

Research Summary / August 2024



# Social care and productivity

## INTRODUCTION

This document outlines work either in progress or already published around the theme of 'social care and productivity' in the ESRC [Centre for Care](#) and from the ESRC [Sustainable Care Programme](#). Please follow the links to read more.

## 1. TRANSITIONS IN AND OUT OF CARING

Report: [Cycles of caring: transitions in and out of unpaid care](#)

Key findings from this piece of collaborative research, published with Carers UK, include:

- More than 1.9 million people in paid employment became unpaid carers every year, and the majority of people who became unpaid carers and were in paid employment worked full time.
- Nearly 1.3 million people in full-time paid employment became unpaid carers every year.
- Among those who cared for 50+ hours per week, almost 6 in 10 people are unemployed.
- More than half of people who became unpaid carers or left their unpaid caring roles were women.
- The majority of people who became unpaid carers every year are in 'management and professional' occupations, followed by those in 'semi-routine and routine' occupations.
- The percentage of people working in semi-routine and routine occupations who are new to caring increases as the amount of unpaid care they provide increases. They are the group most likely to be providing over 50 hours of unpaid care when they are new to caring.
- People who became unpaid carers in managerial and professional occupations were more likely to be providing less than 10 hours of unpaid care per week (4 out of 10).

The report reinforces the fact that the greater the level or hours of care provided, the less likely a person is to be in employment, including full time employment, and includes recommendations around ensuring carers can balance work and care.

In a commentary published on the Centre for Care website, [Unpaid Carers: Will the next government acknowledge their value?](#), researcher Maxine Watkins reflected on in-depth interviews with unpaid carers which explored the financial consequences of providing unpaid care, and the ways that care and caring might be experienced unequally.

## 2. THE ECONOMIC VALUE OF UNPAID CARE

Report: [Valuing Carers 2021 England and Wales](#)

This research, by Maria Petrillo and Matt Bennett, finds that the value of unpaid care in England and Wales is now estimated to be £162 billion, exceeding that of the entire NHS budget in England for health service spending. The report contains the following relevant recommendations:

The UK Government should improve financial support for carers by raising the earnings limit for Carer's Allowance to 21 hours per week, pegged to the National Living Wage, to better enable more unpaid carers to continue with paid employment alongside their caring duties.

The UK Government should support unpaid carers to juggle work and care by introducing a National Carers Strategy for England, to deliver the breadth and depth of support needed by carers. This might include tackling barriers to paid employment as well as better support for carers who provide care around the clock, and offering specialist support for carers who have not been in paid employment for some time.

### 3. THE CARE WORKFORCE

The [Care Workforce Change research group](#) is focused on understanding the drivers, nature and implications of care workforce change where the paid work of care connects to and is shaped by other elements of the care ecosystem. They ask the following questions:

- What are the main drivers for workforce change, both paced and sudden?
- How is the workforce changing in response to different drivers?
- How does the care workforce drive and respond to change?
- What are the current workforce innovations in delivering care?
- How do care providers/employers drive and respond to workforce change?

There is evidence of high levels of 'unmet need' for formal social care, including for older people and for disabled working aged adults. Unpaid carers then fill the gaps in the formal provision of social care, which often leads to employed unpaid carers reducing their working hours or leaving the labour force temporarily or for good. The social care 'workforce crisis'- challenges faced by care providers in recruiting and retaining social care staff - contributes to the high levels of unmet need.

The research team are currently working on a report that includes findings from the evidence review and from consultations with stakeholders (including social care employers and representatives of employers' organisations). Policy and 'system' level responses to workforce shortfalls have included a high reliance on migrant staff, and enhanced recruitment drives. Individual employers (i.e. social care providers) are increasingly adopting low cost wellbeing initiatives to maintain staff, acknowledging that they cannot provide competitive pay or desirable terms and conditions of employment.

In addition to the research outcomes, members of the Care Workforce Change research group have discussed relevant issues in commentaries and podcasts published on the Centre for Care website:

- Researcher Duncan Fisher explores how the current cost of living crisis is impacting care workers as he outlines the compelling case for them to be given a pay rise and greater financial security in [The urgency of increasing care worker pay](#).
- In the '[Care Matters](#)' podcast episode [Elevating](#)

[home care: a new provider challenges](#)

[perceptions](#), homecare agency founder Suliyat O'Balogun talked about her ideas on how to retain and recruit staff.

- Keeping people in the workforce is connected to various characteristics of care work and the care workforce, including issues like workplace unity, voice, professionalisation, and representation. The project on care worker organising seeks to address "evidence gaps in this space", as set out in the commentary [Care worker organising – where is it at, and where does it go from here?](#)
- [Care worker organising: a new group for peer support, best practice, and improvements in the workplace](#) provides a more recent update and input from a care worker's attempt to self-organise (and bring about change).

## 4. DIGITAL CARE

The [Digital Care: roles, risks, realities and rewards theme](#) has explored how the [shift to online](#) services in the provision of some adult social care support presents challenges in terms of 'digital divides' in access and equality. The assumptions that online services are more efficient and easily accessible by unpaid carers who have demands on their time (including work) are mediated by concerns about privacy, costs, scams, skills and the demarcation between certain support that required a more personalised, face-to-face approach. More reports will be available on the Centre for Care website later in 2024.

## 5. WORKING CARERS

[Supporting working carers - How employers and employees can benefit](#) – report by Annie Austin and Jason Heyes, published by the CIPD.

The findings in this report are based on data from a representative survey of working carers in England and Wales. The survey was commissioned by the CIPD and used a questionnaire developed by the Sustainable Care team and administered by YouGov. It was conducted online in July/August 2019 and completed by 970 unpaid carers in paid employment (excluding self-employed workers).

Key findings include:

- Forty-four per cent of working carers reported that they found it difficult to combine their paid employment and caring responsibilities. We estimate that there are almost 1.6 million carers in England and Wales struggling to combine work and care.
- Working carers employed in the voluntary/ third and the public sectors are more likely than those in the private sector to find it difficult to combine work and care.
- A larger percentage of women than men found it difficult to combine work and care, a finding that held for every sector (although the difference was not statistically significant in the private sector). For both men and women, the percentage of workers who said that it was difficult to combine work and care was larger in the public sector than in either the voluntary or the private sector (47% of men and 56% of women in the public sector said that they experienced difficulties).
- Half of working carers felt that their caring responsibilities affected their job. Most working carers had experienced difficulty in concentrating at work because of their caring responsibilities.
- Thirty percent of working carers had reduced their hours of work because of their caring role. Thirty-six per cent had refused a job offer or promotion, or decided against applying for a job, because of their caring responsibilities.
- Twenty-nine per cent of working carers said that they were considering reducing their working hours, and 24% were considering giving up their job because of their caring role.
- 24% had considered quitting their job because of their caring responsibilities; this equates to an estimated 876,852 workers.



## 6. SOCIAL CARE IN THE UK'S FOUR NATIONS

From their work in the Sustainable Care Programme, Catherine Needham and Patrick Hall consider that *we need to take a preventative approach to the needs of unpaid carers*.

The Care Act 2014 places a responsibility on local authorities in England to prevent the development of needs for care and support for both adults and unpaid carers, including those who do not yet have any care and support needs. However, although the legislation includes this core principle, there is widespread consensus that it has not been implemented and it has failed to make a tangible difference to the lives of people who draw on care and support. Post-legislative scrutiny of the implementation of the Care Act 2014 is needed.

In their book, [Social Care in the UK's Four Nations](#), Catherine and Patrick compare the adult social care systems of Scotland, England, Wales and Northern Ireland. Investing in prevention has been a central ambition of policy in all four nations. However, their analysis finds that prevention remains poorly defined, with little progress made in specifying how success can be measured, given the counterfactuals involved. The relevant statutory guidance notes that "there is no single definition for what constitutes preventative activity". This lack of shared understanding makes it challenging to agree what good practice looks like.

In a context of shrinking local authority budgets, the focus has been on providing services for people with existing needs, with the prevention agenda struggling to develop momentum or articulate clear policies. This highlights a fundamental paradox, which is that although prevention is likely to save resources in the long term, it is not prioritised when budgets are tight.

Cuts to local authority budgets have undermined the potential of the Care Act to improve carers' wellbeing. The number of carers' assessments has fallen, and that there has been a reduction in carer-related local authority expenditure since the introduction of the Act. This strongly suggests that unpaid carers are not able to access the support they need. In the context of recent pressures on the NHS to discharge patients regardless of whether appropriate social care support is in place, there is concern that current policy choices rely far too heavily on unpaid carers, at the expense of their health and wellbeing. Poorer health and emotional burnout among carers is likely to result in a greater need for NHS resources.

## 7. WELLBEING OUTCOMES FOR UNPAID CARERS

Article: [Sustainable care: theorising the wellbeing of caregivers to older persons](#)

This article by Norah Keating, Allister McGregor and Sue Yeandle from the Sustainable Care Programme proposes a wellbeing framework that can be used to assess wellbeing outcomes for unpaid carers, and to help determine which groups of unpaid carers are most at risk of failures in their wellbeing. It is well-established that many carers face a triple penalty in return for caring:

- a deterioration in their own health - especially when caring is intense, demanding or lasts for long periods of time.
- financial strain, as the costs of caring mount and income and assets fall, with paid work abandoned or cut back, lowering earnings and pensions.
- isolation, loneliness, and a feeling of being cut off from the daily life that others take for granted.

In particular, there has been a lack of emphasis on unpaid carers' exclusion from full participation in the normal activities of society, including supportive connections to others. The focus tends to be on relationships that will help them to care, rather than on a richness of relationships and activities which bring connections not focused solely on their caring role that enable them to flourish.

The level of publicly funded financial support offered to carers (mainly via Carers Allowance) can be seen as indicating the basic level of material wellbeing considered acceptable for carers in our society. Given their growing contribution and the additional threat to their financial wellbeing posed by the cost-of-living crisis, there is an urgent need for review of what constitutes an acceptable level of material wellbeing for unpaid carers.

## 8. SUPPORT FOR EMPLOYEES WHO COMBINE PAID WORK WITH UNPAID CARE

This series of policy briefs, written by Mandy Cook as part of the Sustainable Care Programme, draws on the experiences of a variety of employers who were either members of the Employers for Carers (Carers UK) forum (in England and Wales) or recognised as a Carer Positive Employer (in Scotland):

- [three local authorities](#)
- [four private sector employers](#)
- [in the health and social care sector](#)
- [public and third sector employers.](#)

Employers need to offer support and flexibility for carers. The highly successful employer forum [Employers for Carers](#) exemplifies this ethos, and has produced many case studies of organisations taking this approach. Remaining in employment relies on good quality social care support for the person cared for. Without this, maintaining employment can feel impossible.

These policy briefs included recommendations for employers:

1. Introduce paid carer's leave
2. Ensure workplace interventions to support carers are sustainable
3. Employ work-based communication campaigns to make employees aware of carers legal rights and existing support
4. Employ flexible working opportunities such as working from home
5. Train line managers, to raise awareness about caring responsibilities. This can also assist identification of carers.
6. Develop a Carers' Policy and include carers in generic policies to ensure support for carers is fully embedded in the organisation
7. Offer practical support, such as ensuring carers have access to a parking place and allowing carers to keep their phone with them.

## 9. THE LIKELIHOOD OF ADULTS PROVIDING CARE AT SOME POINT IN THEIR LIFE

Report: [Will I Care? The likelihood of being a carer in adult life](#)

In this report, published by Carers UK, Yanan Zhang and Matt Bennett analysed UK data from 1991 to 2018 in the British Household Panel Survey / Understanding Society. They found that women are more likely to provide care, to have provided care for longer and to care more intensively than men. They estimated that 600 people a day give up paid work to care.



## 10. RECRUITMENT AND RETENTION OF THE SOCIAL CARE WORKFORCE

Report: [Recruitment and retention of the social care workforce: longstanding and emerging challenges during the COVID-19 pandemic](#)

This report, written by Agnes Turnpenny and Shereen Hussein, discusses the high vacancy levels and turnover rates in the social care workforce in a national and international context. The authors conclude that 'quality jobs' and better support systems to allow care providers to offer these quality jobs are needed to support recruitment and retention of social care workers.

## 11. THE FINANCIAL WELLBEING OF UNPAID CARERS DURING THE COVID-19 PANDEMIC

Report: [Caring and COVID-19 - Financial wellbeing](#)

The findings in this report demonstrate that carers are impacted to a greater degree in challenging times like pandemic. The report considered the financial wellbeing of people providing unpaid care (outside their own household) in April and May 2020, during the UK's official 'lockdown' in response to the COVID-19 pandemic. It also looked at their likelihood of being 'furloughed' and at changes in their working hours, analysing these by sex, age and employment status. An estimated 6,048,286 adults provided care to someone living outside their own household in the UK in 2020. They are a 'subset' of the 10,991,440 adults estimated to be carers.

In May 2020, carers had lower financial wellbeing than other people in the population:

- 1,300,381 carers (21.5%) experienced some degree of financial strain, saying they were 'just about getting by' or finding it 'quite' or 'very' difficult to do so.
- 1 in 3 carers aged 31-45 reported low levels of financial wellbeing, compared with 1 in 4 other people of the same age.
- Among women, more carers (22.3%) than non-carers (17.9%) had low financial wellbeing.
- 1 in 4 carers in paid work had financial concerns, compared with 1 in 7 carers without paid jobs.

In 2019, 1 in 3 female carers and 1 in 4 male carers reported feeling financial pressure.

- In April 2020, following the announcement of a furlough scheme and other measures, financial wellbeing improved among the population as a whole, including for carers.
- In all survey periods, people in employment (including carers) reported more financial pressure than other people.

In 2020, people were asked if, 'a month from now', they expected to be worse or better off:

- 1 in 5 carers expected to be 'worse off' in April, and 1 in 8 in May.
- Short-term financial expectations also improved April-May for carers with paid jobs.
- Their short-term finances were a concern for more people aged 31-65 than in other age groups, among both carers and other people.

In May 2020, among people with paid jobs (including for carers), 1 in 5 were on furlough.

- 1 in 4 working carers aged 17-30 were furloughed, and 1 in 5 at other ages.
- 1 in 4 male carers were furloughed compared with 1 in 5 female carers (21%).
- Working hours fell for all the groups studied between 2019 and April 2020.

## 12. PROJECTED FUTURE COSTS OF ADULT SOCIAL CARE FOR 2020-2060

Response to a call for evidence on Social care: funding and workforce, by Jon Glasby, Yanan Zhang and Matt Bennett. The response was based upon the published academic paper [A lost decade? A renewed case for adult social care reform in England](#) (which was also covered in this [Guardian article](#)).

The paper sets out projected future costs of adult social care for 2020-2060 based on three different reform scenarios: i) 'solid progress' where the costs of adult social care remain the same, ii) 'slow uptake' where the costs of adult social care are assumed to increase by 2%, and iii) 'fully engaged' where the costs of adult social care decrease by 2%. The results showed that:

- Under the 'solid progress' social care reform scenario (where costs remain constant), and local governments are able to provide care to a constant proportion of the population as in 2018, the government spending on adult social care will increase from £17,928 million in 2018 to £20,162 million in 2040, and to £21,292 in 2060 (at 2018 prices). The driver of the increase is the ageing population.
- Under the 'slow uptake' scenario (the costs increase by 2%), the gross spending on adult social care will increase to £31,170.51 million in 2040 and to £48,913.3 million in 2060.
- Under the 'fully engaged' reform scenario (the costs reduce by 2%), the government spending on adult social care will decrease to £12,927 million in 2040 and £9,114 million in 2060.

Between 1997 and 2018, the gross spending on adult social care accounts for 1.053% (in 1997) to 1.419% (in 2009) of the total Gross Value Added (GVA) in England. If the government maintains the current 'slow uptake' scenario, the share of the gross spending on adult social care to GVA will exceed 1.419% by 2031 (given 1% economic growth), 2028 (given 0.5% economic growth) and by 2026 (if the economic growth remains at 2018 level).

## EVIDENCE GAPS

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- Insight into the implications of differences in employer support for carers in paid employment/ work across different sectors, job types, employer size according to other intersectional characteristics
- Implications of differences in statutory support for working carers according to employee or worker status, and whether these differences are related to other characteristics (e.g. gender, ethnicity, education level, occupation type)
- Impact of recent policy changes to support working carers- Carer's Leave Act and Employment Relations (Flexible Working) Act
- Impact of the Carers Allowance earnings threshold on productivity.

## ABOUT THE RESEARCH

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The Centre for Care is a 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. Working with care sector partners and leading international teams, it addresses the urgent need for new, accessible evidence on care. Led by Centre Director Kate Hamblin and Deputy Director Nathan Hughes, its research aims to make a positive difference in how care is experienced and provided in the UK and internationally.

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