



UNFAIR TO CARE

Understanding the social care
pay gap and how to close it

Full Report

Community
Integrated
Care

HELLO AND WELCOME



COMMUNITY INTEGRATED CARE IS PROUD TO HAVE COMMISSIONED THE FIRST EVER INDEPENDENT EVALUATION OF THE FRONTLINE SOCIAL CARE SUPPORT WORKER ROLE.

In our report - **'Unfair To Care: Understanding The Social Care Pay Gap and How To Close It'** - we provide empirical evidence that frontline carers receive an unfair deal in comparison to other publicly-funded roles and we break the stereotype that social care is a 'low-skilled' sector.

This groundbreaking research demonstrates the true financial value of a frontline care worker. Illustrating that many frontline social care workers would be **paid 39% more - nearly £7000 per year - in equivalent positions within the NHS, local authorities and other publicly-funded industries**, the roots of the social care crisis are laid bare.

This is an issue that affects not only the entire care sector but society at large too. It can only be changed with progressive reform and focus from central government. Social care is funded by local authorities who are stretched to breaking point. These same challenges, in turn, are passed on to care providers, families and the people we support.

Change is needed. We hope that this research gives fresh impetus to support this.

➤ A National Crisis

Adult social care has more than 112,000 vacancies on any given day. Every year we lose 34%¹ of our workforce. At the heart of this is the issue of poverty and low pay. We are losing talented people with the unique vocational gift of changing lives because they cannot sustain the demands of working in an under-funded, under-supported sector.

'Unfair to Care' uses independent research by **Korn Ferry**, the global experts in job evaluation. Their world-leading methodology for evaluating the complexity, content and remuneration of roles provides a robust and measurable system to compare roles across sectors.

This reveals that far from being low-skilled, **the Support Worker role is proven to be technically, emotionally, and physically demanding**, and requiring the application of a wide range of innate and technical skills.

Highlighted in this full report are the devastating consequences of living below the poverty line, with heartbreaking individual crises showing the true impact of this injustice - such as homelessness, mental and physical health crises, family poverty and deprivation.

Those who need our support are deeply affected too, losing valued caring relationships as high quality colleagues leave the sector, facing them with uncertainty in their support.

➤ Change Is Possible

We believe that this is one of the biggest challenges facing the nation, but one that can be fixed. Firstly, by recognising the **£46bn² economic contribution that social care makes annually in UK**, and also delivering progressive reforms that improve efficiency and quality of life through delivering joined-up services, reducing the burden on family carers and embracing innovations. All evidence points to overwhelming public support for investment in the sector.

This is an issue of strategy and focus, not of possibility.

Finally, our thanks go to the many providers and partner agencies who have shown their support for this research. Community Integrated Care is proud to have conceived and commissioned this analysis, but we know that progress will only happen through wider collaboration.

Whatever role you play - as an organisation or an individual - we hope that you can join our charity and everyone connected to the social care sector in championing the need for investment in change. Of course, if you want to find out more about this issue or explore opportunities for joint-working, please do not hesitate to get in touch with me.

Best wishes,

Mark Adams
Chief Executive
Officer

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¹ The state of the adult social care sector and workforce in England (skillsforcare.org.uk), October 2020

² The state of the adult social care sector and workforce in England (skillsforcare.org.uk), October 2020

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FOREWORD FROM PHIL HOPE, CO-CHAIR OF THE FUTURE SOCIAL CARE COALITION.



**FUTURE
SOCIAL CARE
COALITION**

TIME FOR A FAIR DEAL

Unfair to Care provides essential evidence in the case for urgent investment in the social care sector, to deliver workforce reform and fair pay.

It proves in black and white what millions of people connected to the sector have always known: **social care is not low skilled and deserves greater respect, governmental support, and fair pay.**

For the first time, we have access to objective data, developed using independent and world-class methods, that analyses and benchmarks the frontline Support Worker role across sectors.

This report by Community Integrated Care demonstrates that frontline colleagues could receive 39% higher salaries if they delivered equivalent positions in other publicly-funded sectors.

This is an injustice and cannot be ignored.

The economic case for social care workforce reform is incontrovertible. The sector is worth £46 billion to the economy annually and employs 6% of the entire workforce. There is huge potential for growth, with estimates that employees will need to increase by 520,000 in the next 15 years to meet the increasing demand for social care.

Given there are already an estimated 112,000 vacancies in social care and staff turnover rates are high, it makes economic sense for the Government to act now and commit to levelling-up the social care workforce.

It is time for the Government to respect, reward and regulate to support all those working on the 'forgotten frontline', the social care workforce. It has never been clearer that they warrant and deserve a fair deal.

The Future Social Care Coalition has put forward a Social Care People's Plan Framework. This reflects many of the important principles and findings outlined in Unfair to Care. There is a clear consensus across health, social care, society and politics that change is supported and must happen.

Our thanks go to Community Integrated Care and their frontline teams for conceiving and delivering this research. We hope that it makes a real impact in the fight for fair pay.

**Phil Hope,
Co-Chair, Future Social Care Coalition**

SOCIAL CARE HAS ALWAYS BEEN A REWARDING, COMPLEX AND CHALLENGING SECTOR TO WORK IN. BUT WITHIN THE PAST DECADE, THE ROLE OF THE FRONTLINE SOCIAL CARE WORKER HAS EVOLVED BEYOND RECOGNITION.



SUMMARY

Our workforce is supporting people who have increasingly complex social and health needs, as the financial pressures on local authorities means that the sector is now, largely, only supporting those with the 'most substantial needs'. We are witnessing radical social and demographic change, with an ageing population twinned with improvements in science, meaning that many complex health challenges can now be managed within the community, alongside a sharp – and fair – rise in expectation from those who rely upon support to live their lives.

Social care is a highly challenging operating environment, where even the most frontline of worker's day is influenced by the complexities of modern work - technology, regulation, difficult decision-making, and physical and emotional intensity.

But this complexity isn't appreciated. Social care is blighted by a stereotype. It can be summed up by the two words that the Government used when categorising the sector in its 2020 post-Brexit migration system – "*low skilled*".

What is the picture that you form in your mind's eye when you think of a social care worker? For many, it might be a person doing basic tasks for someone who needs just a bit of assistance in their daily life. A cup of tea and a friendly chat. Maybe helping with personal hygiene and domestic chores. Perhaps prompting someone to take medication.

If that is your view of the frontline social care role, we're sorry – *you've also fallen for the stereotype.*

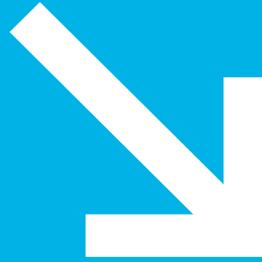
SOCIAL CARE WORKERS NOW ARE OFTEN SUPPORTING PEOPLE WHO HAVE EXCEPTIONALLY COMPLEX NEEDS

Social care workers now are often supporting people who have exceptionally complex needs: the advanced stages of dementia, an acquired brain injury, enduring mental health concerns, significant sensory considerations of an autism spectrum condition, and profound learning disabilities.

They are frequently meeting health needs that previously would have been delivered by specialists within the NHS. They are seeing the person and using a range of skills – from Positive Behaviour Support, a behavioural science that is used to empower people with complex support needs, through to active support techniques and coaching - to enable them to lead great lives.

People who can look beyond the significant personal challenges of a person, and instead recognise and empower their potential, are rare. They bring to life the hopes and dreams of those who, all too often, feel trapped and alone. To the people they support, they are priceless. But as a society, we do not treat them as such.

**SOCIAL CARE IS, SADLY,
ONE OF THE LOWEST PAID
ROLES WITHIN SOCIETY.**



**AT A TIME WHEN FRONTLINE WORKERS ARE SACRIFICING SO
MUCH TO CONTRIBUTE TO THE WELLBEING OF OUR COUNTRY,
THE DICHOTOMY BETWEEN WHAT THEY ARE PAID AND WHAT
THEY ARE ACTUALLY WORTH HAS NEVER SEEMED STARKER.**



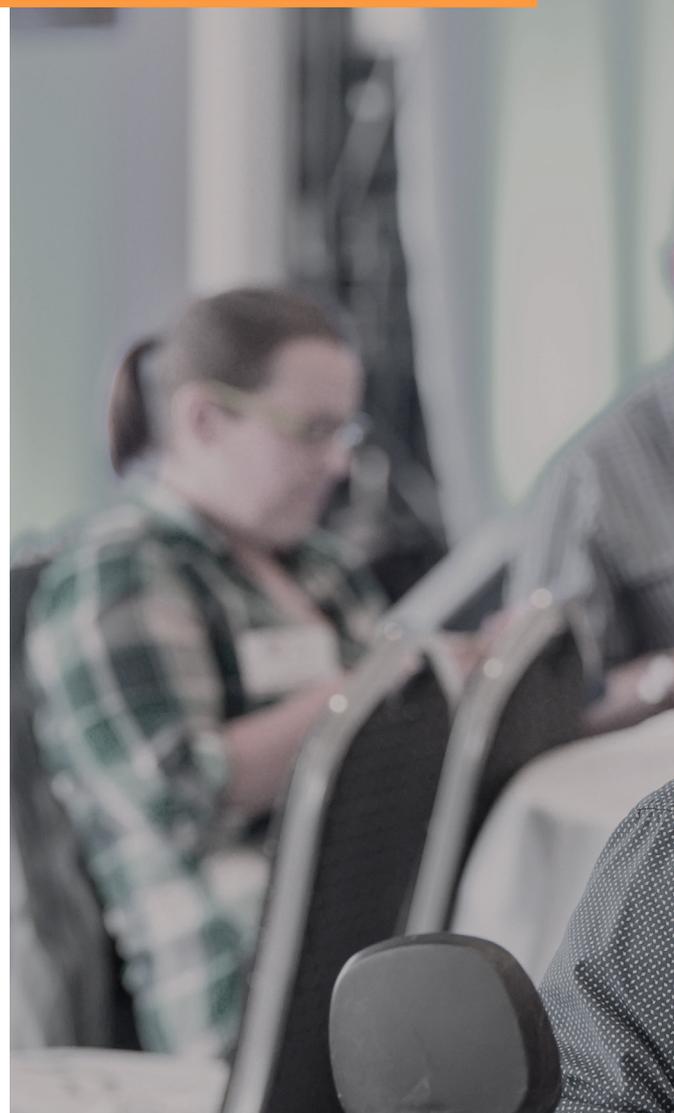
Social care is, sadly, one of the lowest paid roles within society. Our evidence is that support work is typically paid at below the Real Living Wage across the sector in England. It is our contention that this is not only morally wrong but also objectively unfair and must be challenged.

Across the country, social care workers are surviving on salaries that are, effectively, below the poverty line. Social care providers and the local authorities that largely fund their services do not have the means to change these circumstances.

This is not a modern injustice. This has been the reality of social care since our sector was first established. However, at a time when frontline workers are sacrificing so much to contribute to the wellbeing of our country, the dichotomy between what they are paid and what they are actually worth has never seemed starker.

Any circumstance where people are undervalued is wrong. However, in the context of the Coronavirus pandemic, it is particularly egregious. As Covid-19 ripped through this nation, frontline social care colleagues were recognised as being amongst the most essential workers in society.

But behind the scenes, many were working through the crisis, risking their own health and that of their loved ones, on minimum wage salaries, zero-hour contracts and without the safety net of reasonable sick pay. Millions of us stood at our doorsteps clapping our carers, but applause doesn't pay the bills. For many within social care, the applause was both equally a source of personal pride and frustration.



Now, with the Government indicating that it will, once and for all, deliver a new strategy for the future of social care, we believe that the time is right to fix the workforce issues that blight our sector.

Two years ago, on his first day in office, the Prime Minister said: "I am announcing now on the steps of Downing Street that we will fix the crisis in social care once and for all with a clear plan we have prepared."

We believe that it is impossible to end the overall crisis of a brilliant but under-functioning sector without resolving the workforce crisis that sits at the heart of many of its issues. As long as the people who deliver social care live in relative poverty, we will never be able to properly attain an effectively resourced, skilled, sustainable, and impactful sector.

It is our contention that pay rates for frontline social workers have failed to reflect the rising levels of responsibility and increasing personal accountability for care workers in recent decades. This failure has been driven by the fragmentation of our sector, the lack of a collective voice and societal visibility, the disconnect from central government responsibilities, and austerity.

The public hasn't understood social care. Change can be perceived as expensive. Maybe it has been politically risky, in an era of minority governments and polarised views. It's not hard to see why senior politicians have regarded it as too politically toxic or challenging to address, regardless of the many moral and social imperatives to do so.





We believe that these conditions have changed dramatically and there is now, possibly for the first time, an impetus for reform. Exiting the Coronavirus crisis, the public wishes to see sustainable and fair social care services.

The sector has never been more understood or valued.

Research has unlocked the true economic value of social care. There is obvious headroom for efficiency, through more effective planning, commissioning and integration of NHS and social care services. Reform is conceivably an area where cross-party consensus is realistic.

So, if change is necessary, just, and possible, the question is, what should it look like?

For frontline social care workers, our answer is simple: ***fair pay and a respectable, sustainable career.***

In this report, which has been commissioned by Community Integrated Care, one of Britain's largest and most successful social care charities, we seek to understand what fair pay for social care workers looks like and how it should be achieved.

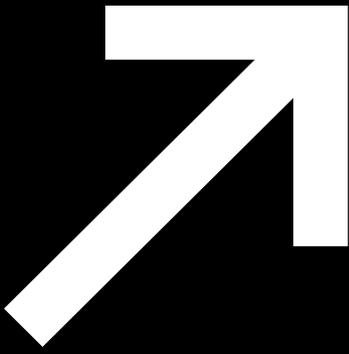
For the first time ever, we reveal an objective salary value of social care workers, using the internationally accepted – and independent – Korn Ferry method of job evaluation. We will see that social care workers are significantly underpaid and that far from being low-skilled, their role is demonstrably technically, emotionally, and physically demanding.

This benchmarking shows that frontline social care workers frequently have the same or a greater level of responsibility, skill and accountability as many other roles that are held up in society as archetypes of respected professions, such as healthcare assistants, police community support officers and teaching assistants.

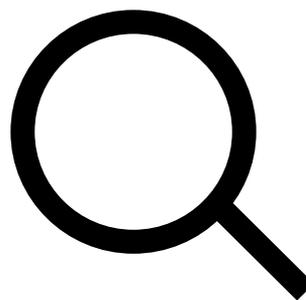
The data shows that, shockingly, social care workers would receive up to 39% higher pay working in roles with the exact same level of accountability, responsibility and skill in other publicly-funded roles.

Clearly, such significant pay gaps are not likely to be fixed overnight. But, in this report, we seek to provide both the social and economic arguments for the Government seeking to right this wrong. We believe change is possible and that it is for the betterment of all of society, not just those who deserve this uplift in fair pay. We will share how the past barriers, such as political caution and electioneering, economic arguments, and a general malaise around the need for change, can be addressed.

This is a game-changing piece of research. For years, the social care sector, trade unions, politicians, families and individuals have all championed fair pay through an argument of subjective morality – the emotive thrust of ***“this has to be wrong and needs to be fixed”***. This data moves us to a conversation about objective fairness and a more direct question that is even harder to ignore: ***“how can it be that two demonstrably equivalent roles in two different publicly-funded sectors are treated so differently in terms of pay?”***



**MANY SOCIAL CARE
WORKERS WOULD RECEIVE
UP TO 39% HIGHER PAY
WORKING IN ROLES WITH
THE EXACT SAME LEVEL
OF ACCOUNTABILITY,
RESPONSIBILITY
AND SKILL IN OTHER
PUBLICLY-FUNDED ROLES**



34% AN ANNUAL TURNOVER RATE

AND 112,000 UNFILLED VACANCIES ACROSS THE SECTOR

But, before we get into the data, let's bring ourselves back to the people.

Many social care workers are experiencing almost unbearable financial problems in their everyday lives, with mounting debts and the challenge of juggling the costs of basic living, which are barely covered by their monthly pay cheque.

The entire gamut of consequences of a personal financial crisis – homelessness, poor mental health, deprived circumstances, childhood poverty, endless working to keep debts at bay – can be found in the workforce of a social care provider.

The vast majority of providers have a deep appreciation for their people, and make wellbeing an absolute priority, but crises can and do happen when people live on a knife-edge.

The sector faces an annual turnover rate of 34%³, as workers burn-out and turn to less stressful, better paying roles. The careers site Monster.co.uk states that the average turnover rate in UK industries is 15%, meaning that social care has more than double the attrition rate of other sectors.

Furthermore, estimates suggest there are currently 112,000⁴ unfilled vacancies across the sector – one in fourteen vacancies unfilled on any given day, compounding the pressures on colleagues, providers and the people we support. By any industry standard, these figures are shocking.

The scale of the workforce dysfunction is matched only in scale by the injustice of workforce funding levels. Think of what a social care worker might be doing on a minimum wage and contrast that with the other roles they have financial parity with and you will see that there is little comparison. **Whilst all sectors deserve respect, put simply, we believe that there is no other sub-Real Living Wage role that has comparable accountability, pressure, and challenge.**

If a hairstylist makes an error, they might lose a customer and a tip. If a restaurant server plates the wrong meal, they might need to issue a refund. If a Support Worker makes a serious error, they face investigation by a regulatory body that can lead to being disbarred and even criminal prosecution.

It is hard to compare working with inanimate products or in traditional customer service roles to the technical, emotional, and physical challenges of enabling people who have complex support needs to lead great lives.

It is not only our workforce and their families that feel the impact of this underfunding of social care and the challenges of low pay. The people we support, and their loved ones, are also equally affected.

Fundamentally, social care is a people and relationship-based sector. Good care relies on great people and strong, lasting personal connections. This turbulence in workforce, twinned with a lack of security around the future financial viability of many care services, means that people who rely on social care are facing a constant churn in their support and significant uncertainty.

Trusted, valuable, life changing relationships are broken every day, as talented carers make the heavy hearted decision that they can no longer pursue the career that they love for financial reasons.

We are losing great people, and you can't easily replace them.

Just as it is a rare gift to be a talented athlete, to have an analytical mind, or to have a flair for mathematics, it is equally as precious to have an innate gift in being a care giver and a coach.

³ The state of the adult social care sector and workforce in England (skillsforcare.org.uk), October 2020

⁴ The state of the adult social care sector and workforce in England (skillsforcare.org.uk), October 2020

We perceive social care as though it is the easiest job in society – something that anyone could turn their hand to, if needed. Let's check that assumption for a moment...

How many people can you think of in your life who have a genuine ability to connect deeply with people; who can unflinchingly be there for someone in their most difficult moment without ever losing sight of their value and potential; who will be there with someone every step of the way to achieve their goals, no matter how big or small. It is probably a fairly small list.

At its very best, social care is extraordinary people enabling others to achieve extraordinary things. It is virtually inevitable that at some point social care will touch your life – whether that is a loved one needing support, or even a change in your own circumstances. We all have a stake in getting this right.

Whichever way you look at it, either through the lens of moral fairness or operational effectiveness, it is clear that the current funding settlement for social care – and the low pay that it dictates - is a true false economy.

This current system serves no one. Recap those challenges and reflect upon the absurdity of the current workforce funding crisis:

Demand for social care is increasing. People need and deserve high quality care. Our workforce has to grow substantially to meet the needs of our ageing population, but presently it loses almost a third of its talent every year and 7.3%⁵ of jobs are currently unfilled. People are under-paid and under-appreciated. We understand that a gift for caring is rare, but we are allowing our pipeline to get smaller.

It is obvious that this, right now, marks a tipping point.

CHANGE MUST HAPPEN

We are calling on the Government to:

- Provide an immediate and fair pay rise to all frontline social care workers, as an initial step towards achieving equity with the public sector and NHS.
- Immediately instruct an expert-led social care workforce review, which has cross-party support. This should deliver a system of fair and objective pay benchmarks and bandings for all roles, to deliver parity with the NHS and other publicly-funded sectors at the earliest opportunity.
- Create a wider strategy to make social care a viable, respected, and sustainable career. This includes a greater focus on learning and development and qualifications, registration, the development of career pathways and improving the image of the sector.

⁵ The state of the adult social care sector and workforce in England (skillsforcare.org.uk), October 2020

We appreciate there are many other sectors seeking government investment, especially as the country recovers from the impact of the Coronavirus pandemic and lockdown measures. However, there is compelling research to demonstrate that social care should not be treated as yet another line item of public expenditure.

We, as a society, have fallen into the trap of only seeing the cost of social care, without balancing the sum by adding its economic contribution. Just as absurd as it would be to assess your bank balance by only looking at the transactions coming out, ignoring the money coming in, we too have made a similarly flawed calculation about how we evaluate the economic value of social care. What, at face value, is seen as a national cost is actually, with some relatively basic consideration, proven to be an essential pillar of economic prosperity.



£41.2BN

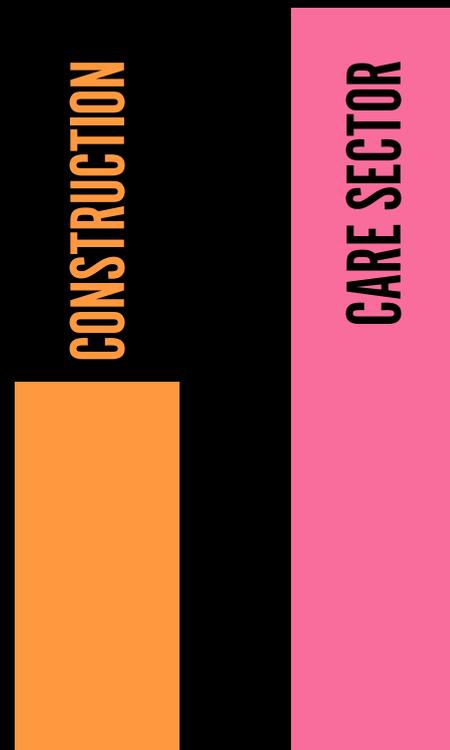
Independent data demonstrates that social care is a net economic contributor in England to the tune of £41.2bn annually according to Skills for Care / Workforce Intelligence analysis.⁶



1.65M JOBS

Social care creates 1.65m jobs, which each contribute to their local economy, fuelling localised spending.

IT IS SAID THAT
**INVESTING 2% OF GDP
IN THE UK CARE SECTOR
WOULD GENERATE TWICE
AS MANY JOBS AS THE
SAME INVESTMENT IN
CONSTRUCTION⁷.**



⁶ Skills for Care – The Economic Value of the Adult Social Care sector – UK, 2018

⁷ Investing in the Care Economy – International Trade Union Confederation, March 2016

Social care enables families of people who require support in their day-to-day lives to remain in work. It reduces the burden on the NHS and other more expensive public services by promoting physical and mental health and social connection. Investment in social care has an obvious impact in creating efficiencies in other areas of the public sector. As an example, 66% of the delayed NHS discharges are caused by the non-availability of social care placements.⁸

From this starting point, we can begin to understand the scope for change.

The social care sector has been splitting at the seams for many years, under the pressure of increased demand and the effects of austerity.

The human, and indeed economic, cost of the systemic failures of an under-resourced social care sector have been consistently overlooked by Westminster. The long-awaited Social Care Green Paper has been repeatedly been kicked into the long grass by consecutive governments. It is not too cynical to suggest that it has been easier to defer such politically charged matters.

Social care has, previously, been a political football – a great platform for bold electioneering promises, but perhaps too complex and thorny for fragile governments to tackle.

We believe that these electoral and political considerations for ministers have significantly changed with the Coronavirus pandemic. The crisis has shifted the Overton Window – the range of policies that are politically acceptable to the mainstream population – as all evidence shows that the public wants to see investment in fair pay and sustainable public services.

The pandemic has revealed the overwhelmingly positive view held by the public towards the care sector. Even those who have not experienced a need for social care recognise that, with a simple twist of fate, either they or a loved one could become heavily dependent upon its effective running. This new mood provides the foundations for a potential consensus within society, and cross-party agreement, about how high-quality social care should be properly funded to the benefit of all.

This report establishes the case for this change. We now call upon the Government to act, in the knowledge that everyone in society, not just those in immediate need of support or who are employed as frontline care workers, will benefit from this reform.



66% OF THE DELAYED NHS DISCHARGES

**ARE CAUSED BY THE NON-AVAILABILITY
OF SOCIAL CARE PLACEMENTS**

**WITH SIGNIFICANT
FUNDING PRESSURES,
AND A POPULATION
THAT IS LIVING LONGER
AND MANAGING
PREVIOUSLY IMPOSSIBLE
HEALTH CONDITIONS
AT HOME, MOST LOCAL
AUTHORITIES CANNOT
MEET THE DEMAND FOR
SOCIAL CARE.**

3 BACKDROP

The King's Fund states "underfunding has forced local authorities to restrict eligibility to those with the most substantial care needs only".⁹ This has fundamentally transformed the working responsibilities of colleagues in the social care sector.

The modern frontline social care worker frequently cares for people who have complex health and support needs within their communities. Whilst supporting people who have challenging needs is a privilege and hugely rewarding, it naturally comes with significant emotional, social and physical demands.

Social care workers have complex, intense and frequently high-stakes roles. Social care isn't health care – we support the whole person, rather than treat specific medical needs, enabling people to achieve their goals, dreams and aspirations. However, tasks and accountabilities that would previously have been delivered within the NHS are now delivered in the community by social care workers.

ANALYSING THE ROLE

Korn Ferry conducted interviews with 46 colleagues working across 36 of Community Integrated Care's services. Its analytical and robust research highlighted these pressures in clear terms.

Their role profile description for even the most standardised Support Worker roles highlighted:

- A need to understand emotional triggers and behaviour specific to each individual in order to respond appropriately to their needs, as well as a high degree of empathy, that goes beyond common courtesy.
- Requirement to adapt to "in the moment" situational change and unique individual needs.
- Working for long periods of time and a requirement to exert physical effort in activities such as bathing and showering. Many workers have to sleep on site, with sleep typically and routinely disrupted.
- Being constantly and regularly exposed to unpleasant conditions with little opportunity to change these circumstances.
- The potential to experience verbal and/or physical aggression with potential risk of personal injury.

When supporting people with even more complex learning disabilities or dementia, the challenges are even more clear, with Korn Ferry noting the following specifications about the role:

- Working with multiple clients with different needs requires high levels of vigilance and alertness. Carers will be exposed to emotional distress and very difficult situations.
- Understanding of complex medical conditions, such as brain injury and advanced dementia.
- The worker is likely to experience challenging behaviour due to the dependency of the individual upon them.

WHEN FACED WITH THE BLACK AND WHITE REALITY OF THESE FACTS, IT IS HARD TO UNDERSTAND HOW SOCIAL CARE WORKERS ARE AMONGST THE LOWEST PAID IN SOCIETY.

► Living Wage outside of London - £9.50

Actual Median Pay Rates

| South East | South West | West Midlands | North West | North East | Yorkshire and Humberside | East Midlands | East of England |
|------------|------------|---------------|------------|------------|--------------------------|---------------|-----------------|
| £9.09 | £9.11 | £9.01 | £9.00 | £9.00 | £9.15 | £8.96 | £9.05 |

► Hourly gap between Living Wage

| | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|
| £0.41 | £0.39 | £0.49 | £0.50 | £0.50 | £0.35 | £0.54 | £0.45 |
|-------|-------|-------|-------|-------|-------|-------|-------|

72% OF CARE SECTOR WORKERS ARE PAID BENEATH THE REAL LIVING WAGE.

Recent figures on salaries for frontline social care workers is alarming. Skills for Care's most recent pay benchmarking, taken from its Adult Social Care Workforce Data Set for 2019/20 found that 72% of care sector workers are paid beneath the Real Living Wage¹⁰.

The National Care Forum, the representative body for not-for-profit care providers, itself revealed a similar pattern in its 2020 Pay Benchmarking Report.

These figures - *which are derived from not-for-profit care providers, organisations with an absolute constitutional purpose for ethical and fair practice* - clearly illustrate that the majority of frontline social care workers are, effectively, living in poverty. And frustratingly for those organisations, until the Government invests more money in these crucial roles, neither care providers nor local authorities can materially change these conditions.

Of course, liveable pay is not necessarily fair pay. It is our contention that the low pay that social care workers receive is not a result of systemic design or an objective consideration of worth, but instead the inevitable consequence of the lack of focus, support, and connection for social care from central government over consecutive decades.

Social care is funded and delivered through local authorities, who are largely dependent upon the funding that they can generate through local taxation. In 2018/19, 69% of local authority income was generated through council tax and business rates, with just 31% of income derived from central government grants.¹¹ Government funding for local authorities fell by 55% between 2010/11 and 2019/20, resulting in a 29% real-terms reduction in their spending power¹².

The National Audit Office¹³ and Association of Directors of Adult Social Services (ADASS) both state that social care accounts for an average 40% of local authority expenditure. Facing the insurmountable challenges of increased demand coupled with significant financial constraints, local authorities have faced no choice but to cut their supply of all but the most essential of care provision. Tight funding settlements have led 90% of local authorities to limit publicly-funded services to those with 'substantial' or 'critical' needs, causing a 25% fall in the number of people able to access social care, from 1.7 million to 1.3 million.¹⁴

¹⁰ Skills for Care, Adult Social Care Workforce Dataset - 19/20

¹¹ Local government funding in England | The Institute for Government, March 2020

¹² Social care 360: expenditure | The King's Fund ([kingsfund.org.uk](https://www.kingsfund.org.uk)), May 2021

¹³ National Audit Office - The adult social care market in England, Department of Health & Social Care, 2021

¹⁴ How serious are the pressures in social care? | The King's Fund ([kingsfund.org.uk](https://www.kingsfund.org.uk))

The King's Fund Social Care 360 report (published in May 2021) concludes by reflecting on the "bleak picture of adult social care in England, with many key indicators already going in the wrong direction before the pandemic struck". This included around 14,000 fewer people receiving either long or short-term support, notwithstanding an increase in the number of requests by 120,000.¹⁵

This does not just result in thousands of people going without what many would deem to be essential services, until their health or social needs escalate to the point of crisis; it means that this burden is felt by family carers too. Carers UK estimates that family carers save the UK economy £132bn every year.¹⁶

These are the historic challenges. Of course, Coronavirus has added an additional complicating factor. The National Audit Office report on local government finance during the pandemic found 94% of councils with social services responsibilities expected to reduce service budgets in 2021-22.¹⁷ Over half (53%) said they did not expect their finances to recover to their pre-pandemic position until 2023-24.¹⁸

So, in a context where local authorities are facing enormous financial pressures and growing demand, and families are called upon to provide support that many would expect to see assisted through the state - often with devastating consequences to their personal health and wellbeing - it is not surprising that fair pay for social care workers remains off the agenda.

UNLIKE CENTRAL GOVERNMENT, LOCAL AUTHORITIES CANNOT BORROW TO FINANCE DAY-TO-DAY SPENDING, AND SO THEY MUST EITHER RUN BALANCED BUDGETS OR DRAW DOWN RESERVES.

So long as social care is delivered by local authorities working within these constraints, change seems unlikely.

Contrast this to the NHS, which is directly funded by central government. The UK government frequently operates in deficit, with national spend outstripping revenue through taxation. It is accepted that central governments rarely balance the books - and, in fact, it is more than 20 years since the rare occasion when revenue exceeded expenditure.¹⁹

This explains why social care is treated differently to other public institutions, such as the NHS or teaching. Central government leaders have direct political accountability for the success of these sectors. They also have the bandwidth to enter into and write off debt, unlike their local authority counterparts.



Government funding for local authorities fell by 55% between 2010/11 and 2019/20, resulting in a 29% real-terms reduction in their spending power⁹.



1.7 MILLION



1.3 MILLION

Tight funding settlements have led 90% of local authorities to limit publicly-funded services to those with 'substantial' or 'critical' needs, causing a 25% fall in the number of people able to access social care, from 1.7 million to 1.3 million.¹¹

¹⁵ Social care 360 | The King's Fund (kingsfund.org.uk), May 2021

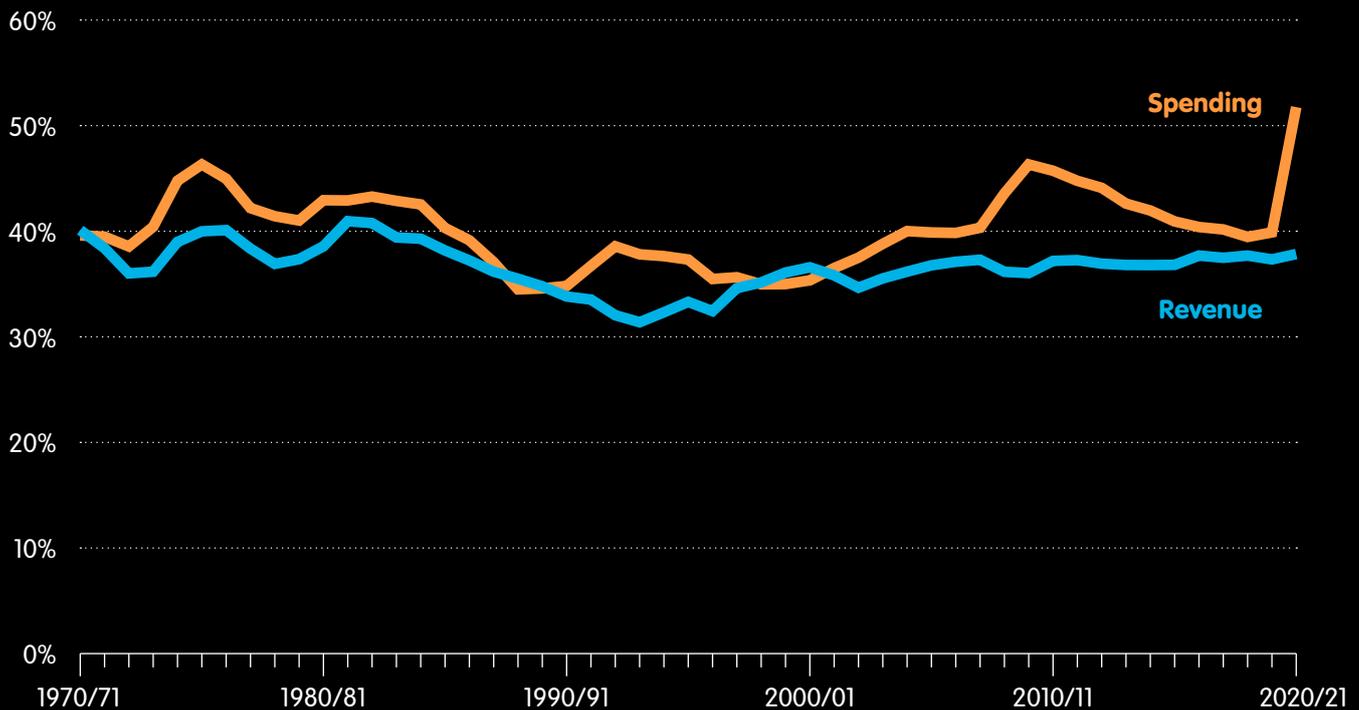
¹⁶ Facts and figures - Carers UK

¹⁷ Local government finance in the pandemic - National Audit Office (NAO) Report, March 2021

¹⁸ Local government finance in the pandemic - National Audit Office (NAO) Report, March 2021

¹⁹ The budget deficit: a short guide - House of Commons Library (parliament.uk), May 2021

➤ Public Spending and Revenue, % of GDP



Whilst leaders of many public sector industries would argue that they too have been under-resourced and under-recognised since the introduction of austerity, it can be said that social care has been dealt a particularly brutal hand. Without political will or accountability, or indeed the means to change its own circumstances, social care has substantially fallen behind other public sector services – as this report later reveals.

There are secondary factors that also add to this inertia. Social care is fragmented, delivered by 18,200 different organisations.²⁰ It lacks the recognised brand and cohesive identity of the NHS, to the extent that much of the public presumes that it is essentially a direct extension of the Health Service. Social care does not have a representative body, unlike much of the public sector and many other industries. Perhaps the very nature of our workers – kind, humble, dedicated to others - means that our workers are less likely to aggressively challenge the status quo.

All of these factors mean that without the downward accountability of central government or the upward pressure of public and sector lobbying, social care pay has been able to drift for decades beneath liveable levels.

So, if local authorities cannot provide fair pay, can care providers themselves?

Sadly not. Unfortunately, and inevitably, care providers operate within the same narrow parameters as the local authorities that generally fund them.

AS LOCAL AUTHORITIES ARE FACED WITH INCREASING FINANCIAL PRESSURES, THESE ARE IN TURN PASSED ONTO SOCIAL CARE PROVIDERS WHO ARE ASKED TO DELIVER SUPPORT AT EVER MORE EFFICIENT LEVELS.

²⁰ The size and structure of the adult social care sector and workforce in England (skillsforcare.org.uk), July 2020

Image Source: The budget deficit: a short guide – House of Commons Library (parliament.uk)

Naturally, there is a fine line where frugality tips into unsustainability. It is a regular occurrence for social care providers to deliver services at a deficit – in essence, subsidising local authorities. ADASS reported that in the first six months of 2019, 80 local authorities experienced domiciliary care providers handing back their contract.²¹ The BBC's You and Yours stated that the home care sector has combined debts of £100 million and that 715 of 2,731 (26%) home care operators are in danger of closure.²²

The March 2021 care sector pulse check carried out by independent economics and business consultancy Cebr found that 56% of providers reported they were either in deficit, with costs exceeding funding, or that their surplus had decreased slightly or significantly. In this, 79% of organisations said that rising wage bills were the main cost pressure and have been for the past three years (at 95%, 88% and 94% in 2019, 2018 and 2017, respectively).²³

These fears are not unfounded. In the 2020 pulse check, 52% of providers warned that cost pressures could force them to close some parts of the organisation or hand back marginal contracts and services to their local authority. This prediction was in fact exceeded, with 62% of care providers taking this action.²⁴

It is important to note that whilst funding has become more challenging, the expectations of quality from care providers has not shifted. They, rightly, continue to increase.

Modern social care organisations must be well run, and as the complexity of the support required increases, naturally so does the intricacy of their overall operating environment. Providers are expected to maintain a robust infrastructure that delivers superior levels of management information, quality assurance, technology enablement and more. The regulation from Care Quality Commission and Care Inspectorate is, rightly, robust and it drives organisations to be adequately resourced and effective.

So, in a context where providers are expected to do more for less, in lieu of additional funding, their only routes to fund higher wages would be to cut infrastructure investment or raise prices. Infrastructure cannot be cut without failing to meet the minimum standards necessary to provide effective services. Prices, realistically, cannot be raised given that their market is defined and dictated by their primary customer – cash-strapped local authorities.

These challenges cannot be overcome.

With upwards of 70% of care providers' turnover being spent on salaries, and such significant operating expectations and funding constraints, it is clear that they have limited bandwidth to directly increase frontline salaries through cuts in infrastructure and efficiencies.

We believe that change is possible, but as we outline further in this document, it requires a fundamental re-think in how social care is funded and supported. The impetus is largely found at central government level, not within local authorities or providers.

There is an ironclad moral case for investment and reform, but we know that good causes do not always make for easy political choices. Fortunately, however, there is an equally compelling economic case for change. By understanding the headroom for efficiency through maximising the opportunities created by collaboration, integration, effective commissioning and technology, and understanding the clear evidence that social care is a driver of economic productivity, the scope for bold thinking becomes clear.

LET'S ASK OURSELVES, 'WHAT ARE THE ALTERNATIVES'?

If the status quo means constant staffing challenges; 120,000 unfilled vacancies, 34% turnover, excessive reliance on agency staff, a haemorrhaging of talent and a dearth of new talent looking to pursue social care careers, do we even have any choice?

The current funding resolution suits no one, not least the people who access care and support who can frequently experience turbulent, uncertain, and – in some circumstances – substandard services.

This is a human tragedy. Poverty is a trap that is hard to escape from. It carries through the generations. It so fundamentally impacts upon quality of life, mental health and physical wellbeing, that life below the Real Living Wage can often become one of relentless endurance in the face of adversity, rather than living.

That these essential workers, who are the backbone of society, can live in poverty in the world's sixth biggest economy should be a matter of national shame. But it is fixable.

This begins with understanding what fairness looks like.

21 ADASS member survey, 2019

22 Quarter of UK home care operators face going bust - BBC News, November 2020

23 HFT Sector Pulse Check, March 2021

24 HFT Sector Pulse Check, March 2021

**IN LATE 2020,
COMMUNITY
INTEGRATED CARE
COMMISSIONED
KORN FERRY TO
LEAD THE FIRST EVER
INDEPENDENT ANALYSIS
OF THE SCOPE AND
VALUE OF FRONTLINE
SOCIAL CARE WORKERS.**

4

THE DATA

Korn Ferry is a leading global consultancy specialising in organisational management. With an international presence, more than 8,000 employees, and a group turnover of more than \$1.92bn, it is fair to state that it is an exceptionally significant, skilled and respected organisation.

It has developed the globally leading method of job-evaluation. **The 'Korn Ferry Hay Guide Chart - Profile Method' is the most widely used and accepted platform for role analysis in the world. It has been used by thousands of organisations across all industry sectors to create effective job evaluation frameworks.**

This methodology brings clarity, objectivity and consistency to understanding roles. It enables organisations to accurately compare against other job designs in the market and creates data-driven reward systems that are demonstrably "fair" – both internally and externally.

The company's analysis is thorough, robust, and nuanced. With the ability to compare pay databases of more than 20 million employees from 25,000+ organisations, it provides an incredible platform to establish the relative value of roles.



The themes of Korn Ferry's analysis

- › Practical/Technical Knowledge
- › Planning, Organising and Integrating Knowledge
- › Communicating and Influencing Skills



- › Thinking Environment
- › Thinking Challenge



- › Freedom to Act
- › Impact
- › Magnitude



TOTAL JOB SIZE

In late 2020, Community Integrated Care commissioned Korn Ferry to lead the first ever independent analysis of the scope and value of frontline social care workers.

This review did not assess the added complexities of social care during the Coronavirus pandemic and simply focussed on the responsibilities of the role in 'normal times'. Therefore, we are confident that its findings have not been distorted by the pandemic, and in fact may actually undervalue the specific pressures people are facing during the crisis.

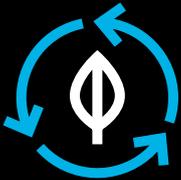
This analysis provides a truly 360° view of frontline social care within the charity.

It not only reviewed know-how, problem solving and accountability the key components of job size, but also the workplace factors that dictate the overall experience of any work:



PHYSICAL DEMANDS

The physical aspects of a role that may cause fatigue or strain.



ENVIRONMENTAL DEMANDS

Requirements of the role that may be unpleasant or cause discomfort due to exposure to variations in, or extremes of noise, moisture, dust, odours, noxious substances or temperature.



EMOTIONAL DEMANDS

Requirements of the role that might cause emotional strain due to traumatic circumstances, experiences or events, challenge from or confrontation with others, personal threat or a combination of these.



AS WITH THE NHS, WE NEED CLEAR BANDING,

WITH PAY RATES LINKED TO OBJECTIVE FAIRNESS.

By aggregating these factors, using its well proven method of evaluation, Korn Ferry has been able to form an analytical understanding of the realities of frontline social care. What has previously only been felt and observed, has now been measured.

The evidence based in this report presents data from the most populated role within one major charity – a national organisation that stands as one of the biggest in the sector and works across England and Scotland. However, this role – Support Worker, Supported Living, is replicated across thousands of providers and represents the common core positions for most adult social care providers.

It is not our intention to provide an exhaustive job list and benchmarking for all care sector roles within this report, but to instead present analysis of one particularly commonplace role. It stands to reason that if a gap is found between Community Integrated Care’s most typical of roles and the pay rating in equivalents in other comparable sectors, a fairness gap will be repeated by across the sector.

Our overall principle in sharing this data is to demonstrate that the future for social care workforce planning must be led by robust job evaluations for all roles, which use accepted measures – such as Korn Ferry’s platform – to independently categorise them according to their scope, complexity and accountability. As with the NHS, we need clear banding, with pay rates linked to objective fairness.

SUPPORT WORKER SUPPORTED LIVING

£17,695

The average pay rate for a Support Worker working in a standard supported living role is, typically, c. £17,695.²⁵ Most are paid hourly, as opposed to being on fixed salaries. With such limited funding, as you might now expect, other terms and conditions – such as pension and sickness entitlements are similarly lacking.

²⁵ Based upon average of NCF pay benchmark data, 2020.



Through focus groups and analysis of role responsibilities, Korn Ferry reviewed Support Workers in Supported Living settings within Community Integrated Care, looking at the:

- ▶ **Level of knowledge and skill** needed for acceptable performance in the role.
- ▶ **Depth of thinking required** in the form of analysing, reasoning, evaluating, creating, using judgment, forming hypotheses, drawing inferences, and arriving at conclusions.
- ▶ **Extent to which the role is answerable for actions and their consequences.** This assessed the autonomy and accountability of the role.
- ▶ **Physical, environmental, and emotional** elements of the role and its setting on the individual (rated on a scale from minimal to extreme).

The analysis clearly distilled the general experiences and expectations of this role:

- ▶ **Know-how:** "Role requires some specialist, practical skills in management of specific healthcare needs. Post holders need at least three months to understand emotional triggers and behaviour specific to each individual in order to respond appropriately to their needs, as well as a high degree of empathy, which goes beyond common courtesy, to provide the appropriate level of care required."
- ▶ **Physical effort / endurance:** "Carers will be working for long periods of time and will be required to exert physical effort in activities such as bathing and showering. Many will be sleeping on site which is typically and routinely disrupted."
- ▶ **Problem solving:** "The role works according to routine procedures. However, there is a requirement to adapt to "in the moment" situational change and to the unique needs of the individual being supported."
- ▶ **Environmental:** "Carers are with the client constantly and regularly exposed to unpleasant conditions such as bodily fluids, streams in noise e.g. TV / shouting, and temperature. There is little opportunity to change the working environment."
- ▶ **Accountability:** "The role is constrained by clearly defined operating procedures and regulations. Most of the work will be undertaken without close supervision and whilst routine in nature, there will be freedom to decide when and if to change routines in accordance with circumstance. Impact is measured to reflect the delivery of care which is tailored to the needs of the individual without the immediate support of others."
- ▶ **Emotional:** "Carers are likely to experience verbal and/or physical aggression with potential risk of personal injury."

FAR FROM BEING LOW-SKILLED, THE ROLE WAS FOUND TO HAVE EXCEEDED THE SKILLS NEEDED IN FIELDS SUCH AS POLICE COMMUNITY SUPPORT WORK, EXPERIENCED TEACHING ASSISTING AND HEALTHCARE ASSISTANCE.

**MEDIAN SALARY FOR EQUIVALENT POSITIONS
IN THE NHS WOULD BE £24,602.**

39%

**TO BE EQUAL, SUPPORT WORKERS BEING PAID THE CURRENT
SECTOR AVERAGE WOULD NEED A 39% PAY INCREASE**

The Korn Ferry Assessment found that the median salary for equivalent positions in other public and not-for-profit roles, such as NHS and within local authorities, would be £24,602. Support Workers being paid the current sector average of £17,695 per year would need a 39% pay increase to be on equal terms with their other public funded counterparts.

If the NHS is used as the measure, this would be an NHS Pay Band 3 position. The average annual take home pay for colleagues in these roles is £25,142, with these positions enjoying significant benefits that are not typically available within social care – such as enhanced pay for unsociable hours. In fact, on average, roles in this pay band have a total package value of £30,092, when factoring in other benefits and entitlements.

**THESE ARE NOT PAY GAPS,
THEY ARE CAVERNS.**

It is easy to see the challenges of the sector reflected back in these figures. When frontline social care workers are operating far beyond their pay grade, are mistakenly categorised alongside much simpler and less pressured positions, and witness other relatable roles paying so much more, it is easy to identify the roots of the challenges in recruiting and retaining talent.

Furthermore, the Korn Ferry data pointed to social care requiring innate personal gifts, which cannot simply be trained or acquired, but rather relate to fixed personal values and mindset. It also highlighted that low pay, naturally, means that social care will struggle to attract and keep talent, and the very real consequences this can have on individuals who depend upon support.

It states, “Whilst it is acknowledged that the basic technical skills for care work can be acquired after 12 weeks, the technical competence and desire to understand individual client triggers and how to manage them is a much higher level of skills, requiring resilience empathy and humility. Without these attributes, the level of care provided is inadequate.

The Support Workers interviewed as part of this work clearly demonstrated these attributes and viewed their work as vocational. However, the current level of pay, already significantly lower than comparable roles in the external marketplace will also attract applicants seeking a job only to pay the bills. This potentially exposes those members of society who are most vulnerable to poor care.

The exposure to change and therefore disruption is also significant. Changes to the physical environment, or the presence of new people and/or absence of familiar ones are, for many of the clients or people we support, extremely difficult to cope with.”

The strength of job evaluations such as Korn Ferry are that they are robust, independent and data driven. But in isolation, they can feel cold. This data only truly makes sense when you see the life-changing impact that frontline social care workers make every day, transforming lives of people in a way that so few others can.

Community Integrated Care can attest to the unique gift that frontline social care workers have in finding remarkable ways to connect with people with highly complex needs. They see beyond and work through the barriers they face, always upholding and working towards the person's greatest potential. This is complex, challenging and requires multiple skills and approaches, as well as an innate sense of compassion, drive, and empathy.

This topline analysis from Korn Ferry only part-illustrates the range of skills that a frontline Support Worker might need to adequately fulfil their role.

One example that particularly brings the requirements of the role to life is Community Integrated Care's own 'capability framework'. A capability framework is a system in which organisations map out the behaviours, skills and knowledge needed to be effective in a role.

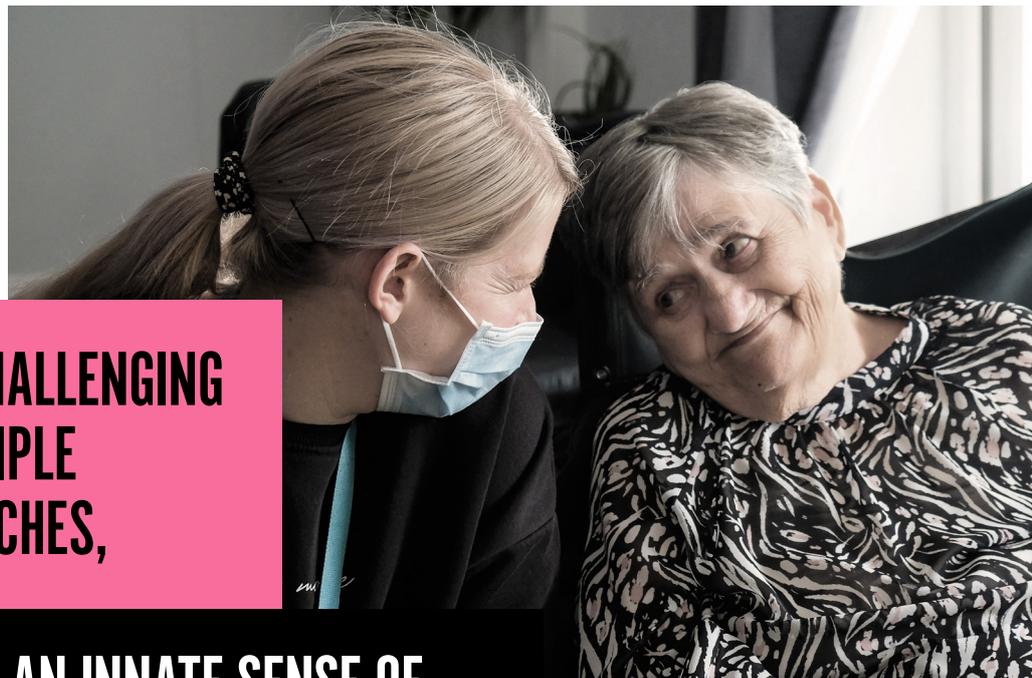
Community Integrated Care has created a thorough framework for its key job categories, which has forensically mapped out the core understanding that every worker has. This is used by the charity to define training, Continuous Professional Development, appraisal systems, and all other people development processes. This is a robust methodology, frequently seen in only the most forward-thinking of organisations, again illustrating a level of operational excellence within social care providers that belies the common conception of the sector.

The charity's core capability framework involves seven categories: support principles, health and safety, safeguarding, sector, quality, people and finance. Every employee in a Supported Living Support Worker role is expected to consider such matters as communication, relationships, community connection and environment.

Beneath these category titles are some weighty training and development requirements, such as being able to understand and handle behaviours associated including apathy, self-harm, suicide, memory loss, sexualised behaviour, suspicions, paranoia, delusions, manipulation, hoarding and more.

The framework details that depending upon the circumstances, Support Workers can need to handle medication, including oral, invasive, nasal, ear and eye administration, intradermal administration and subcutaneous administration. They are required to exhibit a high level of competence in providing comfort and personal care, aiding their breathing, and occasionally handling terminal sedation and verification of death.

And of course, they must bring their full personal energy, skill, life experience and sense of vocation to bear, to support people to lead the best life possible.



THIS IS COMPLEX, CHALLENGING AND REQUIRES MULTIPLE SKILLS AND APPROACHES,

AS WELL AS AN INNATE SENSE OF COMPASSION, DRIVE, AND EMPATHY.

**WHEN SOCIAL CARE
WAS CATEGORISED AS
“LOW-SKILLED” BY
THE HOME SECRETARY,
PRITI PATEL, IN HER
PRESS BRIEFINGS FOR
THE GOVERNMENT’S
POST-BREXIT MIGRATION
POLICY, THE OUTCRY
WAS INTENSE.**



When social care was categorised as “low-skilled”²⁶ by the Home Secretary, Priti Patel, in her press briefings for the Government’s post-Brexit migration policy, the outcry was intense. Social care workers took to social media, sending the topic trending as they shared their distress and disgust at the unjust categorisation. Leaders of the care sector and countless other advocates from across society lobbied the media and parliamentarians to challenge this assertion.

When you reflect on the data detailed above - the enormous pay gap, the challenging situations - from death to self-harm, the unique vocational gifts, and the significant span of the role - it is easy to see how the “low skilled” categorisation became such a lightning rod for disgust.

**FRONTLINE SOCIAL CARE IS NOT,
AND HAS NEVER BEEN, SIMPLE,
LOW SKILLED AND LOW WORTH.**

THE MYTH HAS NOW BEEN BUSTED.

Now that this injustice can clearly be seen for what it is, it is incumbent upon the Government and all involved parties to deliver the funding reform for social care that society and social care workers so desperately need.

In the sections ahead, we outline the benefits that progressive reform and workforce investment will have on society, people who receive care and frontline workers. Data only makes sense when you understand its context, so we will also give you the chance to step into the shoes of a frontline worker or someone who depends upon support, to feel the impact of this workforce crisis.

Above all, we share answers – offering both the economic drivers that might enable the investment needed for this change and some key considerations for a future workforce strategy for social care.

We will demonstrate that change is not only necessary from a moral perspective, but moreover entirely possible on a political, economic, and societal level.

IMPROVEMENTS IN PAY ALONE WILL NOT FIX THE CRISIS WITHIN OUR SECTOR. TO STEM THE TIDE OF LOST TALENT, MEET WORKFORCE SHORTAGES AND MAXIMISE OPPORTUNITIES FOR EFFICIENT YET HIGH-IMPACT SUPPORT, WIDER REFORM IS NEEDED.



5 BEYOND PAY

The requirement for a workforce strategy sits only as part of a much wider set of reforms that are necessary for social care. However, in this report we are focussing only on the specific areas of workforce challenges that we face.

For too long, social care has been uncoordinated and left to drift without an effective effort to professionalise the sector.

In the next section, we outline what further reform of social care must include.

CAREER PATHWAYS

In any sector that wishes to retain skilled, experienced, and dedicated people, career pathways are essential. Whether it is driven by a need for personal fulfilment, the tipping point where skills and ambitions surpass the confines of a role, or a need to see effort and experience translate into better remuneration, most of us can relate to a desire for career growth.

Social care needs talented and ambitious people, who have enormous personal drive. It is illogical to think that colleagues who score highly for intrinsic motivation can be found and retained without obvious routes for progression.

The current social care system is uncoordinated and fragmented across 18,000+ care providers. There is no unified approach to workforce and career development.

The funding restraints for the sector means that organisations and care services often operate within relatively flat structures. In many services, you will often see groups of Support Workers reporting into a manager, without any leadership tiers between.

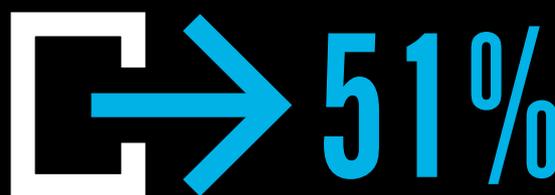
This creates two obvious problems. The step between Support Worker and manager is significant, and often too great without a graduated route into management. Equally, with prospects of securing a management position so limited, many are forced to seek opportunities for financial and personal growth outside of the sector.



A 2021 SURVEY BY THE WORK FOUNDATION FOUND THAT ONE IN SEVEN SUPPORT WORKERS ARE CURRENTLY ACTIVELY LOOKING FOR OPENINGS OUTSIDE OF SOCIAL CARE.



42% of those cited a lack of progression routes in their current role.



Furthermore, 51% stated they need to exit the sector for financial reasons.²⁷

²⁷ Work Foundation and Total Jobs: Social care: a guide to attracting and retaining a thriving workforce, May 2021

By moving to a system of banded job roles, which are benchmarked using robust methodologies such as the Korn Ferry Job Evaluation Method, we will see a system where frontline support work is not treated as 'one size fits all'. Support Workers will be paid according to the nature and complexity of their role, meaning that they can find progression within teams or within other services as they step towards frontline management, and beyond.

Public sector pay band approaches, such as the NHS' Agenda for Change, allow employees to progress in seniority and pay within the same job role profile, based upon the experience and skills they accrue. This is essential for the future workforce design of social care.

With greater coordination of the sector, there will be impetus to ensure a more evolved approach to organisational design across all care providers. Care providers should have the in-house skills or be able to access guidance to implement best-practice workplace structures, which enable fit-for-purpose teams and offer career progress by design.

As an example, there is scope for social care providers to close the gap between Support Worker and management levels, by creating roles with enhanced responsibilities.

This can be seen in the Advanced Support Worker position, which gives Support Workers the chance to take on greater challenges, access professional development, and gain management-like responsibilities, whilst also working under the guidance of a leader and without taking on the full pressures of being a registered manager.

This Advanced Support Worker role is highly positive in driving greater quality in complex services, and despite being paid at a higher rate can actually be economically effective. It is virtually impossible to attract and retain talented people in the most challenging of social care workplaces on minimum wage salaries. This creates the false-economy of needing to secure short-term agency workers to plug vacancies, with care providers paying frequently exploitative premiums that average 30% more than the in-house hourly rate.

By creating roles that are properly paid, trained, and supported, we can stem the endless churn of workers and ensure that profits for recruitment agencies are instead channelled towards people.

Managers too need scope for progression. Learning and Development frameworks will enable people to progress from service management to more strategic positions. Investment in a modern and sustainable sector will see advances in technology and governance, and the delivery of new models of support that can create a plethora of career development opportunities. Transparent pay-banding across the sector would mean that managers, should they wish, have better opportunities to explore progression or new challenges within other services by clearly understanding the career boundaries of a prospective role.



LEARNING AND DEVELOPMENT

As this report clearly outlines, working in frontline social care is complex, challenging and requires multiple skills. The consequences of colleagues lacking the skills or understanding needed to be effective in their job are enormous – at best resulting in people receiving sub-standard care and at their absolute worst, leading to catastrophic failure.

The current mandatory training for social care is too lightweight. The funding realities mean that care providers have minimal time to provide continuous professional development to their workforce. Employers are continually having to find industrious and efficient ways to upskill their colleagues within these significant constraints.

A new workforce strategy must enable people to access role-appropriate qualifications, spanning from NVQs to degrees. These naturally need to be financially viable to providers or, in some circumstances, the individual. In other sectors, such as policing and the NHS, workers have funded access to the training and qualifications they need in order to be able to successfully perform their role. For example, the NHS Learning Support Fund provides grants of up to £5000 to cover learning fees, as well as meeting the cost of expenses and grants of up to £2000 to meet childcare costs whilst studying. There are also bursaries to enter many public sector industries.²⁸

This is yet another example of the lack of parity between sectors.

A NEW WORKFORCE STRATEGY MUST ENABLE PEOPLE TO ACCESS ROLE-APPROPRIATE QUALIFICATIONS, SPANNING FROM NVQS TO DEGREES.

We know, from this report and a wealth of additional evidence, that people working in NHS and social care roles often have highly comparable levels of accountability, challenge and skill. In fact, in some cases, role profiles can look virtually identical. However, in these parallel sectors, the personal development opportunities available to workers are entirely different. This disparity restricts the headroom for personal and professional growth within social care and means that the sector is significantly less likely to be a long-term career of choice.

In any professionalised sector, formal qualifications are only part of the workforce development focus. More widely, social care needs to be enabled to have a culture of learning, driven by Continuing Professional Development. The new funding solution must enable providers to deliver a range of robust and relevant learning opportunities, and cover the costs of protected learning time.

We are not advocating for limitless, unfocussed learning. Instead, we are pointing to the obvious efficiencies and benefits that can be attained by people having the right level of training and development for their role, and being immersed in a culture of learning.

Competency frameworks are one example of established systems that can enable organisations to precisely target and meet the learning needs of employees, based upon their workplace roles and career pathways. With greater coordination, strategy, and support for the sector, these should become mainstream and universal across all organisations. We must see a system where every employee has the right level of education and personal development to fulfil their responsibilities, and where there is a unified standard of learning and development across all providers.

This will transform the quality and impact of services and go some way towards changing social care from a job to a career.

REGISTRATION

Registration of social care workers is an integral element of professionalising the sector, through developing codes of practice and robust checks that ensure that colleagues are fit and appropriate for work. A system of registration is in place in both Scotland and Wales and is commonplace across many sectors – including the NHS.

For social care employers, this would be invaluable in both providing quality assurance that workers are eligible and appropriate for their roles, which can significantly reduce the HR pressures of screening out inappropriate candidates and remove the risk of appointing bad actors.

For the wider public, it offers assurance that Support Workers have the right skills and qualifications and are capable of safe and effective practice.

Registration also has secondary benefits, in being a contributor towards an improved image for social care.

However, any move to registration must be properly planned and cannot be delivered without a fundamental change to care sector funding and frontline salaries. Neither providers nor care workers can meet the cost of registration, without the funding that enables it.

It must also be noted that the shift from a de-registered sector to a registered sector is challenging and complex. Whilst it is supported by many providers and sector representative bodies, it cannot be attained without proper planning and support.

WIDER PROFESSIONALISATION

We believe that there is a need for greater coordination of workforce development within the sector. There is a space for an organisation to define, coordinate and lead social care's people strategy, in consultation and collaboration with a range of stakeholders - such as employers, people who access care and worker representatives. One option may be a significantly expanded focus and influence to be given to Skills for Care.

With greater focus, other hallmarks of professionalism can be realised, such as a code of conduct and defined standard that are beyond the regulatory focus of CQC, strategic efforts to champion diversity and inclusion, and a more strategic focus to recruitment.





CHANGING PERCEPTIONS

As this report continually demonstrates, social care has an image problem. Part of that image problem is rooted in the current reality – it is undeniable that this is a low paying and often a very difficult sector to work in, given the current operating environment. But equally, much of the popular perception of social care centres on the prejudice that it is also low skilled, low value work.

With reform of social care funding, it can become a financially viable career. With pay bands and career pathways, there will be meaningful opportunities for progression. So, that being the case, the final hurdle is the residual perception that social care is basic and, in the minds of many, a career of last resort.

For people who have a drive to contribute to society and a desire for a career with meaning, there are few sectors that are as vocationally satisfying as social care. Good social care involves supporting people to achieve their greatest potential, with Support Workers matched to people with whom they share common interests and desires. This can be magical - kindred spirits enjoying mutually fulfilling days together.

As the Department of Health advertising campaign for the social care sector says, 'every day is different'. This is a sector where you can change lives and in doing so, experience priceless moments of unparalleled job satisfaction.

We need to tell a different story about social care. The workforce reform for social care must include a dedicated focus on using effective public and media engagement strategies to truly bring to life the joy of the role.

Let's challenge the old clichés and tropes that are so frequently trotted out in media reports and dramatic entertainment about our sector, our colleagues and the people we support. It is time for a different story – the reality.

Whether it is a soap opera about social care or a stunning social media campaign, we need to reclaim our image to show the nation that working in social care is a respected carer where people can achieve incredible things.

MENTAL HEALTH AND WELLBEING

Pay is a significant factor in employee wellbeing, but it is not the only consideration. The Korn Ferry analysis clearly illustrates how working in social care can, by its very nature, be physically and emotionally demanding. Clearly, the social care sector has a duty to protect and promote the wellbeing of its workforce.

A more connected and coordinated sector opens many opportunities for a strategic and impactful wellbeing strategy, which blends the internal skills of HR and leadership functions within providers with access to quality external support and resources.

This can be seen within the NHS, where colleagues have access to specialists within their trusts – from physiotherapists to councillors, as well as free centralised resources, such as dedicated support lines, trauma care, wellbeing and psychological training, and even free access to apps, such as the popular Headspace platform.

Mental health is one of the biggest causes of employee absence within the sector. Many of these cases can be avoided, with early and quality support. The national expansion of initiatives such as these into social care is an example of the obvious impact and return on investment that can be generated from a cohesive workforce strategy.

BENEFITS AND RECOGNITION

Providing a positive employment experience is, obviously, fundamental to workforce retention. This is driven by many of the factors outlined within this report – fair pay, strong and supportive management, opportunities for growth and progression, recognition, wellbeing support, and more.

It is also driven by softer benefits too. A significant, and often overlooked, draw for working within the NHS is not only the enhanced terms but the expansive range of employee benefits on offer.

As an example, the NHS England website lists almost 650 discounts and free goods available to NHS workers – from restaurants to cheaper household utilities. Other incentives, such as childcare vouchers, are available to workers too. Rewards like these make pay go further and bolster a sense of appreciation.

With the introduction of registration and a coordinating workforce body, obvious opportunities open for similar rewards to be made available to social care workers.

Registration means that colleagues can evidence their role within the sector, giving the same assurance to businesses that colleagues in 'blue light' sectors can when showing ID badges.

A coordinating body can help to engage businesses to provide employee rewards and highlight opportunities to workers. This relatively simple effort can have a meaningful impact on attracting and retaining talent at scale.

Furthermore, the introduction of this workforce body may open other opportunities for recognition – such as schemes for the public and providers to thank exceptional workers, sector honours, and the creation of national celebration days.

**TO TRULY APPRECIATE
THE WORKFORCE
CRISIS THAT ENGULFS
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6



THE NEED FOR CHANGE

To truly appreciate the workforce crisis that engulfs the social care sector, you simply need to spend time with those who are affected by it.

From care leaders who are striving to deliver high quality services, to HR specialists who are tirelessly trying to respond to recruitment and employee wellbeing challenges, this issue touches every employee in the sector. And most importantly, you need to speak to the people who access support and the people who love and know them best.

Victoria Martin is a leader in Positive Behaviour Support, a form of specialist applied behavioural science. In her role, she designs and applies solutions that transform the quality of life for people who often have complex support needs.

She believes that no matter what expert input is provided into social care services, without stable and happy teams, delivering high-quality support is inevitably challenging.



“There is so much expected of people working in social care. Their roles can be exceptionally demanding – they can witness and be involved in traumatic situations, they might need to deliver physiotherapy or speech and language exercises, perhaps they are treating pressure ulcers or changing a peg feeding tube. This is complex work, so I cannot reconcile how the Government allows it to be paid beneath the Real Living Wage.”

“Good quality care relies upon high quality, stable, and united teams. One of our biggest challenges is managing the disruption of brilliant people leaving the care sector, because they can no longer afford to stay within it.”

“We’ve had situations where Amazon warehouses have opened in our communities, paying people £12.71 for entry-level work. Almost overnight, that can decimate a staff team. As much as our colleagues love the people they support and what they do, that is a life-changing difference in pay.”

“In a sector where it’s not uncommon for people to need to access foodbanks, you fully understand why people make decisions with their head rather than their heart.”

“But decisions to exit the care sector are equally life-changing for the people we support.”

“Many people who access social care have built difficult coping strategies where they avoid forming emotional bonds with others, because they are so used to seeing people come and go in their lives. Where there is a deep and nurturing relationship between the people we support and colleagues, the emotional fallout of a colleague leaving can be akin to a bereavement for both parties.”



“

I’VE SEEN PEOPLE WHO ARE DEVASTATED TO HAVE TO LEAVE THE SECTOR, BECAUSE THEY FEEL THEY ARE ABANDONING SOMEONE WHO IS AKIN TO A FAMILY MEMBER TO THEM.

You must appreciate, most people working in social care absolutely love what they do. They have endless compassion and affection for the people they support. I’ve seen people who are devastated to have to leave the sector, because they feel they are abandoning someone who is akin to a family member to them.

The people we support feel the same way too. They ask themselves, “What have I done wrong to make this person that I love leave me?” Maybe they’ve lost the one person who can really connect with them – the one constant in their life. The psychological and practical impact can be huge.

The issue of low pay touches on everything. How can you expect people to give their best at work when the rest of their life is in turbulence? Where you see errors in social care, you can often peel back the story and see that people were emotionally frayed, anxious, or tired because of issues in their home life, with poverty as a root cause.

Social care expects so much of people - to be full of energy, ambition, creativity, kindness, and tenacity every day. But it’s a contradiction to ask of much of people, whilst they’re also seeing that they’re worth some of the lowest rates of pay in society. Many care workers think, “Is this how people value us? Is this all that we’re worth?” It is inherently demotivating.

Social care needs fair-pay and sustainable funding. To me, this is one of the biggest crises of our generation, but it just isn’t talked about enough. If more people realised how many lives are being affected by this injustice, I am sure that the whole nation would get behind the case for change.

”

Sarah Mahoney is Head of Employee Relations at Community Integrated Care. In this position, she and her team constantly seek to improve the experience of working for the charity. This goes beyond the standard expectations of a HR function, with the charity developing a significant focus on mental health, wellbeing, and employee experience. Their aim is to make the charity a great place to work and to also manage and pre-empt the personal crises that can be found across a low paying sector.

Sarah has particular insight into the often-hidden crises that people can experience in their personal lives, as a result of their financial challenges. She is a lead member of the Community Integrated Care's Wellbeing Fund committee. This fund sees the charity commit £100,000 annually to assist colleagues experiencing financial distress.

Sarah explains:



These grants are given without condition or a need for repayment, as a direct route to save colleagues from crises. We know that in a low-paying sector, many people do not have a buffer to absorb life's shocks – from a family illness to a broken essential household item, a rise in rent to a split in a relationship.

"This isn't about people being unable to manage their money or not saving enough. It's an unavoidable reality of people living month-to-month.

"We want to do whatever we can to stop people entering drastic circumstances – from taking a payday loan to taking money from a loan shark, or even losing their home. This fund sits along a whole range of other options that we've put in place to help people avoid entering into debt and enable their money to go further. There's only so much we can do though, with how tight care sector funding is.

"I'm really proud to be part of a charity that offers a scheme like this. But honestly, we shouldn't need it.

"As a nation, we should be embarrassed that our social care heroes have to access charitable support. They deserve so much more.

"I'd love policy makers to sit in my chair for a day, or to follow the HR teams of other care providers, and really see what is going on. It can't be right that people can do so much for society, yet their pay means that they are only one step away from crisis themselves. We need change."



WELLBEING FUND



Community Integrated Care's Wellbeing Fund has supported 90 colleagues to date, awarding more than £190,000.

This includes:

- ▶ Helping people facing a housing crisis, due to domestic abuse and relationship breakdowns. When many people need to start again, unexpectedly leaving their family home, they often have no money for a deposit or the means to purchase basic household essentials, such as a bed, fridge, or microwave.
- ▶ Supporting single parents who have developed a long-term illness or injury and cannot survive on statutory sick pay.
- ▶ Funding funeral costs, when colleagues have struggled to meet the costs of saying goodbye to their loved ones.
- ▶ Providing bridging support, when families have lost a salary and found that they cannot meet their essential outgoings.
- ▶ Avoiding people entering homelessness, as they have experienced a financial pressure, such as a sharp rent increase or a loss of income.
- ▶ Supporting childcare costs, particularly as relationships breakdown.
- ▶ Enabling colleagues of foreign heritage to fly to be with families in crises, from enabling them to attend funerals to supporting them to be by the side of their parents or siblings when they have experienced personal tragedies.

IN 2020, THE CARE WORKERS CHARITY...



3000+

Supported more than 3000 current and former care workers.



£2.1M+

Provided charitable grants in excess of £2.1 million.

This is a universal theme across the sector. The Care Workers Charity is the national benevolent fund for the care sector, providing current and former care workers with one-off crisis grants. In 2020 the fund supported more than 3000 people, with charitable grants of more than £2.1 million.²⁹ This offers just some insight into the scale of the problem.

Community Integrated Care's Head of People Operations, Nicky Barnes, has a senior role in the charity's organisational development and recruitment. For her, the effort to fully recruit and retain talented colleagues, who have a passion for changing lives, can feel almost impossible within the current funding solution. For Nicky, and thousands of other people across the sector, each day can feel like a Sisyphean challenge - constantly recruiting to avert the difficulties of people exiting the sector for financial reasons.



Care providers do everything possible to find talented people who have a vocation for caring. At Community Integrated Care, our advertisements are seen by hundreds of thousands of people every month, we do endless community engagement, we creatively showcase the brilliant experiences that people can enjoy, and we are constantly seeking to find solutions to extend pay and benefits.

"When you're looking for exceptional people though and can only offer them salaries that are significantly behind the NHS and many other employers, it can sometimes feel like you are looking for a needle in a haystack. In essence, we're looking for brilliant people, who care deeply and choose to work for less than they might get elsewhere out of a sense of vocation. This does not sit easy with me, or anyone else in the sector, but this is the unchangeable reality of our situation.

"Social care recruitment is often like lots of providers all fishing in the same pond. Because of the pay limitations, social care isn't an obvious choice for many people leaving college or university. We need more new talent joining the sector. As it stands, people now will leave one care service for another for a five pence increase in their hourly wage. You're always conscious that your recruitment success might be to the detriment of someone else.

"Yes, we've seen new people enter the care sector during the pandemic. The indications though are that many will return to their previous industries when they stabilise. Right now, we're starting to see the effect of other sectors returning and the impact of Brexit contracting the labour market. The recruitment space is so competitive right now. Other industries can raise their prices to pay higher salaries but in social care, you're dependent upon what local authorities can pay you. We even struggle to get uplifts when minimum wage increases are introduced.

²⁹ The Care Workers Charity

"I know how damaging this cycle is for our colleagues and the people we support. It also dragging capacity and focus from organisations. We are constantly focussing on stemming employee turnover. The time and headspace dedicated to recruitment and retention is phenomenal.

"I work with an incredible team and our charity delivers many exceptionally ambitious and successful organisational approaches. But I'd love it if we had more time to focus on the opportunities beyond recruitment. We could further our impact on society, the people we support and our workforce, if there was a funding solution that supported stability. We could move from a position of firefighting to instead driving forward the impact that we all want to make on people's lives.

"This will always be a struggle so long as the expectations and challenges of people's roles exceeds the amount that they can be paid.

"When you see the damage this creates across society – the impact on that it has on delivering support, the wellbeing challenges, the money lost to recruitment agencies and inefficiency, it's hard to understand why fixing social care funding isn't one of the number one priorities in Parliament.

”

For Erin O'Neill, who is supported by Community Integrated Care and is also employed by the charity as an expert by experience, the impact of losing members of her support team is a constant frustration.

“

It takes a lot to find a support worker who you want to spend time with and who you can trust to support you. My support workers help me in lots of ways practical, so I need to have people I feel comfortable with and can trust.

"I recruit my own colleagues and I know what I want from someone. When you find someone who you build a great relationship with, it can be amazing. I have a great team. They're always encouraging me to try new things. I've even found a job that I love. They help me to be independent.

"I've had loads of experiences of members of my team leaving to take up other jobs. I've found that very hard when I have had to say goodbye to people I've really bonded with. It's always hard to lose someone you trust and consider to be a friend. It's been really hard for me, but I know it is even harder for other people who cannot understand why their support workers have moved on.

"I love working for Community Integrated Care. I get to see the amazing things that support workers help people to achieve. I love playing my part in making a difference to people's lives too. I think that people who work in social care should be treated like heroes.

”



PEOPLE WHO WORK IN SOCIAL CARE SHOULD BE TREATED LIKE HEROES.



**I WAS IN HOSPITAL
WORRYING ABOUT HOW
I'D PAY MY BILLS**

PAIGE HALLIDAY, 28, IS A SUPPORT WORKER AT BENDBOW RISE SUPPORTED LIVING SERVICE. SHE LIVES IN LEICESTER WITH HER THREE-YEAR-OLD SON, MILLER.



I moved into the care sector at the age of 20. I'd been working in retail since I left school at 16 and one day I just thought, this is not for me anymore. One of my close friends worked in the sector and I could see how much he enjoyed his job, so when a position came up, I applied and got it. A few months later I moved to Community Integrated Care and I have never looked back.

I loved working in social care from the word go. Supporting someone and being able to make a difference to their life is a really rewarding thing to do. It sounds silly, but where I work really is like a home from home. I enjoy going to work and making the people we support smile. If they haven't got any family, we become their family to them. It makes such a difference in their eyes.

In 2017 I went on holiday with my Dad. I went straight to my Mum's house when I got back and suddenly felt a pain in my chest. It got worse and worse, so eventually my mum called an ambulance and I went to hospital. It turned out I had a collapsed lung which the doctors thought might have been caused by the pressure from the plane when it was landing.

I recovered and went on to have my son, Miller, later on that year and thought that the problems with my lungs were over. Then, in December 2019, I was on a date when the pain started in between my shoulders, followed by the top of my back, then in my chest. I called an ambulance straight away and they took me to hospital and it turned out my lung had collapsed again.

As soon as it happened, I was in A&E wondering what I was going to do about work. It was a frightening time. I needed to work to pay my rent and bills, but I was sick and I knew there would be no way I could work. It was so stressful and scary.

I had an operation five days later and had only been out of hospital for two weeks when my other lung collapsed and I had to have another operation. My concerns about money became even more worrying.

IT WAS A FRIGHTENING TIME; I NEEDED TO WORK TO PAY MY RENT AND BILLS, BUT I WAS SICK AND I KNEW THERE WOULD BE NO WAY I COULD WORK. IT WAS SO STRESSFUL AND SCARY.

My manager immediately suggested I apply to the Wellbeing Fund for financial assistance. The whole process of applying was straightforward and within a couple of weeks I was awarded the grant. Over the next three months I received almost £3,000 worth of funding, which was more than I would have earned in that time. It was a Godsend.

I'm so grateful to Community Integrated Care for supporting me through the Wellbeing Fund. If it hadn't been for that, I would have had to borrow money from my family to pay my rent which I would have struggled to pay back after being off work for so long recovering from both operations. It would have been very difficult.

Receiving the grant meant I could focus on getting well again, without having to worry about how I was going to pay the bills, but it's a shame that it was needed. It would be even better if care workers were paid a higher wage in the first place; then we could put our own money aside to cover emergencies like this, rather than having to apply for extra support.



JORDAN CONROY, 26, IS A DEPUTE SERVICE LEADER AT TEMPLE COURT IN PORTSMOUTH.



My Dad passed away unexpectedly in December 2020. It came as such a surprise and my three sisters and I were devastated. We were still in shock over his death when our thoughts quickly turned to how we were doing to pay for his funeral and give him the best possible send-off.

It was around that time that I read something about the average funeral being between £3k-£4k and neither my sisters or I had that sort of money. My Dad had no savings or life insurance either and we were thinking about selling some of our personal items or taking out a bank loan. Then one day, I noticed something in my work emails from my employer, Community Integrated Care about a Wellbeing Fund they ran for staff in financial difficulties and I decided to apply.

When I found out I had been awarded the money, I cried because the feelings were so overwhelming. It was a mixture of being upset and being relieved and I remember video calling my sisters and seeing the relief on their faces too.

We were able to give my Dad the send-off he deserved in the end and I am so grateful that we were able to make it that bit more personal, but we could only do that because of the Wellbeing Fund. If I didn't work for an organisation that had things like this in place for their colleagues, I genuinely don't know what we would have done.

The experience of not being able to afford to pay for my Dad's funeral was an upsetting one. That situation, combined with my first-hand experiences of dealing with some of the challenges that social care workers have to face on a day-to-day basis, especially during the Coronavirus pandemic, has made me certain that the pay should be better.

IF I DIDN'T WORK FOR AN ORGANISATION THAT HAD THINGS LIKE THE WELLBEING FUND IN PLACE FOR THEIR COLLEAGUES, I GENUINELY DON'T KNOW WHAT WE WOULD HAVE DONE.

Being on a low wage can feel really degrading and I do feel we deserve more. I have got friends who don't work in care and they don't have to worry about money. They will message me and tell me what they're doing that weekend and ask me if I fancy it, but I often can't afford to do the things they're doing and especially not on impulse. When you earn a low wage you have to pre-plan everything and save for stuff monthly, rather than being able to do it immediately.

But despite the low pay, I love making a difference.

I support adults who have complex learning disabilities. I love seeing them smile as we support them to live independently and achieve their goals. You just can't beat that feeling.





**I COULDN'T AFFORD
TO PAY FOR MY
DAD'S FUNERAL**

**WE BELIEVE THAT
THERE IS A LEGITIMATE
ECONOMIC ARGUMENT
FOR GREATER
INVESTMENT IN THE
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AND ITS WORKFORCE,
WHICH IS OF EQUAL
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IMPERATIVE TO
CHANGE.**



7 THE CASE FOR CHANGE

It is too one-dimensional to see spend on social care simply as expenditure. Instead, there is clear evidence that social care is an enabler of and contributor towards the national economy.

That said, there are also opportunities to create greater efficiencies through more effective integration and pursuit of innovation, as well a major role for social care to be at the heart of the post-pandemic economic recovery.

THE ECONOMIC VALUE OF SOCIAL CARE

For too long, the economics of social care have been calculated in terms of the money paid out, not the value generated. This orthodoxy needs to be challenged.

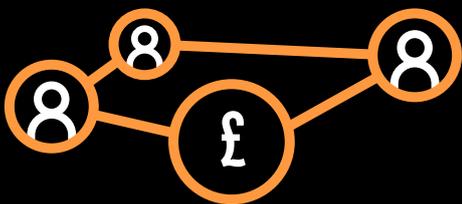
At a macro-economic level, we have the benefit of recent pioneering insight from Skills for Care and Development, collaborating with ICF Consulting, to quantify the economic value of the social care sector.³⁰

Its highly detailed report assessed the value from three perspectives: the Gross Value Added that was directly generated, the supply chain multiplier ('indirect impact') and the wage multiplier ('induced impact'). It should be noted that GVA is a standard metric used by HM Treasury when assessing the economic value of sectors.

For many people with only a passing familiarity with the sector, the numbers revealed by the report might be surprising. Social care is not a niche area with little wider economic consequences; on the contrary, it delivers a Gross Value Added of £46 billion in the UK once the indirect and induced benefits have been accounted for. In this analysis of GVA, £24bn is direct, £11bn is indirect and £11bn is induced.

AS WELL AS CREATING 1.6 MILLION JOBS ACROSS THE NATION,

THE INDIRECT BENEFITS OF SOCIAL CARE ARE OBVIOUS.



Our workers are **rooted in local communities**, creating a virtuous circle of **localised spending**.



Social care stimulates several other sectors, providing significant purchasing of goods such as cleaning products and services, food and drink, building maintenance services, utilities, financial services, education and training, furniture and household goods, medical supplies, transport services and fuel.

As a sector that is fundamentally dedicated to maximising and sustaining independence, there is a wealth of evidence that shows that social care services can reduce and delay the progression of other complex health needs, such as dementia.

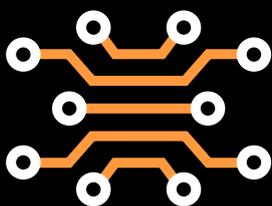
Furthermore, social care has a profound and fundamental benefit to the nation's economy, which is often overlooked. It ensures that people who have loved ones who require care or support can stay in work. Research from Carers UK demonstrated that over the past two years, nearly half a million people – around 600 every day – have had to give up work to care. It demonstrates that less than a quarter (23.8%) of carers are self-employed or in part-time or full-time paid work.³¹

A report by the Centre for Ageing Better states: "With 50–64 the peak age for caring, this is an enormous number of people who would be working – contributing to the economy and to their own personal finances – but are not. We estimate that at least a million workers aged between 50 and 64 are out of work involuntarily, and many of these will be carers.

Unsurprisingly, the financial implications are significant; carers report major drops in income as a result of reduced working hours – one in three (30%) has experienced a drop of £20,000 a year in their household income as a result of taking on caring responsibilities. The 1.4 million working age adults who provide at least 20 hours of care per week have a poverty rate of 37% compared to an average rate of 21% among non-carers. One in five carers do not know how they will pay for retirement."³²

This evidence points to the fact that social care services not only relieve caring responsibilities for people, they also enable them to remain active in the workforce – both managing their own wellbeing and contributing to the economy. The absence of these services means that far too many people are forced out of employment and dragged below the poverty line by a lack of social care options.

By having this wider economic appreciation for social care and seeing where an under resourcing of social care creates greater far inefficiencies, the scope and value of reform becomes clear.



We are a **stimulus for high-growth sectors that has reach beyond the national economy**, such as technology and scientific research. Solutions designed for health and social care frequently go on to become mainstream, consumer facing technologies and innovations across the globe.



Successful social care placements are **inherently cost effective**. Inappropriate and avoidable placements in NHS hospitals are considerably more expensive than the preferable option of support within the community. Unsupported social care needs can lead to unstemmed and greater consumption of GP, police, and healthcare services.

31 Carers UK 2019: Juggling work and unpaid care

32 Centre For Ageing Better - Supporting carers back into work, June 2020

A ROLE IN ECONOMIC RECOVERY, POST-COVID

As the UK emerges from the unprecedented GDP fall due to the pandemic, a government priority will surely be to stimulate the economy by providing investment into areas that will create secure employment and accrue wider social and economic benefits. Social care fits perfectly into this category.

Presently, there are a number of groups facing acute challenges – people entering the workforce for the first time, furloughed workers who may have no job to which they can return, and people working in displaced sectors.

The March 2021 Office for National Statistics Labour Market Overview shows that young people account for two thirds of job losses during the pandemic. **Long-term unemployment has risen by 40% since the start of the pandemic, with 215,000 young people out of work for six months or more. Of all 16-24-year-olds who are currently unemployed, 74% have been unemployed for at least six months.**³³

Social care is a natural employer of younger people, who will otherwise be disadvantaged in a post-Covid-19 employment market that offers fewer positions in sectors such as retail, leisure and hospitality. Our sector is constantly seeking to attract talented new people, who can bring fresh passion, ideas and skills to transform the lives of the people we support.

Social care is innately vocational. However, from our experience of welcoming people from other sectors during the pandemic, we can see that there are several industries where people frequently have skills and traits that are relatable to those needed in social care. For instance, people who have a gift for customer service and a positive, friendly personality, can, with support, often effectively transition to our sector. Social care can become an amazing home for suitable people who have previously worked in sectors that are now struggling and will take a long time to recover.

Data from TotalJobs shows that as a result of this economic crisis, **31% of UK jobseekers would now consider working in social care.**³⁴ However, we need to be careful that we don't conflate a depression of jobs in other sectors with a fundamental transformation in the attractiveness and long-term sustainability of careers in social care

As a result of these pressures in other sectors, social care is receiving more job applicants. It is essential that we recognise the specific conditions that are driving this widespread unemployment and uncertainty in other sectors – rather than convince ourselves that there has been a remarkable revolution in people's desire to work in social care.

Social care remains a sub-Real Living Wage sector which, while offering a spiritually rewarding experience, is also highly challenging and demanding. It stands to reason that when the job market stabilises, social care will revert to being in the same position it was previously.

People need a career, not a job – workforce reform is needed to make that possible.

³³ Labour market overview, UK - Office for National Statistics (ons.gov.uk), March 2021

³⁴ Work Foundation and Total Jobs: Social care: a guide to attracting and retaining a thriving workforce, May 2021

YOUNG PEOPLE ACCOUNT FOR TWO THIRDS OF JOB LOSSES DURING THE PANDEMIC



LONG-TERM UNEMPLOYMENT HAS RISEN BY 40% SINCE THE START OF THE PANDEMIC



215,000 YOUNG PEOPLE HAVE BEEN OUT OF WORK FOR SIX MONTHS OR MORE

6 MONTHS PLUS

OF ALL 16-24-YEAR-OLDS WHO ARE CURRENTLY UNEMPLOYED, 74% HAVE BEEN UNEMPLOYED FOR AT LEAST SIX MONTHS

74%

31% OF UK JOBSEEKERS WOULD NOW CONSIDER WORKING IN SOCIAL CARE



CREATING EFFICIENCIES THROUGH INNOVATION AND BETTER WORKING

With rising demand for social care services and an ageing and outmoded infrastructure in many parts of the sector, there is a genuine imperative to optimise and improve how support is delivered. There are models of support, technologies and building designs that promote greater quality of life for the individuals yet ultimately deliver a more cost-effective way of providing support for the taxpayer.

There are compelling efficiencies that can be found in greater integration of services, adopting innovative technologies that promote independence, reducing the reliance on agency workers, smarter procurement, and implementing a more strategic approach to the commissioning of services to nurture a vibrant provider marketplace.

There is also considerable scope to further public money simply by focusing investment and commissioning on organisations that have an absolute commitment to fully utilising their investment for public good. At their very best, social care providers don't just offer services – they positively shape communities and deliver enormous social value. Social care providers have a constitutional commitment to maximise every penny of investment to change the lives of the people they support, act as ethical employer, and create wider societal impact for the future.

As we outlined earlier, it is inevitable that the Government will need to stimulate and revive ailing sectors. There are endless examples of how investment in the wider infrastructure of social care can both play a role in the economic recovery and lead to much wider returns on investment as a result of the efficiencies it creates.

For instance, many of the UK's care homes are ageing properties that pre-date the academic understanding of dementia-friendly design and community living that we now enjoy. These buildings often have flawed designs which create significant challenges in delivering support and impact upon quality of life. New technologies can reduce people's dependence on paid support, predict and prevent health challenges, and ultimately empower individuals. **There are 38,000 establishments³⁵ within the UK sector – many of these will be large, traditional buildings with a lack of environmental efficiency.** Clearly, these present opportunities for stimulating the construction, technology and environmental sectors, while delivering a longer-term return on investment.

An effective social care sector can also deliver wider public savings by reducing pressure on more expensive NHS services, de-escalating personal and health crises that otherwise require support of health or police services, and supporting people to stay independent for longer.

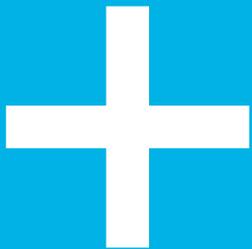
Repeated studies have shown that areas with a strong social care infrastructure have lesser challenges with delayed discharge from hospital – one of the greatest sources of resource and financial pressure on the NHS. Furthermore, availability of care home beds is proven to reduce emergency hospital admissions.

It is a gross oversimplification to only see social care as a siloed sector, without recognising the obvious connection to wider public services.

The UK National Audit Office estimates that 2.7 million hospital bed days between 2014 and 2015 were occupied by older adults unable to be discharged due to the poor availability of care home placements or homecare packages, with a cost to the NHS of £820,000,000.³⁶

³⁵ The size and structure of the adult social care sector and workforce in England (skillsforcare.org.uk) July 2020

³⁶ Impact of social care supply on healthcare utilisation by older adults: a systematic review and meta-analysis | Age and Ageing | Oxford Academic (oup.com), January 2019



2.7 MILLION HOSPITAL BED DAYS BETWEEN 2014 AND 2015 WERE OCCUPIED BY OLDER ADULTS UNABLE TO BE DISCHARGED DUE TO THE POOR AVAILABILITY OF CARE HOME PLACEMENTS OR HOMECARE PACKAGES



FOR EACH ADDITIONAL £1 SPENT ON CARE HOMES, HOSPITAL EXPENDITURE FALLS BY £0.35.

In the 2009 study 'Long-term care and hospital utilisation by older people: an analysis of substitution rates for Healthcare Economics,' it was indicated that for each additional £1 spent on care homes, hospital expenditure falls by £0.35.³⁷ This is amongst a raft of other evidence for the strong return on investment that targeted investment in social care can generate.

These are just a few simplified examples. We will find the financial headroom for greater workforce investment by fixing the inherent flaws in the social care sector – both the low-hanging fruit of bringing order to a frequently disconnected and undirected sector and reducing expenditure across other public sectors, and also the visionary opportunities for efficiency and impact through innovation.

³⁷ Long-term care and hospital utilisation by older people: an analysis of substitution rates for Healthcare Economics, 2009

**THE NATION IS
NOW UNITED IN
THE VIEW THAT
THINGS MUST
CHANGE.**



THE SOCIAL ARGUMENTS FOR INVESTMENT IN SOCIAL CARE

Whilst there is a compelling economic argument for investing in social care and fixing the workforce crisis, the moral one is clearly of equal standing.

This report has already highlighted the desperate situation in which many social care workers find themselves because of the low pay trap. Indirectly this provides a disservice to the very people who depend upon high quality public services; providers find it harder to retain the best people, and, even for those who remain, their home life stresses can spill over into their effectiveness on the frontline.

Our society is richer when citizens can lead meaningful and independent lives. Social care is a rare instance of a societal challenge in which both the moral imperative and the economic case for change are mutually reinforcing.

AS A NATION, WE PRIORITISE MANY THINGS FOR THE GOOD OF SOCIETY. FROM INVESTING IN THE GREEN ECONOMY TO THE EUROPEAN SPACE PROGRAMME, WE TAKE FORWARD THE THINGS THAT WE BELIEVE IN. SURELY, SOCIAL CARE MUST BE ONE OF THE MOST FUNDAMENTAL OF THOSE FOCUSSES?

The cost to society of an under-resourced social care sector has been consistently overlooked within Parliament. We believe that people are awakening to this fact. It cannot be right that the long-awaited Social Care Green Paper, which promises reform and support for social care, has repeatedly been delayed by consecutive governments over many years.

In some settings, an hour of care costs the same as a coffee and a sandwich, whilst a bed in a care home

can be relative to that of a budget hotel. The victims of this brutal austerity are not only the people who we have the privilege of being entrusted to support, but also those unsung heroes who deliver that care.

It is immoral that the persistent restrictions on social care funding mean that many people will often be paid significantly more for working in a supermarket or a fast-food restaurant, compared to those who have the unenviable personal responsibilities of delivering care. Colleagues like ours have been the final line of defence between the Covid-19 crisis for vulnerable communities that we all fear. This is a minimum wage sector delivering a maximum impact.

The nation is now united in the view that things must change.

This is the time to be bold. History shows that moments of national crisis are often the catalyst for the country to come together with renewed vigour to tackle entrenched problems.

There is a public appetite for the Prime Minister to make good on his promise to fix the social care crisis – not just in terms of meeting the costs of care but also in terms of sustainability and addressing the unfair pay, as demonstrated and quantified by the Korn Ferry analysis.

Opinion poll data from October 2020 shows that 82% of the public would agree with government investment in social care to fund a pay increase for social care workers³⁸.

Progressive reform of, and investment in, social care can become a public policy that commands a cross-party consensus. We implore the Government, politicians of all sides, and all stakeholders to seize the opportunity for change. If the public needs to contribute towards this, we believe that society is ready for a mature conversation about this, as we exit the pandemic.

We need fair investment in the provision of quality social care or we will see care providers fail. It is immoral that the limited funding for social care means that this is by default a low-pay sector. With greater collaboration, focus and strategy from central government we really can 'build better'.

As life returns to normal, we cannot simply move on – we need to fix social care for the future. We hope the public join us in fighting for this to happen and that policymakers recognise their personal, moral responsibility for delivering the action that millions of people who access and provide support are depending upon.

³⁸ Polling conducted by Survation for Citizens UK, with fieldwork undertaken between 8th-12th October. Total sample size 2300 UK-based adults, aged 18+

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IT IS OUR CALL FOR THE GOVERNMENT TO:

PROVIDE AN IMMEDIATE AND FAIR PAY RISE TO ALL FRONTLINE SOCIAL CARE WORKERS, AS AN INITIAL STEP TOWARDS ACHIEVING EQUITY WITH THE PUBLIC SECTOR AND NHS.



Of course, this uplift needs to be met from central government funding. We have outlined the perilous position that many local authorities and care providers find themselves in, and there is clearly not the scope to drive this change through local authority funding.

INSTRUCT AN EXPERT-LED SOCIAL CARE WORKFORCE REVIEW WITH CROSS PARTY SUPPORT TO DELIVER A SYSTEM OF FAIR AND OBJECTIVE PAY BENCHMARKS AND BANDINGS FOR ALL ROLES WITHIN SOCIAL CARE.



This review must take place immediately and as a minimum within the current Parliament.

The new system should recognise and support progression through the accrual of experience and skill. Plus draw upon the experiences and insight of people who access support, the colleagues who deliver it, and the providers and key stakeholders that operate within the sector.

Within no more than 5 years, all social care workers should receive their benchmarked rate of pay.

DELIVER A WIDER STRATEGY TO MAKE SOCIAL CARE A VIABLE, RESPECTED, AND SUSTAINABLE CAREER.



This workforce strategy must be comprehensive and fulfil the wider need to make it a viable, respected, and sustainable career. This includes a greater focus on learning and development and qualifications, registration, improved career pathways and strategic workforce development and support from an ambitious and empowered national institution.

Essentially, there must also be a strategic focus to reframe working in social care, to break the abhorrent stereotype that it is a low-skilled sector of last resort. We have broken that myth and the insult cannot be allowed to perpetuate, both out of respect for those who deliver social care and the necessity to grow and support the sector.

CONCLUSION

This, of course, stands alongside a much broader requirement to deliver wider progressive reform and investment into social care – the need for which has been continually outlined throughout this report and many others.

Taken together, these reforms have the potential to transform the experience of working in and receiving support and bring untold benefits to wider society.

We urge the Government to be bold in its thinking. End this injustice. Make history by setting our nation on a trajectory to have sustainable, ethical and quality social care services that set our nation apart and drive social and economic progress.

**SHOW THAT IT CAN BE
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UNFAIR TO CARE

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