



advice and support for older age
**Independent
Age**

**APPG on social care: Inquiry into the professionalisation of social care
workers**

March 2019



About Independent Age

We are here to transform the lives of older people, providing timely personalised support and fearlessly campaigning for equality and fairness, and putting older people at the heart of what we do. We work to put independence in later life at the forefront of the work and activities of all influencers and decision-makers who are responsible for improving the lives of older people, particularly the most vulnerable. We offer regular contact, a strong campaigning voice, and free, impartial advice on the issues that matter to older people: care and support, money and benefits, health and mobility. Our mission is to enable older people to stay independent and live well with dignity, choice and control.

For more information, visit our website www.independentage.org

Registered charity number 210729. For more information about the submission please contact:

anna.davies@independentage.org

Summary: The government must urgently tackle low pay, the lack of job progression and regulate standards in order to improve the professionalisation of the care sector and ensure older people are receiving the care that they need and deserve.

The negative public misconceptions surrounding low skilled social care roles are perpetuated by the low value attached to the sector through government inaction. A national recruitment campaign will do nothing to reverse the 8% vacancy rate and shocking retention figure without new proposals to address these challenges.

Furthermore, the government must ensure that social care roles are recognised in immigration policy if we are to build a social care sector fit for an ageing society in post-Brexit Britain.

Introduction

Independent Age welcomes the establishment of the APPG on Social Care and the aim of this inquiry to set out tangible solutions. We are extremely concerned about the growing challenges facing the social care workforce today in light of our ageing population. The overwhelming funding pressures on local government alongside the difficulties in recruitment and retention of the workforce, the catastrophic costs of care to individuals and their families, and a decline in the quality of care available has created a recipe for disaster.

Our recent report on care home performance in England revealed that in the last year more than a third (37%) of local authorities have seen care home ratings get worse in their area. Despite these findings, progress is not only slow but has ground to an absolute halt. The government's social care recruitment campaign, *Every Day is Different*, signals a recognition of the problems facing the workforce but demonstrates a lack of understanding about the solutions required to address them. Public perceptions of the care sector may indeed be poor and need changing – but they are poor for a reason: the structural issues of pay, working conditions and lack of opportunities for progression.

Our response will focus on questions 1, 5 and 7 drawing on our unique evidence from speaking to older people, our research and evidence-based analysis. We have set out clear recommendations to address professionalisation of the care sector.

The current recruitment and retention challenges within the care sector

The chronic under funding of social care has brought the system to the brink of collapse which has put significant strain on the social care workforce. The high vacancy (8%) and turnover rates (30.7%) paint a bleak picture of a career in the sector.¹ As a result of local government cuts and increasing demand, the local government care fees have not kept pace with the level of cost to deliver care. One in five councils have provided no increase in fees they pay to care settings for 2018/19, despite cost and wage bills rising by up to 5%.²

Numerous pieces of research have been conducted to understand why so few people are joining the sector, when so many are leaving. A commonly identified theme is the **lack of career progression** within social care. Research has shown that only a third of those

¹ Skills for Care, *The State of the adult social care sector and workforce in England*, 2019

² Care England, (2019). *Heartless councils accused of abandoning the elderly by not paying enough to look after them*. <http://www.careengland.org.uk/news/heartless-councils-accused-abandoning-elderly-not-paying-enough-look-after-them>

working in social care were happy with their career prospects.³ The absence of career progression, similar to the NHS can act as a huge deterrent to retention.

The lack of training has been highlighted as a factor contributing to the poor perception of working in social care. This can leave workers feeling fundamentally underprepared for the role they take on. Almost a quarter of workers have administered medication without training⁴, and 27% of care workers have no dementia training⁵ despite dementia being prevalent in 60% of people receiving home-care services.⁶

In addition **low pay** remains to be a major problem to staff retention and recruitment. Research supported by Independent Age in 2018, found that over 500,000 jobs in social care were paid below the real Living Wage.⁷ One side effect of the introduction of the National Living Wage has been to flatten the pay differentials between lesser and more experienced care workers. As Skills for Care have noted, as of September 2015, a Care Worker with over 20 years of experience in the adult social care sector could expect an hourly rate which was, on average, 26p higher than a Care Worker with less than a year of experience (equivalent to 5% higher). However, the experience pay gap has reduced each year to only 15p (2%) in March 2018.⁸

All of these factors demonstrate the low value currently attached to social care roles compared to other industries, and even similar roles within healthcare.

Research by Independent Age has found that you can earn similar wages in retail and hospitality sectors with less responsibility and with more potential to progress than working in social care.

Role ⁹	Main duties and responsibilities	Pay	Development opportunities
Care Worker	<ul style="list-style-type: none"> Assisting service users with personal care needs. To help service users with their mobility. To assist service users with maintaining a balanced diet including preparing food. Assisting with the dispensing of medication as prescribed and instructed by the medical team. Completing household tasks. To meet and greet visitors and deal with telephone enquiries. To maintain accurate service user records and medication logs. To help in the promotion of mental and physical activities for service users. 	£8-13 per hour	<p>All Care Workers who have joined after April 2015 will need to complete the Care Certificate. This should be completed within the first 12 weeks of employment.</p> <p>It is the manager's responsibility to ensure the Care Certificate has been signed off and the Care Worker is competent in completing their duties.</p>

³ Randstad Care, *Career Progression in Social Care*, 2019

⁴ UNISON, *Homecare training survey report*, 2015

⁵ Ibid

⁶ UK Homecare Association, *Dementia and Homecare: Driving Quality and Innovation*, 2015

⁷ Institute for Public Policy Research, 2018. [Fair Care: A Workforce Strategy for Social Care](#). The real living wage is a voluntary rate set by the Living Wage Foundation based on the amount needed to meet the real cost of living. In 2018/19, the real living wage was £10.55 in London and £9.00 across the rest of the UK.

⁸ Skills for Care, 2018. [The state of the adult social care sector and workforce in England](#).

⁹ The main duties and responsibilities for Care Workers and the NHS Healthcare Assistant is an amalgamation of different job descriptions found on agency sites and the NHS recruitment website. The Customer Assistant role for a supermarket represents the duties as outlined by Waitrose and Tesco.

NHS Healthcare Assistant	<ul style="list-style-type: none"> Assisting patients with personal care needs. Moving and the handling of patients out of beds, wheelchairs, toilets and baths. To serve meals and beverages under the supervision of staff. Undertake medical checks such as blood glucose monitoring, blood pressure, urine tests, blood tests etc. To monitor patients and report any abnormalities to the nurse in charge. Dealing with enquiries from patients, visitors and hospital staff. Maintaining overall cleanliness and tidiness of the ward. Maintaining hospital equipment To conduct administrative tasks. To assist nurses and doctors on the ward as requested. Maintaining up to date patient records. 	£8-14 per hour	<p>Healthcare Assistants will also need to complete the Care Certificate.</p> <p>Many Healthcare Assistants are provided with on the job training which allows them to develop more specialist skills e.g. learning to take blood tests.</p> <p>Others will progress into another career within the hospital or community setting, such as nursing, midwifery, physiotherapy, medicine or dietetics.</p>
Customer assistant - supermarket	<ul style="list-style-type: none"> Advising and serving customers Moving and replenishing stock Putting together online orders Manning the checkouts Unpacking deliveries 	Up to £10 an hour	Many supermarkets offer on the job and off the job training. Once the employee has become more experienced there is the opportunity to move through the ranks and become a Store Manager.
McDonalds Crew Member	<ul style="list-style-type: none"> Serving customers Working on the till Cooking and preparing food Cleaning Receiving and storing deliveries Looking after customers' needs in the dining area 	Up to £10 an hour	All new staff are put on a development programme. Once the employee has reached a certain level of training and experience they can then apply to be a Shift Manager and then Assistant Manager.

Immigration and the care workforce

Brexit has added an extra dimension of unpredictability and concern to what is already a struggling sector. In England, 8% of the adult social care workforce (104,000) have an EU nationality and 10% (129,000) have a non-EU nationality¹⁰. The majority of these (79% of EU nationals) do not have British citizenship, meaning they are vulnerable to changes in their immigration status.

Despite the overall reliance of the sector on migration for staffing, care workers do not currently appear on the Tier 2 shortage occupation list. Furthermore, the proposal in the government's Immigration White Paper for a £30,000 minimum salary threshold will also risk perpetuating the growing staff shortages in the social care sector.

Research for Independent Age following the 2016 referendum found that in a low-migration scenario, there will be a social care workforce gap of more than 750,000 people by 2037¹¹.

¹⁰ Skills for Care, 2018. [The state of the adult social care sector and workforce in England](#).

¹¹ A low migration scenario is one where the sector remains no more attractive than it is today and the government delivers on its commitment to reduce levels of net migration. Full details of the methodology can be found in the report: Independent Age and ILC, *Brexit and the future of migrants in the social care workforce*,

Even in a scenario where there are high levels of migration and the care sector becomes more attractive, the social care gap will be as big as 350,000 people by 2037¹².

The impact of workforce issues on older people

We know that the state of the care workforce is a real concern for older people and their families. The basic structures of shift work and multiple carers make it very difficult to make a reality the understanding of 'wellbeing' outlined to in the Care Act 2014 - which includes emotional wellbeing, personal dignity and individuals having a control over everyday life.

In a set of focus groups we conducted last year, we heard individuals express a number of concerns about the ability of the current workforce to deliver good care.¹³ We heard concerns about the length of time care workers could spend on visits:

"14 minutes in and out...that's not caring for someone." Female, Manchester

And about the way that pay and conditions impact recruitment:

"They can't get the carers they need because the wages are so low... The time that they have to spend going from one house to another, they do in their own time. It's bad." Female, Newcastle.

The revolving door of care workers means older people and their relatives are having to retell their story numerous times. Calls to the Independent Age Helpline have shown that poor retention can have an impact on older people who rely on social care workers. Older people and their families tell us about their experience of having to adjust time and time again to a new person helping them in their home because individuals rarely stay in post for very long.

The case studies below illustrate the impact a lack of continuity of care on older people and their families.

2016, <https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2016-09/IA-Brexit-Migration-report.pdf>

¹² Independent Age and ILC, *Brexit and the future of migrants in the social care workforce*, 2016

¹³ Six groups were conducted in total. Full details and write up can be found here: <https://independent-age-assets.s3.eu-west-1.amazonaws.com/s3fs-public/2018-09/Social%20Care%20Focus%20Groups%20Report.pdf>

Linda, whose mother is living in a care home

When staff did not know mum they were not able to use background knowledge to give her care experience centred on who she was as a person. I felt sorry for the staff trying to get to know someone in a short period of time. Personal care was done well but there was no relationship there. There was a carer who worked nights who would have long chats with mum about her past and she had been at the care home for 9 years. Mum enjoyed these times and when I saw the carer after mum died she said the same.

The care home had cut Mum's hair so short. She was hardly eating so she had lost her curves. Then, when I was visiting Mum, a temporary member of staff said to me, 'Is this a man or a woman?' I thought, 'Do you know my mother at all?'

Alice 82, describing care for her husband Jack

Before Jack went into residential care, we had carers in for a week coming to settle him at home for the night. They would arrive any time between 3 and 9pm – who wants to get ready for bed at 3pm?

We live in a village without street numbers or names so I spent every night waiting for a different person to come to care for Jack. It was a hopeless situation. Most evenings I was standing on the street with a torch seeing if anyone was cruising up and down looking for our house.

If Jack had had regular carers he might have been able to stay at home for longer. They might have become a kind of extension of our family. Instead they were totally anonymous and they stay for such a short time. Now he's in the nursing home he knows everyone there by name. That makes things so different: the regular care, people who know him he can have a laugh with.

Andrea, whose mother has dementia and is cared for at home

My Mother's care is much better now as we've been with the same agency for some time and she has the same carers, who know her and her various quirks. I would say more agencies need to recognise the importance of providing the same carers when looking after dementia patients - as they need that continuity of care and routine in order to trust their carers and feel safe.

Carers have to know how to work around someone who has dementia, if they're going into someone's home. They'd say to me, 'Your mother's behaving strangely today,' but it's her illness and she can't control her behaviour. Carers aren't given the training they need to look after the elderly with the different complex health conditions they have. They don't know how to adapt to individual needs. It's a battle and many of them are learning on the job.

In the past we've had carers who would come at lunchtime. They'd arrive at noon, quickly give Mum lunch and then leave. They'd write in the logbook they will write down they've been there for half an hour. I caught them out and refused to pay.

Carers are not paid well and as a consequence they often don't see any value in the work they do. This means many do as little as possible in order to achieve the right results. This system can never work. Appropriate personal care is very much down to the diligence of the carer. You need a good carer to be prepared to go the extra mile.

(Names have been changed)

Our recommendations

We need a radical reform and professionalisation of the social care workforce. This must make up a fundamental part of the government's wider social care reforms. The strain and pressure on dedicated social care workers is preventing the growth and development of a new employment market and signifying that as a society we put a low value on how well we support vulnerable older people.

Below are our recommendations to build help create a more professionalised social care sector:

On pay and conditions:

- The **establishment of a sector council** to negotiate minimum standards for pay and terms and conditions.
- Social care workers should be **paid at minimum the real living wage**. IPPR research for Independent Age estimated it would cost £445 million to raise all social care workers to this level.
- **A new national standard for pay bands** should be recommended to the sector.
- All social care providers receiving public funds should adhere **to nationally agreed pay and employment conditions framework**.

On professionalisation:

- The **Care Certificate should become a minimum** mandatory licence to practice, and care workers should become a regulated profession.
- We see the Care Certificate on its own as insufficient and would like to see a **range of compulsory training modules** in place for delivery of social care in different settings such as dementia training.
- As outlined in our recent report on care home quality, when CQC inspections reveal substandard care, there needs to be **additional support for care home managers to drive improvements**¹⁴. Some local authorities have been proactive to providing this kind of support with quality teams set up to provide mentoring and coaching to care home managers. However, this is patchy at best – we need to see all local authorities making these kind of investments in tackling poor quality.

On job progression:

- A key part of professionalisation is **more defined and differentiated job roles**, with opportunities for different pay scales to reflect increasing experience and expertise. Without this there can be little incentive for individuals to build a career in the social care sector.

On supply of immigrant workers:

- The government must ensure that **social care roles are recognised in immigration policy**, in order to protect those most in need of care. Skilled care worker roles must be included in the **Tier 2 shortage occupation list**.

¹⁴ Independent Age, Care home performance across England 2019, <https://www.independentage.org/care-home-performance-across-england-2019>