20 July 2018, as one of his priorities ‘I want more people working in social care to feel able and supported to grow and develop their careers and step up into those senior roles that are crucial to providing leadership and determining the quality of care received by our loved ones’.¹

Around 873,500 people in the UK are supported by home care workers (673,000 in England, 112,000 in Scotland, 47,300 in Wales and 41,200 in NI), amounting to 318 million hours of direct care work a year.² Government expenditure on home care is £3.83 billion annually; while self-funders (228,000 people) pay £713 million each year. It’s a workforce of about 629,400 people across the UK (527,000 in England, 64,300 in Scotland, 26,100 in Wales and 12,000 in Northern Ireland). There are 10,176 ‘registered’ home care providers in the UK (8,458 in England, 943 in Scotland, 468 in Wales and 307 in Northern Ireland). As is widely known the social care workforce more generally is largely female (80%), with a high proportion of non-British workers (18.2%).³ In addition to home care workers are staff who work in care homes, day centres, social work teams and other community services – many experiencing problems of recruitment and retention.⁴ Despite these challenges, social care can be a good place to work and it was the theme of good jobs in care that formed the agenda for this round table.

**KEY ISSUES**

The Round Table discussion and experts’ contributions raised important debates relevant to policy, practice and research.

- **Pay:** Contributors highlighted that social care work has traditionally been characterised by low pay on the frontline, with some providers side-stepping wage legalisation. The social care sector generally has seen a tighter squeeze on wages than the rest of the labour market due to cuts in local authority funding meaning that public, private and third sector providers of care have made increasing use of zero-hours contracts and differentials are hard to maintain. Staff welcome living wage legislation but this is only a starting point.
- **Risks:** Social care work is often emotionally challenging which is part of its attraction; people want to make a positive difference. If they feel good about their work, and are appreciated and supported, then verbal abuse and physical abuse may be easier to manage. Discussants felt the notion that care was “women’s work”, and therefore innate and unskilled, led to its characterisation as low status and undesirable although the sector presents major opportunities for female leadership. For nurses working in social care, the opportunities to be creative and caring can be outweighed by feeling under-valued in terms of social value as well as terms and conditions.
- **Employment contracts:** As well as high levels of part-time working (53%), which can be appreciated, many social care workers are on zero hour contracts (30.5%) which gives flexibility but also some insecurity.
- **Training and career progression opportunities:** Only 70% of those in the care sector have undertaken induction training, and 38% of direct care staff have no relevant qualifications. Career progression is hampered by the lack of portability of training - providers lack confidence in the training delivered by others. The discussion revealed that a lack trust in qualifications provided staff with limited incentives to train. While the Care Certificate had shown promise, it is not mandatory, and discussants felt it had not delivered major changes.

**Changes in the social care system**

- **Care is being provided to people with high levels of care needs:** Between 2009 and 2015 the number of people receiving local authority funded home care in the UK decreased by 20% but at the same time, the hours delivered only decreased by 6.8%.⁵ Staff are providing high intensity care at home and in care...
homes. This has implications for the care workforce as they are now working with people whose needs are increasingly acute. For example, care workers are needing to work more often with technology and to develop new skills.

**Improving job quality in social care.** To address some of these challenges (including possible reductions in recruitment of migrant care workers and the welcome reduction of unemployment), the social care sector needs to be attractive as a career option – for younger people, but also for people wanting to change careers or to return to work. Currently discussants felt that the lack of opportunities for vertical and horizontal career progression, coupled with the low pay and status, were contributing to a churn in staff at precisely a time when increased numbers of more highly skilled care workers are needed to meet the challenges of an ageing population.

**What constitutes a ‘good job’ in social care is not a technical matter; it is a political and societal matter:** The notion that care work is innately unskilled was felt by the discussants to be a fallacy. Four phases of the delivery of social care demonstrate this, and link job quality to the way social care itself is conceptualised:

1. **Care as punishment:** Social care was an ‘imprisonment paradigm’ from the early 19th century to 1948, characterised by segregation, institutionalisation and punishment. Care workforce skills were akin to those of a prison officer (for example in some long-stay hospitals or workhouses).

2. **Care as the business of local government and women:** Post-1948 with the end of the Poor Law and the workhouse system local government became the provider and purchaser of care services. The 1948 Public Assistance Act created welfare departments in local authorities with responsibilities for older and disabled people, predominantly staffed by women, reinforcing the notion that care was ‘women’s work’.

3. **Social care as a profession:** Following the Seebohm Report in 1968, integrated local government departments responsible for care of children and adults were formed. These had a (small) community development and training focus, as well as a research element. This was an era characterised by the professionalisation of the workforce and care was relatively well-funded but inflexible and lacking choice.

4. **Social care as a market:** The Griffiths Report in 1988, the 1989 Community Care White Paper and the 1990 NHS and Community Care Act prompted a new era of social care with a major shift towards the market, whose providers were not required to deliver a particular type of workforce development or workforce strategy. The sector is now often characterised by high turnover, low pay and poor retention.

**The emerging network model:** In some areas new models are emerging with more interprofessional working and a change to co-operatives, ‘mutuals’ and grassroots care provision. What the implications are for the workforce remains to be seen but some argue these models promote improved job quality by moving away from the ‘time and task’ model of home care and may increase staff wages. These developments are one area of research interest for the Sustainable Care research programme.

**The role of technology:** The discussion highlighted that technology is not taking over from relationship focused care work but can be complementary. Robots are not going to disrupt the care sector - they are not going to do personal care, which is the bulk of home care visits, but there will be likely changes for staff from the introduction of more technology, such as booking care calls or managing ‘paperwork’. Person-centred care is a two way process - person to person – and technology may assist in enhancing care and reducing administration.

**RECOMMENDATIONS**

Round Table participants suggested that good jobs in care could be a rallying call but needed a policy, care provider and research response:

**For policymakers:**

1. **Re-think how care is conceptualised:** Care work has been characterised as low skilled, low pay and low value work. Those in leadership roles should challenge this. Part of the low value ascribed to care work reflects the low value placed on those receiving care: those who are old, ill or disabled. Policy makers should also be careful about avoiding terms such as ‘bed blockers’.

2. **Better-funded care needs to be linked to improvements in job quality:** To move away from ‘time and
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Sustainable Care research teams are working to develop the evidence base, focusing on:

1. How can social care’s social, political, economic and relational organisation be shaped to deliver care fairly and equitably?
2. What capacity do innovative home care models in the UK have to support sustainable wellbeing, including improving job quality?
3. How are UK policy changes in 2018-2020 affecting the roles, recruitment and status of migrant home care workers?

Footnotes
1. Secretary of State for Health and Social Care Matt Hancock’s speech on 20 July 2018.
4. Recruitment and retention in adult social care services (2018), J Moriarty, J Manthorpe & J Harris, Social Care Workforce Research Unit.
5. As footnote 2.
6. As footnote 2.

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The recommendations in this Policy Perspective are from the Sustainable Care team, and do not necessarily reflect the personal and/or collective opinions of those taking part in the Round Table or the ESRC.

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ABOUT THE RESEARCH
The Sustainable Care: connecting people and systems programme explores how care arrangements can be made sustainable with wellbeing outcomes. It studies the systems, work and relationships of care in the context of changes in technology and mobility and aims to support policymakers, the care sector and academics to conceptualise sustainable care as about ethics, justice and the distribution of resources. The programme focuses on adults living at home with chronic health problems or disabilities and their families, carers and paid workers. Funded by the ESRC, it is delivered by eight universities and Carers UK, led at the University of Sheffield by Professor Sue Yeandle. This Policy Perspective was prepared by Kate Hamblin and Jill Manthorpe. Policy Perspectives were designed by Kelly Davidge.

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