Theme 4: Care markets: how and for whom do they work?

4A: Equity and inclusion
4B: The paid and unpaid care workforce
4C: The design and operation of care markets and provider innovation

Release date: Thursday 29th April

Theme 4: Care markets: how and for whom do they work?

Session 4A: Equity and inclusion

Chair: 
Discussant: 

Mo Ray

A ‘care-less’ system? Navigating the care market as an older self-funder in England

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This paper examines the assumptions that the social care market will meet the needs of care users through choice of care services and greater control over the care they receive through their purchasing decisions. It draws on empirical research about older people’s experiences of navigating the care market as self-funders. The research, which was co-produced with older people, followed the journeys of older self-funders over an eighteen month period and also included interviews with informal carers, care providers and commissioners to generate a wider perspective of the current social care system in England. The findings point to evidence of a lack of choice and the limitations of market notions of ‘voice’ and exit’ in relation to self-funded care. In this paper we discuss the findings which show that the actual availability of care services, access to appropriate support and information to inform care decisions, as well as the emotional and psychological challenges inherent in the contexts in which the need for care arises, all call into question the nature, meaning and relevance of ‘choice’ in relation to older people’s care needs and the appropriateness of the market in meeting these. It exposes the hidden ‘costs’ of the care system, such as the emotional costs of bearing the brunt of a system that is not needs focused or person centred. Some of these costs are invisible but are experienced by older people, informal carers and care workers in their efforts to make care ‘work’ in a system antithetical to care.

Gabrielle Meagher

Navigating the home care market: How older people are expected to access home care in Australia, Spain and Sweden

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Home care services for older people are being increasingly organised through markets in rich democracies. Home care markets are shaped by government policies about who should take responsibility for decision-making about eligibility and provision, and for financing and oversight of services. To a greater or lesser extent in different countries, publicly subsidised home care services are delivered alongside unpaid family care and supports purchased privately in the broader market. These latter arrangements for meeting care needs are also shaped by government policies, and may also be publicly subsidised. The result is a diverse range of home care markets with complex boundaries and interactions with non-market forms of support. Despite international variation in the availability and organisation of different kinds of support, all home care markets require older people and their families to navigate within them to access services. This comparative paper examines how the organisation of home care markets in three different countries, Australia, Spain and Sweden, shapes the paths that older people are expected to navigate, whether explicitly or by default. We use publicly available documents and websites produced by policy makers and market actors to map how the responsibility is distributed between actors (older people and their families, professionals, governments, providers and other market actors) for decision-making and resourcing at each
stage of the process, from how older people enter the home care system, to the specific services provided, how older people are allocated to providers, and how delivery of services is managed and monitored. Based on this mapping, we assess the specific opportunities and constraints older people and their families face in each country’s home care market, and conclude by reflecting on the actual or potential inequalities each home care market generates.

James Pike
Capital versus care: Capitalism and the barriers to sustainable social care

Affiliation: Nottingham Trent University

This paper presents an argument, informed by the critique of political economy and a review of the history of care in England, that fundamental features of capitalism undermine the development of sustainable care systems. It addresses debates over the source of the multi-faceted and often-referenced ‘crisis’ in care, with a focus on England; and argues that much existing literature focuses on the phenomenal form of the crisis rather than its essential underlying causes. In particular, it responds to arguments that the contemporary crisis in care is rooted in ‘neoliberalism’. The paper argues that the rise of ‘neoliberalism’ in response to growing crisis conditions following the post-war boom was a result of fundamental underlying contradictions of capitalism. The same fundamental dynamics which made possible the relative stability of care for several decades following the second world war led to the turn to ‘neoliberalism’ and the breakdown of this stability. The paper uses the critique of political economy to make sense of this history, and of the data from academic research and grey literature, demonstrating that stable care systems are in fundamental contradiction with capitalism. The paper concludes that due to this fundamental contradiction, building such systems requires us to look beyond capitalism.
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| Chair: |
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**Florin Vadean**  
The effect of employment conditions on English care home quality  

**Affiliation:** PSSRU, University of Kent  
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**Background:** A large proportion of care workers are paid at minimum wage, leading to concerns of negative effects on job satisfaction and care outcomes.  

**Objective:** To quantify the effect of employment conditions in English care homes on care home quality ratings.  

**Methods:** We conducted an analysis of secondary data of English care homes (n=12,052 observations of 5,555 care homes) for the years 2016 to 2018 to model the relationship between care regulator quality ratings and employment conditions. We focused on the effect that training provision to care staff and job terms and conditions (wages and turnover/vacancy rates) had on care home quality ratings. All these variables, which can be affected by policy, are expected to be important determinants of care quality. We used longitudinal panel data models, multiple imputation to address missing data, and an instrument variable approach to control for potential endogeneity between care quality and wages.  

**Results:** We found a significant positive effect of wages and the prevalence of training for both dementia and dignity/person-centred care on the likelihood of higher quality, whilst staff turnover and job vacancy rates had a significant negative effect. Specifically for wages, we found that a ten per cent increase in the average care worker wage increased the likelihood of a ‘good’ or ‘outstanding’ quality rating by seven per cent.  

**Conclusion:** This study provides important evidence that improving employment conditions, including pay and training, can have an important impact on the quality of service in care homes.  

**Olivier Crasset**  
The effects of summer tourism on the home help market in a seaside resort in Brittany  

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The labour market for home help for dependent elderly people is short of labour all year round. On the Brittany coast, which is studied here, tensions are particularly high in summer. Starting from the case of a seaside municipality, we are interested in several factors that contribute to this phenomenon and its consequences on work.  

The increase in demand is linked to the increased presence of retirees living year-round and also people in second homes. This gentrification of the territory hinders the installation of young working people working in home help. In addition, home help workers, often women raising their children alone, are less available in the summer when their children are on holiday. There is a scissor effect between higher demand and lower availability of labour.  

The recruitment policies put in place remain unsuccessful, particularly because jobs are available in other sectors (agri-food industry and tourism). During the summer, the working conditions of professionals deteriorate, particularly due to traffic difficulties. However, services are provided by actors of last resort who make practical arrangements at the margins of the law in the name of necessity. In addition, the economic and cultural resources of families in second homes protect them from labour shortages.  

**Amaya Alvarez**  
Choice and control? Mental health carers, marketisation and the co-option of unpaid care in Australia  

**Affiliation:** Future Social Service Institute, (FSSI) RMIT University  

Marketisation is touted as a way to address challenges in how systems of social support provide services, and how people with support needs are constructed. Rather than service users accessing supports through block funded organisations, they are realigned as individuals making choices about, and having control over individual budgets in a marketplace.  

In Australia the National Disability Insurance Scheme (NDIS) was advocated for on the grounds that individuals living with disability should have more agency regarding their needs and goals to live ‘an ordinary’ life. But research on marketisation
under the NDIS has identified a number of blindspots. One of these is the co-option of un-paid care into the market. The architecture of the NDIS treats informal care unproblematically despite research that carers are overwhelmed.

Drawing on embedded research on the experience of mental health carers of the NDIS as it rolls out across Australia the paper will illustrate how the strict demarcation between carer and consumer within the Scheme fails to address the complexity of families and the intensity of care; how carers are often (also) consumers - a key (unsought) challenge for the NDIS within indigenous communities; or why the work for carers increases as they navigate the NDIS process.

Using vignettes that exemplify the complexity and contradictions within the market, the paper will highlight how markets can create further inequities for informal carers struggling to manage their current ‘workload’, own needs, and the messiness of everyday life, and how markets can leave the most marginal more vulnerable.

Tamara Daly

Above and beyond: Gendered austerity and comparative wage theft in long-term care work

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Recent improvements for frontline care workers in long-term care, including the New Zealand Pay Equity settlement and the Scottish Living Wage regulation, have been heralded as advancing care work conditions. Despite representing promising policy shifts, raising the minimum hourly rate and paying for travel for home care comprise only part of the wage and working conditions equation. We argue that under-valued and under-recognised care work occurs in a gendered austerity context, which governs jurisdictional approaches to decent work and good care. Set within this context, and reflecting on recent improvements, this paper presents findings from a comparative case study of long-term care work in Australia, New Zealand, Scotland, and Ontario. We identify gendered austerity produced in care work, such as by shifting risks onto workers; adopting training discourses while leaning-out supports; flattening career ladders; and creating conditions for wage theft. We examine how wage theft is produced through working conditions impacted by gendered austerity. For instance, decent wages are comprised not only of hourly rates, but are also a function of pressures to perform unpaid work; increasing work intensity, forced casualisation, time-fragmentation, personal payment for work resources; hiring in conditions of under-classification; providing little meaningful training or upskilling; and understaffing. We conclude by reflecting on the utility of gendered austerity as a conceptual framework for revealing the complex relationships inherent in the wage and working conditions equation and the tensions arising from the contingent nature of adopting hourly wage rates as a true marker of advancement for care workers.
### Theme 4: Care markets: how and for whom do they work?

#### Session 4C: The design and operation of care markets and provider innovation

**Chair:**

**Discussant:**

**Juliette Malley**

**Shaping the quality of social care markets by investing in providers in England**

**Affiliation:** CPEC, LSE

**Other authors and affiliations:** Alasdair Jones, Dept of Methodology, LSE; Valentina Zigante, CPEC, LSE

In England, local authorities (LAs) are charged with ‘shaping’ their local care markets to achieve diverse good quality provision. We focus on how LAs should discharge this duty, by investigating how policy instruments should be designed, implemented and bundled together into ‘policy mixes’ to assure and raise quality within local care markets. Drawing on data from three case studies of quality initiatives, and building on earlier studies, which suggested a need for LAs and providers to collaborate more, we analyse how different policy instruments influence the LA-provider relationship and contribute to providers’ views about the supportiveness of LAs. We find that providers value initiatives that recognise and celebrate achievement or directly support them to improve practice. This picture is, however, coloured by what the different elements of the policy mix signal about the LA’s trust in providers. Approaches based around the setting and monitoring of standards signalled distrust; but investing in providers through, for example, facilitation interventions and training signalled trust. While the former led providers to view LAs as less supportive, the latter cultivated a culture of cooperation based on reciprocity and seemed to counteract signals of distrust from monitoring schemes. Notwithstanding difficulties finding resources for investment in the current financial climate, LAs also need a pragmatic attitude recognising that all providers cannot independently maintain and improve quality, given challenges recruiting and retaining staff and finances. As LAs seek to shape the quality of care markets, this work serves as a timely reminder of the value of investment-oriented approaches.

**Alasdair Jones**

**Meeting dementia care needs through market shaping? A process evaluation of a standards-based dementia care payment scheme in England**

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**Other authors and affiliations:** Juliette Malley (LSE [CPEC]); Valentina Zigante (LSE [CPEC])

This paper reports findings from an NIHR SSCR-funded study of local authority (LA) market-shaping initiatives to assure social care quality for older people in England. The study combined a web-based review of approaches taken by LAs to assure social care quality in their local care markets with a series of in-depth case studies of quality initiatives. This paper presents one case study: a financial incentive-based quality initiative implemented by one LA. This initiative was designed to encourage nursing and residential care home providers to adopt evidence-based standards in relation to dementia care practice and the care environment and to reimburse the providers for the additional costs of providing such care. Using a process evaluation approach we first analysed documentary and interview data to understand the ‘logic’ of the quality initiative, its constituent components and its underlying theory of change. We then sought to evaluate the initiative (using a mix of quantitative and qualitative data) with a focus on its implementation. This paper presents the findings of this evaluation, focusing on how the case study quality initiative achieved desired outcomes and how it resulted in various unintended pathways and consequences (organised thematically around issues of provider reputation, provider perceptions of the initiative and consistency of initiative implementation by the LA), and paying attention to the operation of the care market in this case. The paper will conclude by turning to the implications of the quality initiative’s implementation for how the LA was able to meet the needs of the target population.

**Deborah Milly**

**Policies, markets for care workers, and entrepreneurial innovation: Implications of the Japanese case**

**Affiliation:** Virginia Tech (Virginia Polytechnic Institute and State University)

What is the relationship among government policies, markets for caring, markets for migrants, and entrepreneurial innovations to meet increased needs for caring? Drawing mainly on Japan’s recent challenges in securing a care workforce and adopting care-work migration, the paper addresses how care-industry entrepreneurs have sought to work within the policy system to meet the country’s escalating care needs. The paper contends that it is important to recognize that government policies—both for formal eldercare institutions and for migration—do not dictate but interact with market behaviors of care-providing services, entrepreneurs in a wide range of care-related industries, and potential employees. In short, policies become structuring mechanisms that drive an entrepreneurial private sector to develop alternatives preferable
to those envisioned or provided directly by government. The “market” in this case demands both a large number of workers and workers with a desired skill set; moreover, employers want a labor force that can be retained. But employers also face limitations on improving wage conditions due to the public insurance system. The paper exposes the strategies of residential care facilities, training schools, recruitment agencies, and local governments that seek to maneuver within and stretch government policies. The paper uses the case as a starting point for developing a framework for cross-national comparison.

Kris Peach

Investing to deliver high quality care: an English example

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In striving to provide the best possible housing and care for its residents, Housing 21 set out to ensure our care staff felt valued and proud to work for H21, and subsequently ensure our residents could expect to receive an ‘Outstanding’ service, as graded by the CQC.

To achieve this, the historic high worker turnover in the care sector needed addressing. Feedback from care workers cited low pay and a lack of management support as contributing factors. To move from this to the quality proposition which was needed to obtain Outstanding, investment was required in both management and care staff.

Against a backdrop of local authority funding cuts to adult social care, it was unlikely that asking commissioners for an increased hourly rate for care staff would be successful, they needed to be convinced that the investment would result in a better quality service. So, Housing 21 took the decision to invest in its care workforce by increasing pay to 10% more than the National Living Wage.

Alongside this, investment was made in management. The senior worker role, which sat only slightly above the care worker role, was removed and a new higher level of management introduced. The Assistant Care Manager role introduced the benefits of more senior support as well as increased presence for both care workers and residents.

This investment has resulted in positive outcomes including very high satisfaction results, turnover of staff reducing to a sector leading 20% and five Extra Care services gaining CQC ‘Outstanding’ status.