For The Fabian Society
Call for evidence: Roadmap to a National Care Service

About the Centre for Care

This response is provided by members of the ESRC-funded Centre for Care.[1] It also draws on our recent work in the Sustainable Care programme.[2] The Centre for Care is a research-focused collaboration between the Universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, Carers UK, the National Children's Bureau, and the Social Care Institute for Excellence. Funded by the ESRC (Economic & Social Research Council) as one of its flagship research centres, it works with care sector partners and leading international teams to provide accessible and up-to-date evidence on care – the support needed by people of all ages who need assistance to manage everyday life.

Led at the University of Sheffield by Centre Director Professor Sue Yeandle and Deputy Director Professor Matt Bennett, our work aims to make a positive difference in how care is experienced and provided in the UK and internationally by producing new evidence and thinking for policymakers, care sector organisations and people who need or provide care.

In studying care, we focus on ways of improving wellbeing outcomes and on the networks, communities and systems that support and affect people's daily lives, working closely with external partners.

Evidence in regard to the 'policy mix' and reform of social care

This section of our response is prepared by Professor Catherine Needham and Patrick Hall.

- Catherine is a Co- Investigator in the Centre for Care based at the University of Birmingham. She leads on a cross-cutting research theme on care as a complex, adaptive ecosystem and contributes to our research group investigating 'Care Trajectories and Constraints', which explores people's experiences of care at different life stages and as people transition between parts of the care system.
- Patrick is a social care policy researcher, currently undertaking an ESRC-funded PhD on care commissioning, at the University of Birmingham .

A large-scale reform such as the creation of a National Care Service (NCS) would involve a number of reform strands. In a forthcoming book, *Social Care in the UK's Four Nations*, we compare the adult social care systems of Scotland, England, Wales and Northern Ireland.[3] We identify six policy reform areas in social care across the UK in the last two decades:

1. Redistribute the costs of care
2. Personalise support
3. Support unpaid carers
4. Invest in prevention
5. Integrate with health
6. Professionalise the workforce

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[1] The Centre for Care is funded by the Economic and Social Research Council (ESRC), award ES/W002302/1, with contribution from the National Institute for Health Research (NIHR) (Department of Health and Social Care, PI S Yeandle). The views expressed are those of the author(s) and not necessarily those of the ESRC, UKRI, NHS, the NIHR or the Department of Health and Social Care.

[2] Economic & Social Research Council (award ES/P009255/1, Sustainable Care: connecting people and systems, 2017-21, Principal Investigator Sue Yeandle, University of Sheffield).

[3] Needham, C. and Hall, P. (forthcoming 2023) *Social Care in the UK's Four Nations.* Bristol: Bristol University Press.

Each of these reforms has been attempted in different ways in the four nations, yet none has been successfully achieved. Funding has not been reformed to ensure there is sufficient money in the system to make it sustainable, in the short, medium or longer term. Personalisation has stalled, at least in relation to individualised funding. Carers' rights have not been implemented and unpaid carers are more over-stretched than ever. Prevention has not been the focus of local commissioning activity. Integration with health has failed to deliver anticipated benefits. Registration and improved pay for care workers in some (not all) UK jurisdictions has been welcome, but may have intensified capacity issues and does not assure quality work or quality care.

We can look at reasons why specific pieces of legislation have not achieved their goals – for example, the limited impact of England's Care Act 2014.[4] However, we want to draw attention here to broader concerns about policy reforms that, if not addressed, are likely to pose problems for an NCS.

The policy mix: An NCS will be a bundle of different reforms, likely to cover the six areas set out above. It is important to think about the coherence and interdependency of this mix. Attention to the policy mix means ensuring that goals are coherent in the sense that they are 'related to the same overall policy aims and objectives and may be achieved simultaneously without requiring trade-offs'.[5] All six approaches are ambitious, wide-ranging and interrelated (reform funding; personalise provision; support carers; invest in prevention; integrate with health; professionalise the workforce).

However, these reforms do not necessarily deliver 'win-wins' for all groups. Registering care workers may improve status – particularly if introduced as part of a broader package, with better training and pay – but may not enhance the quality of care. Choice and control for people using care services may require a higher tolerance of informality and risk than is currently seen in care systems and may mean *less*, rather than more, regulation and consistency. Carers will benefit from greater rights, if these are implemented, and from more generous benefit payments, but a free personal care policy (as in Scotland) may not help much if it leads to tighter rationing of services that puts carers under even greater pressure.

A complex intervention such as the NCS is likely to have multiple strands, including new approaches to commissioning, better support for the workforce, and new models of provision. Again, the interdependencies and trade-offs here need to be clearly understood. Attempts to commission based on outcomes have had limited success. It can be difficult for commissioners to specify and attribute outcomes, and can be difficult for providers to adapt to the new business models required by an outcomes approach.[6]

Making progress on care reform also requires a recognition of the enormous trust problems between stakeholders in the care system. Lack of trust between providers and commissioners was a key finding from Needham et al's work evaluating care market shaping in England.[7] Local authority commissioners were concerned about profit extraction by providers and a lack of transparency over provider costs. From the provider perspective, a

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[4] Burn, E. and Needham, C. (2021) *Implementing the Care Act 2014*, Birmingham: University of Birmingham.

[5] Carey, G., Kay, A., and Nevile, A. (2019) Institutional legacies and "sticky layers": What happens in cases of transformative policy change?, *Administration and Society*, 51(3), 491-509.

[6] Bolton, J. (2015) Emerging practice in outcomes based commissioning for social care, Oxford: Institute for Public Care; and Needham, C., Allen, K., Burn, E., Hall, K., Mangan, C., Al-Janabi, H., Henwood, M., Tahir, W., Carr, S., Glasby, J. & Brant, I. (2020). *Shifting shapes: How can local care markets support personalised outcomes*. Health Services Management Centre, University of Birmingham.

[7] Needham et al (2020).

key barrier to trust was the high turnover of local authority commissioners, care managers and social workers, which inhibits communication, continuity and a coherent organisational long-term strategy.

Two paradigms: In social care, the existing policy mix pulls reform efforts in two conflicting directions: making the care system more formalised and centralised, and making the care system more informal and decentralised. Some care reforms (particularly integration with health and professionalising the workforce) seek to promote more standardisation, centralisation and formality within the care system, whereas others (particularly person-centred provision and investment in prevention) encourage more differentiation, localism and informality. Implementation of care reforms repeatedly gets stuck, or fails to achieve its goals, because policymakers do not acknowledge or engage with the tensions of calling for fluidity, differentiation, informality and co-production, while also arguing for standardisation, regulation, formality and risk avoidance.

Currently, these tensions are running through the development of Scotland's National Care Service. Reform in England is likely to replicate these tensions unless there is a much more explicit acknowledgement of their existence and a focus on how they will be managed. Reforms may promise the 'best of both worlds', when in practice one approach will crowd out the other. For example, our research in Scotland in relation to the disappointing track record on implementation of self-directed support (SDS) highlighted that the momentum around SDS was lost when the focus shifted to structural integration with health[8] – a finding backed up by other analyses.[9]

Making these two paradigms explicit helps to explain why reformers often speak 'past' each other because they are focused on different means and ends. The paradigms shape both specific mechanisms for reform and broader questions about what sustainability, wellbeing and fairness mean in the context of care. Policy-designers for a National Care Service need to recognise the tensions between standardisation and differentiation within localities and to engage with their tensions, rather than cycling between contesting paradigms. This may require working differently with partners, and making a joint commitment to some policies as overarching goals, rather than focusing only on one of several contending priorities. For example, if self-directed support were to be given primacy over health and care integration, it is likely that the structural approaches to integration favoured to date would be reconsidered in favour of those that facilitate choice and control.

Without attention to the policy mix and sensitivity to the two clashing paradigms of care reform, it is unlikely that a National Care Service will be any more successful than the reform efforts that have preceded it.

Social care: ways forward

Calls to reform the adult social care system are often framed as 'solving the problem' of social care. When Boris Johnson became Prime Minister in 2019, he promised that he had a social care plan ready that would fix social care 'once and for all'.[10] Calls from the left for a reformed care system are often framed as a 'new Beveridge', evoking a post-war spirit.[11]

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[8] Needham, C. and Hall, P. (forthcoming 2023).

[9] Pearson, C., Watson, N., and Manji, K. (2018) Changing the culture of social care in Scotland: Has a shift to personalization brought about transformative change? *Social Policy and Administration*, 52(3), pp. 662-676.

[10] Campbell, D. (2019) 'Pledges to fix social care could cost Boris Johnson dearly, *The Guardian*, 1 August, https://www.theguardian.com/uk-news/2019/aug/01/promising-to-fix-social-care-could-cost-boris-johnson-dearly

[11] Glasby, J., Duffy, S., and Needham, C. (2011) Debate: A Beveridge report for the 21st century? The implications of self-directed support for future welfare reform *Policy and Politics*, 39(4), pp. 613-17.

Reforming social care through a 'once and for all' solution can be an appealing political frame for social care policy, but glazes over the complexities of the UK care 'regime' and the implementation issues of changing it.

In other countries, reforms have often taken shape through 'national conversations' about shifting the level and type of support available from the state, and discussing the responsibilities expected of individuals and families. Peng writes about how Japan attempted to build support for care reform through reframing social care as a solution to a demographic crisis.[12] The Australian National Disability Insurance Scheme for working age people with disabilities followed a similar debate and campaign– Every Australian Counts.[13] In the UK, we haven't had this debate.

Given that we don't have anything approaching a consensus on what we should expect of the state, the market, individuals and families, the 'big bang' approach is a poor tactic –which veto players (from the Treasury to political opponents) can easily exploit. Kate Barker and others have suggested a staged approach, for instance starting with free provision of support to people with critical care needs.[14] While a staged approach, twinned with a large-scale engagement exercise, lacks the symbolic appeal of a 'big bang', it is more astute and may anticipate some implementation problems. The Care Act 2014, while ambitious in its rhetoric, and supported with regional infrastructure, has been beset with these problems. Its ambiguous composition, coupled with financial pressures, led to a disappointing level of implementation.

Response to specific questions in the call for evidence

1. **What should care and support for adults in England look like in 10 to 15 years' time? What should it achieve? What values should inform it? How should it be run?**

Currently adult social care in England is falling well short, with too many people left without support due both to inadequate funding and / or staff and the inflexibility of the offer. The invisibility of the system means this is not recognised. In the absence of appropriate services, families and friends have no option but to attempt to bridge the gap, often with huge costs to their own wellbeing, health, finances and life chances.

Some of the key values that should inform the delivery of care and support for adults include:

- ***Co-production in care planning and delivery*** - true co-production should focus on the strengths, goals and aspirations of both the person with care needs and their unpaid carer(s).[15] It recognises the value of their lived expertise. Despite a focus on co-production in adult social care for many years now, it is still often experienced as tokenistic or episodic.

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[12] Peng, I. (2016) Testing the Limits of Welfare State Changes: The Slow-moving Immigration Policy Reform in Japan, *Social Policy and Administration*, 50(2), pp.278-295.
[13] Needham, C., & Dickinson, H. (2018) Any one of us could be among that number': Comparing the Policy Narratives for Individualized Disability Funding in Australia and England. *Social Policy & Administration*, *52*(3), 731-749.
[14] Barker, K. (2014) *A new settlement for health and social care*, London: the King's Fund; and Bosanquet, N. and Haldenby, A. (2021) 'There is no magic fix for our social care crisis', *The Guardian*, 30 July, https://www.theguardian.com/society/2020/jul/30/there-is-no-magic-fix-for-our-social-care-crisis
[15] TLAP (2022), What is co-production? https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-is-co-production/

- ***A focus on wellbeing -*** evaluations of the quality of care should focus on the wellbeing of both the person with care and support needs and their unpaid carer(s) - we should ask whether a person is able to be and to do what they most value in life.[16] It should be noted that failures in wellbeing outcomes for carers are often less visible than those for the people they care for; addressing both is vital for sustainability.
- ***Personalisation*** - ensuring that people who need care have the choice, flexibility and control to live their lives the way they want to.

The Care Act 2014 (England) already has many promising features in terms of these values, including a formal definition of wellbeing and a general duty on local authorities to promote wellbeing. It stresses: 'The core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life'. The Centre for Care strongly supports this expansive account of social care. In reality, care can feel like a set of tasks to be delivered that are not person-centred, flexible, or appropriate. The invisibility of social care enables poor levels of support to persist, as there is no widely shared understanding of what social care should and could deliver.

In the main the Care Act has been poorly implemented across England, since funding for local authorities has been inadequate to deliver its ambitions. It is vital that future developments in adult social care respond to this context of failed implementation, and learn lessons from it. Our analysis of this implementation failure (for the Department of Health and Social Care) based on a review of research projects relating to the Care Act[17] found that while the Care Act 2014 was 'implementation ready',[18] it has had only partial success in actual implementation. This needs to change.

2. **What level of demand will there be for care and support in England over the coming years? What will be the costs and benefits of adequately meeting this need? What will happen if it isn't met? What are the implications for equality, diversity and inclusion?**

A significant increase in demand for social care is forecast, driven by the UK's ageing population, extended periods of ill health in later life and increased solo living. This is outstripping the supply of workers.

- The population aged 65 and above is projected to grow from 10.5 million to 13.8 million between 2020 and 2035. It is estimated that one adult social care job is required for every six people aged 65 and over. Based on this projected growth, by 2035 the sector may need 490,000 extra jobs.[19]

At the same time, the age profile of the adult social care workforce is skewed towards the older age bands.

- Over a quarter (27%, or 425,000 jobs) of workers are aged 55 and over, compared to a fifth (21%) of workers in the economically active population as a whole.
- This age cohort may retire within the next ten years, which means it is crucial to broaden the traditional demographic for recruitment to ensure supply meets demand.[20]

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[16] Keating, N., McGregor, J.A. and Yeandle, S. (2021) Sustainable care: Theorising wellbeing of caregivers to older persons, International Journal of Care and Caring, 5(4): 611-630.
[17] Burn, E. and Needham, C. (2021) *Implementing the Care Act 2014*, Birmingham: University of Birmingham.
[18] Peckham, S., Hudson, B., Hunter, D., Redgate, S. and White, G. (2019) Improving choices for care: A strategic research initiative on the implementation of the Care Act 2014.
[19] Skills for Care (2021), The state of the adult social care sector and workforce in England, 2021
[20] Skills for Care (2021), The state of the adult social care sector and workforce in England, 2021

Together with the growing shortages of care workers, this paints an extremely worrying picture for the future sustainability of the sector, and the impact on people who need support, unpaid carers, and burnt-out care workers. A recent survey by the Association of Directors of Adult Social Services (ADASS) found that during the first quarter of 2022 almost 170,000 hours a week of homecare could not be delivered because of a shortage of care workers - a seven-fold increase since spring 2021.[21] A lack of available state-funded support means that a growing number of people become unpaid carers, with many struggling to juggle paid work with their caring responsibilities.

There are particular implications for gender equality, since caring features especially strongly in women's lives and they are likely to be caring at ages when they would expect to be in paid work. Our analysis of longitudinal data shows women are more likely to care (for an older or disabled person) earlier in life than men - on average by age 46, eleven years earlier than men.[22] Caring often affects their participation in paid work and reduces their lifetime earnings.

Analysis by Centre for Care researchers and other colleagues (Glasby et al) sets out projected future costs under three different reform scenarios, explores the impact of the growing gap between need and funding, and explores the relationship between future spending and economic growth.[23] The research sets out the projected future costs of adult social care for 2020-60, based on three reform scenarios, where the driver of the increase is the ageing population (Table 1).

Table 1: Projected gross spending on ASC by reform scenario (£m, rounded)

Scenarios	**2020**	**2040**	**2060**
'Solid progress' (costs of ASC constant)	18,121	20,162	21,292
'Slow uptake' (costs of ASC assumed to increase by 2%)	18,853	31,170	48,913
'Fully engaged' (costs of ASC assumed to decrease by 2%)	17,403	12,927	9,114

- Between 1997 and 2018, gross spending on adult social care in England accounted for 1.053% (1997) to 1.419% (2009) of total Gross Value Added (GVA). If the government maintains the current 'slow uptake' scenario, the share of gross spending on adult social care to GVA will exceed 1.419% of GVA by 2031 (given 1% economic growth), by 2028 (given 0.5% economic growth) and by 2026 (if economic growth remains at the 2018 level).
- Despite the Care Act 2014, policy in the 2010s has been even less ambitious than the 'slow uptake' scenario Glasby et al presented to Government in 2010 as the least attractive approach, which would lead to no increase in quality and a doubling of adult social care costs within two decades. The result has been greater unmet or under-met need, growth in self-funding, lower quality care, a crisis among care providers, and much greater pressure on staff, families and partner agencies.

[21] ADASS (2022), Waiting for Care
[22] Zhang, Y. & Bennett, M. (2019) Will I care? The likelihood of being a carer in adult life, Carers UK
[23] Glasby, J., Zhang, Y., Bennett, M. R. and Hall, P. (2020). A Lost Decade? A Renewed Case for Adult Social care reform in England, Journal of Social Policy 50 (2): 406-437.

Glasby et al identify a ‘lost decade’ in which policymakers failed to act on the warnings they received in 2010 about the need for fundamental reform of adult social care. It describes the impact of spending reductions as:

> *“involv(ing) people and their families suffering quietly in their own homes – the sheer human misery caused by our ‘lost decade’ is simply not as visible as financial pressures on more prominent, popular and better understood services (hospitals or schools, for example). When social care for older people is cut to the bone, lives are blighted, distress and pressure increase, and the resilience of individuals and their families is ground down. Yet this happens slowly – day by day, week by week and month by month. It is not sudden, dramatic or hi-tech in the way a crisis in an Accident and Emergency department may be, and tends to attract less media, political and popular attention.”*

Unless something significant changes, current pressures will only increase, and the adult social care system will become unsustainable.

3. What reforms to care and support in England should be initiated in the first year of a new government elected in 2024?

Urgent priorities for any government to address include:
- A long term funding settlement to put adult social care on a sustainable footing.
- A review of the low pay and poor working conditions experienced by care workers across the sector, in recognition of their skills and the growing shortages across all settings and roles.
- A focus on having a broad, national conversation about the level and type of support available from the state, and the responsibilities expected of individuals and families.

It should be stressed that these are immediate priorities that need to be addressed with the utmost urgency, given the perilous state of the sector and its impact on the wellbeing of people with unmet needs, unpaid carers and care workers facing burn-out.

4. What further reforms should be initiated or planned over the course of one parliament?

We feel we cannot answer this with sufficient specificity in this response, but our team is willing to contribute to scoping these in further discussion with the Fabian Society if desired.

5. Specifically, what changes should an incoming government consider with respect to:

a. Rights, control and personalisation for service users, carers and families

Research evidence shows that, for societies to manage care arrangements successfully, support for unpaid carers must include:

- establishing and maintaining a strong voice for carers and maintaining awareness of carers; ensuring social inclusion and ‘a life of their own’ for carers;
- securing an appropriate service mix (that supports carers AND those they care for);
- effective policies to support carers to reconcile (paid) work and (unpaid) care;
- minimising and addressing the financial penalties of caring; and

- maintaining and expanding the evidence base on carers, their circumstances and the support they need and value.[24]

Examples of good and innovative practice in services that identify and support unpaid carers' wellbeing were reported in the national evaluation of the Department of Health's 'National Carers Strategy Demonstrator Sites' programme (2009-11) which explored multi-agency collaboration in providing carers with health and wellbeing support in 25 sites in England.[25] Policy recommendations, to inform service planning, included:

- In all localities, efforts to bring local authorities, NHS organisations and voluntary sector organisations together to develop and deliver effective support for carers, in partnership, should be strengthened.
- Every GP practice should be encouraged to identify a lead worker for carer support, who can assist in carer identification, help in referring carers to suitable local services, and ensure carers' access to health appointments and treatments is not impeded by their caring circumstances.
- All staff who interact with carers, in hospitals, GP practices, local authorities and in the voluntary sector should be trained to consider how caring responsibilities can impact on a carer's health and well-being and equipped to advise on how a carer can access a health and / or well-being check.
- All relevant organisations should regularly offer carer awareness training to their staff.

Support and flexibility in the workplace is also crucial to enable carers to continue to participate in the labour market. Carers can be supported to remain in work, through:

- Support and flexibility in the workplace (e.g., flexible working, work from home options)
- A framework of rights and entitlements in employment, welfare, and social care systems (supporting them to make choices about providing care without putting their own health, financial wellbeing, or social support at risk)
- Carers' leave (with financial support) in a variety of appropriate circumstances[26].

Learning from international policymaking in eight countries, including the UK, informed Yeandle's report for the German Government[27] (for its policy review of supporting carers of older people to remain in work[28]) and her 2020 review paper for the European Commission

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[24] Cass, B., Hill, T., Thomson, C., Wong, M., Fast, J., Keating, N., Buckner, L., and Yeandle, S. (2014) The challenge of caring, now and in the future: learning from across the world discussion paper.
[25] Yeandle, S. and Wigfield, A. (2011) New Approaches to Supporting Carers' Health and Well-being: Evidence from the National Carers' Strategy Demonstrator Sites programme
[26] Yeandle, S. & Buckner, L. (2017) Older workers and caregiving in England: the policy context for older workers' employment patterns, Journal of Cross-Cultural Gerontology, 33: 303-321.
[27] Yeandle, S. (2017) Work-care reconciliation policy: legislation in policy context in eight countries, background paper for German Federal Ministry for Families, Senior Citizens, Women & Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend).
[28] See https://beobachtungsstelle-gesellschaftspolitik.de/f/72c67e304b.pdf and German government website https://www.bmfsfj.de/bmfsfj/meta/en/older-persons (in English): "In September 2015 ... an Independent Advisory Committee for the Reconciliation of Care and Work was set up. (It) addresses matters relating to work-life balance, accompanies the implementation of relevant regulations and discusses their effects. Every 4 years, it submits a report to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, which may include recommendations for action. In addition to detailed insights and assessments of studies, the report includes recommended action on further developing the topic of "work-life balance".

on work-care reconciliation policy.[29]

b. Workforce reform

Fundamental reform of the sector is essential to address the crisis underlying growing shortages of workers. In an under-funded market, labour becomes a cost to be minimised by commissioners and providers, who end up competing on cost rather than quality. Social care needs a long-term workforce strategy comparable to the NHS workforce strategy (People Plan 2020/21), which legitimises the professional and skilled nature of care work. There is a need for parity of esteem with the NHS in terms of career progression within a professionalised sector.

The current employment model in social care is not fit for the purpose of attracting, training, and retaining adequate numbers of staff with the right skills. It is characterised by:

- Low pay (median hourly pay for care workers was £9.01 in 2020/21):
- High levels of job insecurity and uncertainty about the availability of work (24% of workers in the sector are employed on zero hours contracts [ZHCs]. A startling 42% of the home care workforce are on a ZHC)[30];
- Poor terms and conditions of employment, including shift and night work; and
- Limited opportunities for training and career progression.

Labour shortages were recently exacerbated by the Government's mandatory Covid vaccination policy (now revoked). Our review of the evidence on this found that objections to the policy by care workers represent a wider crisis of work and a pervasive feeling of being devalued and even stigmatised[31]. This is particularly demoralising for workers who were under such serious physical and emotional strain during the pandemic.

The Taylor Review (2017)[32] identified 6 indicators of quality work. On each of these, the social care sector falls far short of what is needed to recruit and retain a workforce that feels valued and fulfilled at work:

1. Wages
2. Employment quality
3. Education and training
4. Working conditions
5. Work-life balance
6. Consultative participation and collective representation

Wages

Low pay is the norm in care work. This reflects a perception that care work is 'unskilled' and deserves to be paid at a minimum level. Fair pay is essential - especially in terms of a sense of collective recognition as well as the rising cost of living - but it is rarely the main motivation for people who work in this sector, especially those who stay long term.

Pay has not kept pace with other sectors. Many supermarket retailers, for example, offered their employees a higher wage in recognition of their work throughout the pandemic, and

[29] Yeandle, S. (2020) Thematic Discussion paper, Peer Review "Work-Life Balance: promoting gender equality in informal long-term care provision", European Commission, D-G Employment, Social Affairs and Inclusion.

[30] Skills for Care (2021), The state of the adult social care sector and workforce in England, 2021 .

[31] Hunt, T. (2021) Under-paid and under-valued: assessing mandatory vaccination for care home workers in England Sustainable Care Paper 4, CIRCLE, Sheffield: University of Sheffield.

[32] Taylor Review of Modern Working Practices (2017) *Good Work*.

also have more predictable working patterns and lower levels of stress and strain. In contrast, providers in the sector do not have the same level of freedom to raise wages, given the tight constraints on funding.

Senior care worker roles are particularly hard to recruit to, since they require people to take on significant additional responsibilities for a very low level of additional pay. The ‘experience pay gap’ (the differential an experienced worker can expect over a new entrant) has fallen from 26-37 pence to just 12 pence per hour[33].

There is widespread non-payment of what should be deemed working hours, particularly in the homecare sector where travel time is frequently unpaid. Care workers may also not be paid for unscheduled hours, such as if they have to stay longer with a person because of an emergency situation. This means that many workers are effectively being paid less than the minimum wage.

Social care is also unique in that some care workers are asked to do ‘sleep-in shifts’, where they sleep at a person’s residence overnight with the possibility of needing to wake to provide care. There is no standard practice on payment for sleep-ins, with some providers offering the National Minimum Wage and others offering a flat fee. Different commissioners take different approaches, with further variation likely following a recent Supreme Court ruling (Royal Mencap Society vs Tomlinson-Blake) which found that workers are not entitled to the National Minimum Wage while asleep. The consequence of this ruling is likely to be a further deterioration in pay, making it even harder to attract workers to these shifts and affecting the quality of overnight care.[34]

The Welsh Government recently introduced legislation which places requirements on care providers to ensure that time allocated for travel and care is clearly and transparently delineated. The intention is to ensure that people are paid the national minimum wage for their working hours, and that workers have enough time to carry out their duties, without eroding the quality of the care provided during visits.[35]

Employment quality

A relatively high proportion of care workers are on zero hours contracts, with a lack of job security and unpredictability in their weekly hours. They may feel they lack negotiating power over how many shifts they take on, often doing longer hours than they would prefer. While these contracts are sometimes presented as beneficial, as they offer flexibility, they can negatively affect workers’ wellbeing in several ways :

- Uncertain and fluctuating monthly income.
- No entitlement to pensions, maternity/paternity or sick leave beyond statutory minima.
- The lack of sick pay means workers may be reluctant to take time off when unwell or to attend medical appointments. This was a factor in care workers’ opposition to mandatory vaccination.[36]
- Reluctance to turn down hours of work offered, due to a fear this may reduce their chances of being offered work in the future.

In reality, zero-hours contracts seem to offer a one-sided flexibility - with employers able to call on a highly flexible workforce, and a workforce that feels unable to turn down work to

[33] Low Pay Commission (2021), National Minimum Wage: Low Pay Commission Report 2021
[34] Low Pay Commission (2021), National Minimum Wage: Low Pay Commission Report 2021
[35] Welsh Government, Regulation and Inspection of Social Care (Wales) Act 2016.
[36] Hunt, T. (2021) Under-paid and under-valued: assessing mandatory vaccination for care home workers in England Sustainable Care Paper 4, CIRCLE, Sheffield: University of Sheffield.

manage their hours around other responsibilities. The risk of fluctuating demand and supply of labour is transferred to those with the least capacity to bear it.[37]

The Welsh Government has recently introduced legislation which requires employers to offer homecare workers the choice of a guaranteed hours contract, once they have been employed for a 3 month period.[38]

Education and training

Care work has been characterised as low skilled and low value - this conceptualisation should be challenged by those in leadership positions. Social care jobs would be in greater demand if they were also held in higher esteem. The role of registration should be considered in England, as in the case of childminders (for whom registration resulted in improvements in pay, with childminding now regarded as a profession). Registration for care workers could provide prestige and career progression; lessons can be learned from developments in Scotland and Wales.[39]

Training and skills are not always associated with career progression in social care.[40] Accredited training which is portable could enable movement within the sector. The impact of existing training needs evaluating over time to see what works and for whom.

Working conditions

Our research on care-work related quality of life found that, although care work is both mentally and physically demanding, care workers placed a lot of value on their work being meaningful and rewarding.[41] They describe deriving satisfaction from supporting others to be safe, to live a life of their choosing, and just to see that they are happy. However, this is dependent on having autonomy at work, rather than a 'time and task' approach to care.

Work-life balance

Unpredictable shift patterns, working unsocial hours, zero-hours contracts, and working within understaffed teams all contribute to poor work-life balance for care workers.

Consultative participation and collective representation

Social care is a fragmented sector with low levels of trade union membership. It lacks the collective bargaining powers that the NHS has to negotiate pay and conditions. Workers on zero-hours contracts may also be fearful of being deemed a 'trouble-maker' by their employer. Low levels of unionisation mean that, even if care workers understand their rights, they may not be able to enforce them without any independent advice.

c. Financial allocations and funding mechanisms

We have not responded to this question

d. Organisational structures for commissioning and delivery

[37] Ndzi, E., (2017) UK company law and precarious employment contracts. International Journal of Law and Management

[38] Welsh Government, Regulation and Inspection of Social Care (Wales) Act 2016.

[39] Sustainable Care Programme (2018), How can we create better jobs in care? Policy perspective

[40] Towers, A., Palmer, S., Brookes, N., Markham, S., Salisbury, H., Silarova, B., Mäkelä, P., and Hussein, S. (2022) Quality of Life at Work: what it means for the adult social care workforce in England and recommendations for actions University of Kent, Canterbury.

[41] Towers, A., Palmer, S., Brookes, N., Markham, S., Salisbury, H., Silarova, B., Mäkelä, P., and Hussein, S. (2022) Quality of Life at Work: what it means for the adult social care workforce in England and recommendations for actions. University of Kent, Canterbury.

Please see earlier section by Needham and Hall on the need to give careful consideration to the overall ‘policy mix’.

e. National and local leadership and accountability

Please see earlier section by Needham and Hall on the need to give careful consideration to the overall ‘policy mix’.

f. Boundaries, interactions and integration with other parts of government, and with the rest of society

The Centre for Care also has expertise in two key areas which any adult social care policymaker needs to consider - migration and technology.

Migration policy
An incoming government needs to take a holistic view of immigration policy alongside longstanding issues with funding and poor working conditions in the sector. There is a high level of uncertainty about the future of migrant labour in social care.[42] An expert panel survey led by Centre for Care researchers reached consensus that a decline in EU work migration was a major risk of Brexit for adult social care, widening the gap between supply and demand with serious consequences for the availability and quality of care[43]. Adverse effects are expected to be most pronounced in large cities, among smaller care providers with limited HR functions, for those providing home and live-in care, and for those who primarily provide services to people with complex needs.

- In 2020/21, 7% of the workforce identified as being of EU (non-British) nationality, and 9% of a non-EU nationality. London, the South East and the South West rely most heavily on migrants to fill adult social care vacancies. Romanian and Polish were then the most common nationalities of the non-British adult social care workforce.
- There has been no evidence of the existing non-British workforce leaving at an increased rate since the new immigration rules came into place in January 2021[44].
- However, there was a sharp drop in the number of people arriving in the UK to take up jobs in adult social care - 1.8% of new starters in January-April 2021, compared to 5.2% during the same period in 2019.
- If this continues, employers will need to recruit significantly more staff from the local labour market to satisfy demand. This is unlikely to be feasible without fundamental reform and a plan to improve pay and working conditions.

Migrant care workers have been particularly important in homecare for over a decade. Our research highlights that[45]:

- In the short-to-medium term, and in some regions, the sector will remain reliant on migrants to fill vacancies.
- Demand for migrant homecare workers is driven by local labour shortages in a

[42] Hussein, S. & Turnpenny, A. (2021) Brexit and the migrant care workforce: Future policy directions. Sustainable Care Research Report, CIRCLE, Sheffield: University of Sheffield.
[43] Hussein, S. & Turnpenny, A. (2021) Brexit and the migrant care workforce: Future policy directions. Sustainable Care Research Report, CIRCLE, Sheffield: University of Sheffield.
[44] Skills for Care (2021), The state of the adult social care sector and workforce in England, 2021
[45] Hussein, S. & Turnpenny, A. (2020), Migrant workers in England’s homecare sector Sustainable Care Policy Brief, CIRCLE, Sheffield: University of Sheffield.

context of uncompetitive and unattractive employment conditions.
- Past acute homecare workforce shortages occurred despite unrestricted access for EU workers.
- Live-in care, a growing market segment, attracts high proportions of migrant care workers, particularly in London.
- Immigration rules and visa systems affect the number and type of migrants the sector attracts.
- If migrant workers' rights are restricted, the risk of exploitation in the care sector could be high. Given expected continued, increasing demand, a sectoral visa scheme may be needed.

Immigration policy should not be considered in isolation from broader social care reform; promoting international recruitment alone would not address the underlying crisis of work in the sector[46]. Reform nevertheless needs to acknowledge the significant contribution of migrants who work in homecare. Measures are needed to promote their retention and to ensure that their involvement is regulated in a way that safeguards their rights, protects them from exploitation and ensures the quality of care provided.[47]

Technology

In response to the challenges described above, technology is often presented as a potential solution that could increase capacity and save local authority resources. Technological advances and the now widespread use of smart devices in domestic environments feature in the recent Adult Social Care White Paper and are receiving increasing attention in the care sector.

In studying adult social care practice, our research has found that pilots of technology have been developed in many local authorities. Some have explored how mainstream technologies can be used in social care - including voice-controlled virtual assistants and smart speakers (e.g. Amazon's Alexa, Echo, Dot and Spot; Google's Assistant and Home), wearables such as smart watches, and other Internet of Things-enabled (IoT) devices. Participants in our research gave examples of smart devices being used to increase the wellbeing of people receiving adult social care support by maintaining their networks, facilitating social connections and reducing loneliness.[48] In our interviews, stakeholders in the care and technology sectors and people with lived experience of care services highlighted various ways in which smart devices could support activities without the stigma that some users of specialist, medicalised, equipment have felt. We found some local authority commissioners were exploring the potential of mainstream devices to deliver cost savings (they are cheaper than care-specific equipment), including by replacing some short,

[46] Hussein, S. & Turnpenny, A. (2021) Brexit and the migrant care workforce: Future policy directions. Sustainable Care Research Report, CIRCLE, Sheffield: University of Sheffield.
[47] Ahlberg, M., Emberson, C., Granada, L., Hussein, S., and Turnpenny, A. (2022) The vulnerability of paid, migrant, live-in care workers in London to modern slavery, Rights Lab University of Nottingham.
[48] Hamblin, K. (2020) 'Technology and social care in a digital world: challenges and opportunities in the UK', *Journal of Enabling Technologies*, 14 (2): 115-25:
Wright, J. (2021) 'The Alexafication of Adult Social Care: Virtual Assistants and the Changing Role of Local Government in England', *International Journal of Environmental Research and Public Health*, 18(2), 812:
Wright, J. (2021) 'Comparing public funding approaches to the development and commercialization of care robots in the European Union and Japan'. *Innovation: The European Journal of Social Science Research*, 1-16:
Hamblin, K. (2022) 'Sustainable social care: the potential of mainstream "smart" technologies', *Sustainability*, 14 (5): 2754.

in-person, care visits.[49] Local authorities are also increasingly looking to expand their 'digital offer', including provision of information, support and advice via online services.

Issues include the 'digital divide' (inequalities in access to digital technologies) and how greater emphasis on smart devices will affect provision of social care support to people unable to use, or unfamiliar, with the internet.[50] Participants in our research have expressed concerns about barriers to equal access to digital social care services, with some groups likely to experience greater challenges:

- People who have a disability - UK data show that almost half (46%)[51] had used an IoT device or system within the previous three months, compared with 68% of people without a disability. Only 67% of disabled adults use the internet (compared with 92% of non-disabled adults). Only 53% of disabled people own a smartphone (compared with 81% of non-disabled people).[52]
- Older adults - Only 53% of people aged over 65 used a smartphone[53] compared with 84% of all adults in Great Britain. Within the last three months, smart speakers or voice assistants (used in many local authority pilots in the UK), had been used by only 17% of people aged 65+, compared with almost half of people aged 25 to 34.
- Socio-economic status - The 'most financially vulnerable' people are less likely than others to have a landline, mobile or fixed broadband (just 28%) and more likely (21%) to live in a mobile-only household.
- Intersectionality - Research (2019 OfCom sample) has shown disabled adults are more likely to be aged 65+ (45%, compared with 15% of non-disabled people); to live in financially vulnerable households (69%, compared with 47% of non-disabled people), and more likely to live alone (43%, compared with 17% of non-disabled people).[54] A 2022 OfCom study also found that socio-economic status and disability influence whether households experience affordability issues with their broadband service: 11% of low-income households (earning up to £10,399) and 8% of households where a resident has a 'limiting or impacting condition' struggled with broadband affordability, compared with 5% of all households.[55]

Smart devices also rely on connectivity. The modernisation of internet infrastructures is uneven and varies by local authority. Thus, even if some people have the means and knowledge to access smart devices, they may live in regions of poor connectivity. Unless these issues are addressed, some groups of people risk being excluded from the benefits of smart technology.

- Digital skills vary across regions - in recent studies, the East Midlands had the lowest proportion of people with five basic digital skills and the North East the highest proportion of people with no digital skills.[56]
- Confidence - trust in digital systems and concerns about security, privacy, and protection of personal data are barriers to the use of IoT devices and are not evenly distributed across the population. Over half of people with a disability voiced such

[49] Hamblin, K. (2022) 'Sustainable social care: the potential of mainstream "smart" technologies', *Sustainability*, 14 (5): 2754.
[50] Stern, M.J. (2010) 'Inequality in the Internet age: A twenty-first century dilemma'. *Sociological Inquiry*,80 (1): 28-33.
[51] ONS. (2022) Internet Access—Households and Individuals, Great Britain: 2020
[52] OfCom (2019) Access and Inclusion in 2018: Consumers' experiences in communications markets
[53] ONS. (2022) Internet Access—Households and Individuals, Great Britain: 2020
[54] OfCom (2019) Access and Inclusion in 2018: Consumers' experiences in communications markets
[55] OfCom (2022) Affordability of Communications Service
[56] ONS. (2019). Exploring the UK's digital divide

concerns as reasons for not using IoT devices, compared with a third of adults without a disability.[57]

- Awareness of IoT devices - this is a further potential barrier to use for older adults. Almost a third of people over 65, and 23% of people with a disability, said they did not know how to use IoT devices or systems, or were unaware of them (compared with 17% of the general population).[58] Our interviewees felt some people with social care needs lack the skills and confidence to use technology, even devices considered 'user friendly'. Some local authorities' pilots showed that people receiving social care support will need ongoing help to use devices, with additional ongoing costs for providers. Some raised concerns about the way smart devices process and store data and users' awareness of this.

Digital skills to implement smart technology in social care are also needed by the care workforce. Care workers are increasingly expected to use smartphones to record visits and keep notes. Our study found some concerns about a digital divide among care workers in terms of their skills and familiarity with technologies, including mainstream devices.

Research highlights the importance of co-production and co-design in rolling out technology-based care solutions.[59] When people, particularly older people, are involved in co-design it can lead to better-adjusted design and increased feelings of ownership. Use of 'off the shelf' smart technologies seems to run counter to growing awareness of the benefits of co-production and co-design in adult social care, raising concerns about how users can engage in a meaningful way with a 'finished product' applied in care arrangements.[60]

[57] ONS. (2022) Internet Access—Households and Individuals, Great Britain: 2020
[58] ONS. (2022) Internet Access—Households and Individuals, Great Britain: 2020
[59] Fischer, B., Peine, A. & Östlund, B. (2020) The Importance of User Involvement: A systematic review of involving older users in technology design. *Gerontologist*, 60: (7): e513–e523.
[60] Wright, J. (2021) The Alexafication of Adult Social Care: Virtual Assistants and the Changing Role of Local Government in England. *International Journal of Environmental Research and Public Health*, 18(2), 812.