VALUING CARE: FINDING A WAY FORWARD

Report of the Political Studies Association (PSA) Commission on Care¹

Policymaker’s Event

23rd May 2016

Friends Meeting House, London

The PSA Commission on Care held a half-day policymaker’s seminar in London on 23rd May 2016 to explore solutions to the problems of underfunding and undervaluing care in England. A number of questions were posed at the outset: Given financial constraints, is it inevitable that paid care workers will remain amongst the lowest paid, and unpaid care will remain invisible and undervalued? Is this simply because caring is still dominated by women? How could we achieve a fundamental shift from care work being seen as low skill, low value work? What would be the impact on the quality of care that older and disabled people receive?

Two panels of speakers explored the funding crisis in and undervaluing of care and the care workforce. On the first panel, representatives from Independent Age, the Women’s Budget Group/Open University, and ILC UK spoke about the chronic underfunding of care services, unmet care needs, and strategies for promoting investment in and valuing of care. On the second panel, speakers from United for All Ages, Home Instead, and Unison spoke about lessons to be learnt from childcare policy, challenges for providers in the care system and the undervaluing of the care workforce. Following the panels and Q&A sessions, delegates engaged in roundtable discussions on ways forward for addressing the structural barriers in the care system and how to move from undervaluing to valuing care.

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The Commission on Care partners are:
The half-day event was introduced and chaired by Belinda Phipps (Chair, Fawcett Society) and attended and facilitated by other members of the Commission – Sam Smethers (CEO, Fawcett Society), Prof. Ruth Pearson (Leeds/Women’s Budget Group), Prof. Shirin Rai (Warwick) and Dr Juanita Elias (Warwick). Speakers and delegates included academic researchers, representatives of local government, trade unions, charities and campaign groups.

The first panel took stock of the issue of (under)funding in the care sector and advanced proposals for the promotion of investment in care. Janet Morrison of Independent Age UK provided an overview of key issues for social care. **There will be an estimated funding shortfall in social care of £4.3bn by 2020, despite the money that the Better Care Fund and the council tax precept are set to bring in.** Ben Franklin of the International Longevity Centre (ILC) UK added that the money expected to come in – £3.5bn by the end of this parliament – would in fact imply an overall fall in spending from 1.1% of GDP today to 1% in 2020.\(^2\) This comes after cuts to social care spending in real terms of 17% between 2009/10 and 2014/15. As a result, 400,000 fewer people are receiving local authority-funded social care since 2009-10 and there are large variations in the quality of care being provided. Janet Morrison cited figures that in 2014-15 1.8m new clients requested help from local authorities, and 59% of these were signposted to universal services or not provided for at all.

**Both speakers highlighted the increasing unmet needs of older people, and the rise of unpaid or informal care as a consequence.** Ben Franklin noted that despite the declining trend in people receiving care services, the UK has an ageing population, with the number of over 80s having risen to 800,000. He cited figures from the 2011 census, which recorded 5.8m unpaid carers, and over 1.4m people who said they were providing 50 hours or more of care per week. Later in the Q&A, Helen Jackson (Women’s Budget Group) pointed out that this overall figure for unpaid care was likely an underestimate; often people do not self-define as carers, and we must encourage more to do so. Questions were raised over whether we were seeing a new ‘model of care’, with greater reliance on family caregiving and on informal community support. But, as Franklin noted, this leaves questions about the pressures on caregivers, including the low rate of Carer’s Allowance, as well as the 4.3m people over the age of 50 who live alone.

A major issue, raised by Janet Morrison as well as speakers on the second panel, was the quality and supply of the workforce. Up to 40% of careworkers/homecarers have been paid £7 per hour or less and there is a 4.8% vacancy rate in the social care market. Morrison noted that improvements in monitoring, staff training and retention needed to be made and that in some areas, such as homecare, these issues were more hidden. The Care Quality Commission has accordingly raised concerns over quality, consistency and continuity of provision but there are doubts about the capacity of the regulator to monitor service quality.

\(^2\) Franklin noted that this is also much lower than the OECD average of 1.5-1.6% of GDP.
Both Ben Franklin and Janet Morrison commented on existing social care policy and policy recommendations. Morrison argued that the 2014 Care Act was a very good piece of legislation and that it has provided firm foundations for reform, but that implementation has been slow and patchy. For example, there is evidence that three quarters of local authorities are not providing online advice for all areas of their responsibilities. Morrison described the recommendation to cap social care costs as an “imperfect policy” but acknowledged, nevertheless, that it would provide a large degree of certainty. Morrison pointed out that it would have brought self-funders into the system to start a care account with their local authority, and that at the very least they would have come into contact with services. Ben Franklin posed the question of whether Dilnot would “ever see the light of day”, considering its current postponement to 2020. On the issue of future funding, he provided ILC UK research on the council tax precept, which allows councils to raise taxes by 2% to fund care. The conclusion of the analysis is that because older people’s care needs are distributed unevenly across councils, the precept will not deliver for those most in need. In sum, it was predicted that the Autumn Statement measures would not meet the challenges of the existing funding crisis.

Dr Jerome De Henau of the Open University and Women’s Budget Group presented what he called a “feminist plan for the caring economy”. He advocated for increased public investment in social infrastructure based on a number of studies he had done exploring the long-term socioeconomic benefits of investment in care. This included an international comparative study conducted by the Women’s Budget Group for the International Trade Union Confederation (ITUC). It compares the potential employment effects in seven different OECD countries of (publicly) investing 2% of GDP in either the care industry or the construction industry. The results show that the total employment effects of investing in care would be considerably larger (about twice the size, except in Japan) of investing in the construction industry. It would see about 1.5 million new jobs created in the UK (4% rise in the employment rate) and have the effect of raising net revenue, improving skills and increasing productivity through improvements to health, as well as decreasing the gender employment gap.

The emphasis in De Henau’s presentation was on challenging the argument that the only way to move away from austerity and get growth is to invest in physical infrastructure. There is both a social and an economic case, he argued, for investment.

in care, that could be made in the language that would persuade advocates of austerity. Such investment is effectively self-funding, in large part because of the employment effects and their indirect consequences.

There was lively Q&A and discussion following the first panel. Representatives of Winvisible stressed that the money to invest in care was available, and that it was a case of diverting money from certain sources such as military budgets and recouping funds from tax avoidance and other areas. A number of comments were made about the need to have a living wage for care work that was currently unpaid. A question came about how social enterprises and asset-based approaches could be more valued within the care sector. There were also several comments about the need to value and count unpaid care, both within national accounts/statistics and beyond. Important comments were made about the need to raise the profile of social care, because many people don’t really understand exactly what it is and how it is provided. Perhaps the most pertinent question came from the Head of Public Affairs at the National Federation of Women’s Institutes, Emma Holland-Lindsay: “why is this not a political priority?”

The second panel began with Stephen Burke, of United for All Ages. Burke outlined the lessons to be learnt from the expansion of childcare for social care. Successes in childcare include: a 10-year childcare strategy; children’s centres in most communities; investment in training; and fixed staff-child ratios. Childcare is now seen as driving economic growth, as helping parents and grandparents return to work, as promoting child development, and has become a political priority. Burke highlighted five lessons to be learnt from how childcare was made a priority: the importance of an ambitious vision; the need for universality; that funding is the bottom line and the economic arguments have to be made; that the “case for care” had to be made with strong evidence, and that there is a need “to turn private concerns into public issues”; and finally that the agenda has to be moved from the margins to the mainstream.

The second speaker on this panel was Trevor Broicklebank from Home Instead Senior Care, a UK care home provider. Broicklebank talked about the challenges facing the sector from the perspective of a provider. There was, he argued, plenty of excellent work being done by providers, and accordingly a need to look around and replicate best practice. The model of care needs to change and become more bespoke and relationship-led. At Home Instead something they’ve managed to do is have a one-hour minimum visit. Other suggestions included greater support for training, something that was highlighted throughout the day, particularly for those caring for older people with complex needs. Broicklebank said that there was a need “to make care a career to inspire to”, but that this was reliant on the provision of career paths, professional training and better rates of pay. One suggestion was to provide the offer of a fixed-contract to all carers, allowing them to make the choice themselves about how they are contracted to work. Finally, as a provider, the issue of a “fair rate” from local authorities was emphasised.

The last speaker from the second panel was Heather Wakefield, Head of Local Government at UNISON. Wakefield began by reminding delegates that austerity in
the care sector runs back to the Labour Government’s cuts to the social care budget. One emphasis of her presentation was on the historic and continuing shift to privatisation and the creation of markets in public services, and the knock on effect of this shift on pay and conditions of work in care. In 1993, local authorities provided 95% of home care; by 2012 it was 11%. In residential care, local authority provision was 64% in 1979 and just 6% by 2012. Wakefield also cited recent evidence that 20% of residential care provision is now delivered by just five major private chains.\(^4\) The means by which workers have been transferred to the private and voluntary sector has been not through the Transfer of Undertakings regulations (TUPE), by which they would retain their pay and conditions, but through spot purchasing and other means, leading to automatic reductions in pay.

The trend to private provision, she claimed, had put great burdens on staff, in the form of pressure on visiting times, a lack of training to deal with care needs, as well as new forms of surveillance and control of home care workers (through swipe cards and ‘dialling in’). UNISON research shows that 74% of councils in England are still commissioning 15-minute homecare visits, and that 5-minute visits are in existence.\(^5\) Evidence shows that 60% of homecare workers (and 93% of commissioned carers) are not paid for travel time, that workers often have to provide their own car and mobile phone, launder their own uniforms and even have the company badge sewn on themselves. Wakefield mentioned UNISON’s ethical care charter as an example of what minimum standards in the commissioning of homecare services should look like.\(^6\) It recommends reinforcing statutory sick pay, scrapping zero hours contracts, and the payment of the Living Wage (£8.20 or £9.15 in London). About a dozen local authorities and a couple of independent providers are signed up to the charter. Alongside this, Wakefield argued for the bolstering of the Public Sector Equality Duty and strengthening of the Equal Pay Act, as well as bringing services back ‘in house’.

Further Q&A and discussion followed the second panel. Judy Downey, Chair of The Relatives and Residents Association, cited evidence that 80% of calls to their helpline concerned the quality of care. Accordingly, she made the suggestion for mandatory training, especially for complex, long-term care needs. Stephen Burke pointed out

\(^4\) http://www.cresc.ac.uk/medialibrary/research/WDTMG%20FINAL%20-%2001-3-2016.pdf  
\(^5\) https://www.unison.org.uk/content/uploads/2016/01/Save_care_now_homecare_report-5.pdf  
that the CQC needs to look at training and qualifications, but that many staff can’t currently get the time off to undertake training. Heather Wakefield agreed that training must be invested in, and should be the responsibility of the state. Chris Payne, Senior Research Officer at the Office for National Statistics (ONS), sought feedback on their recent report on valuing informal care, specifically how statistics might be broken down (by region, gender etc.) so that they are most useful for those in the sector. In response Stephen Burke emphasised the need to capture the complexities of family life, that there are multiple generations and extended families sometimes involved in caring and that we need to look at the impact of care needs on grandparents. Other topics of discussion included the need to look again at the ‘whole family approach’ within the Care Act and the need to boost the profile of care through getting more women into Parliament and in the upper echelons of politics.

The last part of the event was dedicated to multiple roundtable discussions. Delegates were charged with exploring the question of structural barriers in or around the care system and solutions to these barriers. Following this there was a feedback session where each table outlined their discussions.

There was some contention over the benefits of the Care Act. Some saw it as part and parcel of the privatisation of care provision, and arguments were made that direct payments had in fact pushed the burden of doing accounts onto individuals themselves and were discriminatory for those with more severe needs. The need for independent living options was raised, and the example of Hammersmith and Fulham council given, where homecare charges have been abolished and money has been ring-fenced for independent living. Furthermore, a basic conflict was revealed under the direct payments system: all the usual employment protections have to be in place but when the individual care receiver was considered as the employer an undue burden is placed on them.

Many delegates highlighted the need to give greater recognition to care, both paid and unpaid. It was felt that low wages are accepted in part because caring is considered “meaningful work” in and of itself, but that to emphasise career
progression and prestige might contribute to valuing it better financially. An institute of training for caring was one suggested solution to professionalising the sector. Public campaigns to get the so far unheard voices of young carers heard and the value of care generally were also suggested. The need to focus on the positive nature of the work that carers do was identified. A representative from the Department of Health mentioned that there was an on-going call for evidence for how informal/unpaid carers could be better supported and a ‘carers strategy’ developed.

A separate call was made for raising awareness of sexism, racism and working conditions among those who are commissioning care, and not just local authorities but also individual employers. The need for a holistic vision of care was also mentioned, and to look at how care requirements interact with housing, transport and other local service provision. There was also the suggestion to look at other systems abroad, such as the insurance scheme approach in Germany.

The Commission on Care is grateful to the speakers and delegates who attended and participated in this policymaker’s event and made the discussion so rich and comprehensive. The Commission on Care's Public Call for Evidence will be open until the end of June, should any individuals or organisations wish to submit to it, they can do so on: http://www.commissiononcare.org/evidence-gathering/.