

**Call for evidence Business, Energy and Industrial Strategy (BEIS)
Committee
*Post-pandemic economic growth: UK labour markets***

Friday 8th July 2022

This response is provided by members of the ESRC-funded Centre for Care.¹ It also draws on our recent work in the Sustainable Care programme.² In preparing it we consulted with care workers and care managers about their experiences of work in the social care sector. We also draw on previous focus groups with people with social care needs and unpaid carers / family members. We thank them for their time in contributing to this response.

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- *London School of Hygiene & Tropical Medicine*: Professor Shereen Hussein
- *Partners in Support, a supported living organisation for people with learning disabilities and autism based in Hertfordshire*
- *Care workers, senior care workers and team leaders from a range of care providers*

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

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

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

In preparing this evidence, we consulted with care workers and senior care managers. These consultations enabled us to gain a deeper understanding of the priorities and everyday experience of people who work in this sector. In this submission, people with lived experience of care combine with academic research to make a compelling need for changes in the current social care system. We would like to acknowledge and thank the people and organisations who gave their time and insights to enable us to prepare this response.

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

Summary

In this submission, we have responded to all five sections of the inquiry.

Section A: The state of play in the UK labour market post-Brexit and the impact of the pandemic

1. There are not enough social care workers with the right skills in a range of settings and roles across the UK. The sector has long-standing challenges with the recruitment and retention of workers, and a broader crisis of work.
 - Many employers report that recruitment and retention is now more difficult than it was before the pandemic. Shortages were exacerbated by the Government's mandatory vaccination policy, and now by the cost-of-living crisis.
 - Following the UK's departure from the EU, there is a high level of uncertainty about the future of migrant labour in social care. If the recent decline in new arrivals continues, then employers will need to recruit significantly more staff from the local labour market in order to match demand.
 - This is unlikely to be feasible without fundamental reform since the current employment model in social care is not fit for the purpose of attracting, training, and retaining adequate numbers of staff with the right skills.
 - Social care needs a long-term workforce strategy comparable to the NHS workforce strategy, which legitimises the professional and skilled nature of care work.

Section B: Artificial Intelligence (AI) and technology in the workplace

2. AI affects the organisation and quality of work, as well as employment relations more broadly. AI technologies used in the social care sector include monitoring tools, robotics, and platforms used to manage employees.
 - There may be negative implications for job quality by reshaping (and degrading) existing roles in the care sector and creating new roles that are invisible and give the façade of technological efficiency.
 - AI technologies used to monitor staff and track performance may cause stress which then negatively impacts their ability to engage in the relational aspects of care.
 - People tend to have an advantage over AI technologies in contexts of care which require responding with empathy and negotiating outcomes.
 - Work in the sector is widely regarded as undervalued, and the use of AI could exacerbate this feeling for care workers.

Section C: Workers' rights and protections

3. Any changes to workers' rights and protections should seek to strengthen standards for those in low paid and precarious work such as social care. This is essential to addressing shortages of workers. Key areas of concern include:
 - Widespread non-payment of working hours, including travel time and sleep-in shifts
 - Job insecurity and high prevalence of zero-hours contracts
 - Lack of enforcement of existing employment rights, not helped by low levels of union membership.

Section D: Employment status and modern working practices five years on from the Taylor Review

4. On each of the 6 indicators of quality work identified by the Taylor review, the social care sector is falling short.
 - Low pay is the norm in care work. Fair pay is essential, especially given the rising

cost of living.

- Care workers describe deriving satisfaction from supporting others to be safe, live a life of their choosing, and just to see that they are happy. However, this is dependent on having autonomy at work, rather than a ‘time and task’ approach to care.
- There is a strong feeling that care workers’ values are exploited, leading to poor work life balance and burn-out. The unpredictability and unsocial hours of shift work often negatively impact on people’s wellbeing.
- Social care is a fragmented sector which lacks the collective bargaining powers which the NHS has to negotiate pay and conditions.

Section E: The impact of an ageing population on the labour market

5. The ageing population means there is a growing demand for social care which outstrips the supply of workers.
 - At the same time, our ageing population means that more people are struggling to juggle paid work with their caring responsibilities, and may either reduce their hours or leave the labour market entirely.
 - Unpaid carers need support from employers to remain or re-join the workforce. However, without good quality social care for the person cared for, maintaining employment can feel impossible.
 - The age profile of the adult social care workforce is skewed towards the older age bands. Reform of the sector is needed so that younger workers see it as a sector where they can develop a rewarding career which also enables them to have a decent standard of living.

A). The state of play in the UK labour market post-Brexit and the impact of the pandemic

1. Do we have enough workers with the right skills in the right places?

6. No, there are not enough social care workers with the right skills in a range of settings and roles across the UK. The sector has been characterised by long-standing challenges with the recruitment and retention of workers, and a broader crisis of work. These difficulties were exacerbated by the Covid-19 pandemic, which placed unprecedented pressures on the social care workforce - while also highlighting the fundamental role that care plays in our society.
7. Post-pandemic, the social care sector stands out in terms of its faster rates of growth in vacancies, particularly within domiciliary settings.³ In other sectors, wages would typically rise in response to such high vacancy rates - however the structure and scale of the shortfall in social care funding prevents this from happening to a large extent.

“Before Covid, you ask organisations ‘are you struggling [with recruitment]?’ they’d say ‘yes’. Then Covid happened and problems doubled, you lost some people through Covid and now they don’t want to come back” - care manager

Growing vacancy levels in social care:

- In October 2021, the Skills for Care annual report on the state of the sector estimated that on average, 6.8% of the roles in adult social care were vacant. This is equal to

³ Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#)

approximately 105,000 vacancies⁴. This was higher than that of the NHS (5.9%) and the wider UK economy (2.1%). This suggests that the supply of available workers is substantially lower than demand.

- In terms of absolute numbers, the majority of these vacancies were for care worker roles (66,000) who provide most direct care to people.
 - Vacancy rates for registered managers (11.2%) and registered nurses within social care settings (9.9%) were also especially high.
 - Analysis shows that services without a registered manager in post at the time of inspection (or in the year leading up to inspection) were less likely to achieve 'good' or 'outstanding' CQC ratings.
- Comparing different settings within social care, domiciliary care had the highest vacancy rate (8.7%), with residential care having the lowest (4.7%).
- Vacancy rates decreased during the start of the pandemic - likely due to fewer jobs being available in other sectors such as retail and hospitality. However, since March 2021, any gains were reversed with vacancy rates returned to pre-pandemic levels as the wider economy opened back up. Many employers report that recruitment and retention is now more difficult than it was before the pandemic.
- The latest monthly statistics tracked by Skills for Care show that in May 2022, the overall vacancy rate may now be as high as 10.3%⁵.
 - The rate is particularly high in the South West (12.9%), London (12%) and South East (10.5%).
 - In domiciliary care, vacancies have risen by 4.5% since March 2021, to 13.4% in May 2022 - the worst they have ever been.

High turnover rates in social care:

8. Skills for Care estimate that the turnover rate of directly employed staff working in adult social care was 28.5%, equivalent to approximately 410,000 leavers over the year.
 - Turnover was higher for registered nursing roles (38.2%) and care worker roles (34.4%).
 - Turnover rates increased steadily, by a total of 10.2 percentage points, between 2012/13 and 2019/20. Turnover decreased slightly during 2020/21 (by 2.3 percentage points), concomitant with the rise in unemployment in other sectors. However, this decrease is unlikely to be sustained without improvements in the pay and conditions of care work.

Impact of shortages in social care workers:

9. These growing vacancy levels and the high turnover rate have a significant negative impact on:
 - **People who need care** - who may be entirely unable to access care, or experience a lack of continuity of care. A recent survey by the Association of Directors of Adult Social Services (ADASS) found that almost 170,000 hours a week of homecare could not be delivered because of a shortage of care workers during the first quarter of 2022 - a seven-fold increase since spring 2021⁶.

The director of a supported living organisation explains why a high turnover rate is particularly detrimental in care work compared to other sectors: "*They [the care*

⁴ Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#)

⁵ Skills for Care, vacancy information monthly tracking - <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/Vacancy-information-monthly-tracking.aspx>

⁶ ADASS (2022), [Waiting for Care](#)

recipient] get their hopes up and then the person leaves. We support some people with particularly complex needs and therefore the pool we can recruit from is already small. We have about a 6% recruitment gap which doesn't sound a lot but we don't use agency staff so we need to be as close to 100% as possible. We can't afford to have 'one less person on the shop floor' and just manage."

People who are assessed as needing a relatively small amount of support (about 4 to 6 hours per week) often find that in reality care providers are unable to provide this. This was the case for several people with learning disabilities in our discussion groups, who were currently receiving no support. One person described the considerable negative impact on their life: *"In the meantime, I'm stuck... I only need 6 hours but to me they are vital. I now have too much savings as I am not spending money on support, so I need to self-fund, but no one wants to take on self-funders. There's not enough staff. I've fallen through a hole"* - person with autism.

Lack of availability of social care means that people's families must provide more unpaid care: *"Families are struggling and support is not available. At a recent recruitment day, we had more people come to us about referrals for their relatives than people looking for work."* - recruitment manager of a supported living organisation

- **Care workers** - who face pressure to cover unstaffed shifts and take on additional workload. This means that they have less time off work to rest and may undertake unpaid hours of work. This comes at a time of widespread burnout following the pandemic. All of our discussion groups emphasised the level of emotional and physical fatigue being experienced by a workforce which has continually been asked to go above and beyond during the course of the pandemic.

"I've cared for the same person for 7-8 years so he was not happy when people from outside came in. It's expected that people from inside the team take outstanding shifts to keep consistency. During Covid only people from inside the team took the overtime because we didn't want people [agency workers] coming in from outside, to prevent illness spreading." - care worker

"It indirectly pushes people beyond what they want to do...they step in... It stretches people and makes them feel torn because they care about the person and know they need that support" - director of a supported living organisation

- **Care providers** - who face costs associated with recruitment, induction and training for new staff, in a context of already limited funding. High turnover disrupts the continuity and quality of care, with a loss of highly experienced workers and weakened social support in the workplace.⁷

"My biggest fear is what is going to happen in 12 months' time if this carries on" - director of a supported living organisation

- **The rest of the health and care system** - as a lack of social care support means that people's physical or mental health deteriorates leading to avoidable hospital admissions, or that their discharge from hospital is delayed.

"We cannot take on new referrals; we're contacted weekly about this, but we have to say 'no' as it could impact on the people we already support. There's a knock-on

⁷ Turnpenny, A. & Hussein S. (2020), [Recruitment and retention of the social care workforce: longstanding and emerging challenges during the COVID-19 pandemic: a research brief](#)

effect of this - people are going to be stuck in hospital” - director of a supported living organisation

2. What impact has the UK’s departure from the EU had on the flow of workers into and out of the UK? Are there particular sectors or skill sets that are most impacted?

10. There is a high level of uncertainty about the future of migrant labour in social care.⁸ It is difficult to fully disentangle the impacts of Brexit and the pandemic on the workforce.

“Everything happened at once - Covid, Brexit and now inflation... [We] can’t pinpoint what has caused it” - recruitment manager of a supported living organisation

11. An expert panel survey led by Centre for Care researchers reached consensus that a decline in EU work migration was a major risk of Brexit for adult social care, widening the gap between supply and demand with serious consequences for the availability and quality of care⁹. Adverse effects are expected to be most pronounced in large cities, among smaller care providers with limited HR functions, for those providing home and live-in care, and for those who primarily provide services to people with complex needs.

- In 2020/21, 7% of the workforce identified as being of EU (non-British) nationality, and 9% of a non-EU nationality. London, the South East and the South West rely most heavily on migrants to fill adult social care vacancies. Romanian and Polish were the most common nationalities of the non-British workforce in adult social care.
- There has been no evidence of the existing non-British workforce leaving at an increased rate since the new immigration rules came into place in January 2021¹⁰.
- However, there was a sharp drop in the number of people arriving in the UK to take up jobs in adult social care - 1.8% of new starters in January-April 2021, compared to 5.2% during the same period in 2019.
- If this continues, employers will need to recruit significantly more staff from the local labour market in order to match demand. This is unlikely to be feasible without fundamental reform and a plan to improve pay and working conditions.

Migrant care workers in homecare

Migrant care workers have been particularly important in homecare for over a decade. Our research highlights that¹¹:

- In the short-to-medium term, and in some regions, the sector will remain reliant on migrants to fill vacancies.
- Demand for migrant homecare workers is driven by local labour shortages in a context of uncompetitive and unattractive employment conditions.
- Past acute homecare workforce shortages occurred despite unrestricted access for EU workers.
- Live-in care, a growing market segment, attracts high proportions of migrant care workers, particularly in London.

⁸ Hussein, S. & Turnpenny, A. (2021) [Brexit and the migrant care workforce: Future policy directions](#). Sustainable Care Research Report, CIRCLE, Sheffield: University of Sheffield.

⁹ Hussein, S. & Turnpenny, A. (2021) [Brexit and the migrant care workforce: Future policy directions](#). Sustainable Care Research Report, CIRCLE, Sheffield: University of Sheffield.

¹⁰Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#)

¹¹Hussein, S. & Turnpenny, A. (2020), [Migrant workers in England’s homecare sector](#) Sustainable Care Policy Brief, CIRCLE, Sheffield: University of Sheffield.

- Immigration rules and visa systems affect the number and type of migrants the sector attracts.
- If migrant workers' rights are restricted, the risk of exploitation in this sector could be high. Given expected continued, increasing demand, a sectoral visa scheme may be needed.

Recent adjustments to immigration rules for care workers

12. Originally, new immigration rules that came into force in January 2021 meant that people could not come to the UK to take up care worker roles (with the exception of some regulated professional roles such as nursing). However, these rules were adjusted in February 2022 following a recommendation from the Migration Advisory Committee (MAC) - care workers were added to the Home Office's Shortage Occupation List (SOL) for visa purposes.
 - However, the administrative burden of the sponsorship process is likely to pose a barrier to smaller care providers.
 - People who directly employ care workers (via Direct Payments, Personal Health Budgets or private funding) as Personal Assistants are likely to be disproportionately impacted. This is because individuals cannot register as a sponsor.
 - It will be essential to assess the impact of the new immigration rules on recruitment and retention, particularly on the domiciliary sector. More information is needed on the immigration status of non-British nationals in the sector, with a breakdown of categories, such as numbers with indefinite leave to remain, people with family visas, students, or other types (e.g. those with ancestry visas). This would allow for targeted analysis to better understand challenges and to identify potentially strategies to address shortages in the workforce.
13. Immigration policy should not be considered in isolation from broader social care reform; promoting international recruitment alone would not address the underlying crisis of work in the sector¹². Reform needs to acknowledge the significant contribution of migrants who work in homecare. Measures are needed to promote their retention and to ensure that their involvement is regulated in a way that safeguards their rights and the quality of care provided.

3. Which sectors are experiencing the most acute shortages of workers since the pandemic? Have there been structural changes in the labour market post-Covid?

14. There are growing shortages of workers across the social care sector, and these are particularly acute in domiciliary care (as described under Question 1). Given growing demand for care as our population ages, demand is likely to continue to outstrip supply (see Section E).
15. In July 2021, Jane Towson, the Chief Executive of the UK Homecare Association, said:

“Many employers say they have never experienced such difficulty in retention and recruitment and fear for the well-being and safety of older and disabled people.”

Impact of the Government's mandatory vaccination policy

16. This was echoed by both the care managers and frontline workers in our discussion

¹² Hussein, S. & Tumpenny, A. (2021) [Brexit and the migrant care workforce: Future policy directions](#). Sustainable Care Research Report, CIRCLE, Sheffield: University of Sheffield.

groups, who were acutely aware of the impact on both their colleagues and people who need social care support. They emphasised that these shortages were exacerbated by the Government's mandatory Covid vaccination policy (now revoked). Our review of the evidence found that objections to this policy by care workers represent a wider crisis of work and the pervasive feeling of being devalued and even stigmatised¹³.

"We weren't furloughed... then later they say if you don't get the injection then you're no longer welcome. The debt the nation has created through furloughing people, that's got to be paid by everyone including care workers. Then they say if you don't have the vaccine then you won't work here, that's after people put their heart and soul into it for the last year." - care worker

"a lot of people don't feel undervalued in just one sense but on a wide scale: by the public, their employer, the government" - care manager

17. This is particularly demoralising for workers who were under such serious physical and emotional strain during the pandemic:

"There were days on-call when I did a 10am till 3pm / handover / 3pm till 10pm / handover. I've seen 10 people in one day. It put everyone at risk because I've involved myself with so many people. It was horrendous and I can see why some people said 'I don't want to do this' and left" - care manager who also did frontline work.

18. This demanding shift work stands in contrast with many other sectors which are now offering more options for flexible and home working. This is attractive to people with young families or caring responsibilities, but it is difficult for the care sector to offer this.

"Now an office job working from home is more flexible, you can nip out to get the kids whilst working from home" - care worker

Impact of the cost-of-living crisis

19. This is now further compounded by the cost-of-living crisis, which disproportionately impacts homecare workers and challenges the sustainability of doing care work for some of the UK's lowest paid workers.

- A recent Homecare Association survey found that 95% of respondents said their staff had expressed anxiety about current or potential future increases in the cost of living¹⁴.
- This concern is widespread, regardless of the location of visits, funding source or geographical region.
- Over a fifth (21%) said that care workers had either given notice, intended to look for work elsewhere or had already done so because they cannot afford to put fuel in their cars, with mileage rates insufficient to cover their costs.

Shift from residential to domiciliary care

20. The pandemic appears to have led to a structural change of lower occupancy levels in residential care homes and higher costs due to Covid (increased PPE costs and insurance premiums). Public perception of the safety of care homes has been

¹³ Hunt, T. (2021) [Under-paid and under-valued: assessing mandatory vaccination for care home workers in England](#) Sustainable Care Paper 4, CIRCLE, Sheffield: University of Sheffield.

¹⁴ Homecare Association (2022), [Member survey](#).

damaged, and people now prefer to receive care in their own home. There is likely to be a shift in the need for workers in the homecare rather than residential settings.

4. What more can the Government do to ensure that employers are able to recruit people with the right skills for the job, including the effective use of apprentices?

21. Care workers, senior care managers and academics are unanimous that care workers are not valued, rewarded or developed to the level that they deserve in return for this essential work. Fundamental reform of the sector is essential in order to address the crisis underlying the growing shortages of workers.

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

- Low pay (median hourly pay for care workers was £9.01 in 2020/21):
- High levels of job insecurity and uncertainty about the availability of work (24% of workers in the sector are employed on zero hours contracts [ZHCs]. 42% of the home care workforce are on a ZHC)¹⁵;
- Poor terms and conditions of employment, including shift and night work; and
- Limited opportunities for training and career progression.

23. Care workers are typically paid the minimum wage, or a little above it. Although the Government has increased the minimum wage in recent years, providers and commissioners say this has not been matched by a corresponding increase in social care funding, meaning that cuts must be made in other areas. It also reflects a perception that care work is 'unskilled' and deserves to be paid at a minimum level.

"there's a lack of recognition around quite how complex and varied those needs are and the skills that are required. You're [care workers] wearing so many hats, doing so many tasks, some undesirable and some actually quite dangerous. Coming out of the pandemic none of that has been properly recognised." - social worker

24. Any increase in pay for care work has not kept pace with other sectors. Many supermarket retailers, for example, offered their employees a higher wage in recognition of their work throughout the pandemic, and also have more predictable working patterns and lower levels of stress and strain. In contrast, providers in the sector do not have the same level of freedom to raise wages, given the tight constraints on funding.

"We are accommodating but it is very, very difficult to entice people into social care... pay is a massive issue, if you look at shops, Aldi can be higher than social care. They [retail workers] know what they're doing each week." - recruitment manager of a supported living organisation

25. Senior care worker roles are particularly hard to recruit to, since they require people to take on significant additional responsibilities for a very low level of additional pay. The 'experience pay gap' (the differential an experienced worker can expect over a new entrant) has fallen from 26-37 pence to just 12 pence per hour¹⁶.

¹⁵ Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#) .

¹⁶ Low Pay Commission (2021), [National Minimum Wage: Low Pay Commission Report 2021](#)

“it goes back to pay every time. The difference between support worker and lead support worker is more responsibility with supervisions, the on-call process, rotas. There’s a big difference in the role but not enough for what they are being paid for.” - recruitment manager of a supported living organisation

26. Care providers expressed frustration with short term interventions by central and local government, such as bonus payments made to new staff or Government recruitment campaigns. These are of little benefit without fundamental reform of pay and conditions:

“All those adverts that went out, how do you expect to attract people? It really isn’t an attractive proposition; it doesn’t mirror the high level of skills and the stress. You can have fantastic days, but it can also be really hard.”

“We had a retention bonus over the winter period of up to £600. By February, March when people qualified for it, 5 or 6 of them left within a few weeks. Longer term investment and funding isn’t there. A lot of it is focused on training but people don’t join to do training but that’s what a lot of the focus is on, without addressing the fundamental issue which is low pay.” - director of a supported living organisation

5. What are the skills and training needs of different sectors over the coming months and years?

27. Social care needs a long-term workforce strategy comparable to the NHS workforce strategy (People Plan 2020/21), which legitimises the professional and skilled nature of care work. There is a need for parity of esteem with the NHS in terms of career progression within a professionalised sector. If Skills for Care and Health Education England (HEE) are to remain separate bodies, attention should be given to ensuring they have parity of funding, esteem and status.

- The Care Certificate provides an induction for new care workers, but implementing this is not a statutory requirement for providers.
- Completion of training is not always recognised as transferable between employers, meaning that staff have to repeat training modules. This is important given the high turnover rate in the sector.
- Options for career progression are limited, particularly once an employee reaches senior care worker level. Conventional progression is to seek promotion from service manager to area manager, which involves distance management. This is unsuitable for many senior care workers who are highly skilled at hands-on care and prefer the intimacy of working alongside people. Some senior care workers become disillusioned with managerial positions that are entirely administrative, leading some to either ‘voluntarily’ demote themselves or leave the sector.
- During the pandemic, there was some ‘task shifting’ which saw care workers take on more medical tasks such as wound care, monitoring of vital signs, and foot care, since healthcare professionals were less able to visit care homes. This presents an opportunity to build on this in order to offer more progression, with new responsibilities, training and status attached.
- Vacancy rates are especially high for nursing staff who work in social care. Consideration should be given to whether nurse training provides enough focus on the opportunities in social care.

28. Despite recognising the importance of training, the care managers we spoke stressed that addressing this alone will not make a substantial difference to the crisis

they are facing:

“There is a lot of talk about training staff but offering training makes negligible difference. The issue is pay and pay rates are set by local government... Things have changed. It used to be that the wages were too low to live somewhere like London, but now they are too low for any part of the country... They talk about making social care a profession based on the skills you require but they pay a pittance, it doesn't add up” - director of a supported living organisation

B). Artificial Intelligence (AI) and technology in the workplace

29. Evidence provided in this section draws on initial reviews of academic and grey literature on AI in the social care sector undertaken by researchers within the Digital Care theme of the ESRC Centre for Care.

1. How is AI currently being used in the workplace? Is it more prevalent in some sectors than others?

30. Across sectors, AI is becoming a ‘new frontier’¹⁷, impacting the organisation and quality of work, as well as employment relations more broadly. This accelerated during the Covid-19 pandemic.

31. AI technologies used in the social care sector include monitoring tools (primarily monitoring people in receipt of care services), robotics, and platforms used to manage employees.

AI monitoring tools

32. Examples of these types of AI monitoring technologies in current practice include:

- [PainChek](#) - which the manufacturer claims provides an AI-powered pain assessment tool to social care workplaces. PainChek claims that their App uses facial recognition technology to detect and score pain, which enables care recipients who are non-verbal to communicate their level of pain.
- [Milbotix](#) - which has developed AI-powered ‘smart socks’ to monitor distress among people in receipt of care services by detecting heart rate, sweat, and motion with the aim of supporting people with cognitive impairments who may struggle verbally communicating distress.

33. These forms of technology and their application to caring contexts do not act as a neat replacement for care workers: in some circumstances they augment care provision by carrying out tasks which care workers themselves might not be able to easily do (such as monitor heart rate), and in all circumstances some form of human action is required once monitoring systems have detected an issue.

AI in robotics

34. AI is also used in robotics in care workplaces: this includes physical assistance robots, social assistance robots, and cognitive assistance robots.¹⁸ The extent to which these robots are used independently of the care workforce varies.

- Some physical assistance robots are used by care workers, for example to carry out lifting tasks.

¹⁷ APPG on the Future of Work, 2021. [‘The New Frontier: Artificial Intelligence at Work.’](#)

¹⁸ Skills for Care, [‘Artificial intelligence and robotics in social care What could the future look like?’](#)

- Social and cognitive assistance robots can include chatbots. ‘AI assistant’ Martha was developed by the care provider Cera¹⁹ to answer questions from carers or people in receipt of care services. An important feature is that it is available via text, i.e. without internet connectivity (data²⁰ indicates that older people and people with disabilities are more likely to be digitally excluded).
- Some social and cognitive assistance robots also carry out monitoring. For example, ‘PLEA’, developed at De Montfort University, has been designed to use a camera and microphone to detect mood and learn its own facial expressions.²¹
- A [similar initiative](#) is being developed by Toyota and the National Robotarium; the technology will enable clinicians to monitor those with cognitive impairments using a ‘human support robot.’ The National Robotarium is developing [AMPER](#) – ‘Agent-based Memory Prosthesis to Encourage Reminiscing’ which the developers argue will help people with dementia to recall memories using relatable stories. It will be made available as a tablet interface - however, this will require access to a tablet, to the internet, and to assistance to learn how to use the technology.

35. Across all these forms of robotics in care workplaces there remains an element of human interaction. Companies developing AI-assisted technologies emphasise that robotics can enhance care provision, without fully providing care. The owner of Cera comments:

“Apps are simply an enabler which can potentially improve efficiency and quality [...] [b]ut ultimately it is up to the person delivering the services to make appropriate decisions and manage that responsibly.”²²

36. Dr Mauro Dragone from the National Robotarium notes that Toyota’s ‘human support robot’ will “*spot cognitive decline more quickly*”²³ – it provides a less intrusive way of carrying out care but it is still ‘inhabited’ at a distance by a medical professional. Even fully autonomous AI technologies require human intervention. First, to assist people who use care services in understanding how the robotics function, and second, to fix any issues with the robotics that might arise. In order for robotic AI to be fully utilised, resources and capacity within care organisations must be put towards training staff to use technologies, and towards providing time for staff to assist people to learn and adapt to new technologies.

AI in care management systems

37. AI is also used in care management systems, such as:

- [NDGAI](#) is designed to use ‘artificially intelligent algorithms’ to automate care scheduling. It claims to improve personalisation in social care, improve time keeping, and assists in giving workers their preferred hours and locations of work. These aspects are particularly valuable in home care as continuity of care improves quality of care, and medications often need to be administered within tight timeframes.
- [MyHelpa](#) is designed to provide an ‘intelligent’ all-in-one care management platform. While this platform increases automation of administration processes such as

¹⁹ Nair, P. (2017) [Meet “Martha”, the UK’s first elder care bot](#). *Growth Business*.

²⁰ ONS (2022) Internet Access—Households and Individuals, Great Britain: 2020, <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2020>

²¹ Watson G., Rajani R., and Radio Leicester (2022) [Leicester AI team seek volunteers for robot interaction](#). *BBC*.

²² Quoted in Lomas, T. (2017) [Cera is building an AI for social care decision support](#). *TechCrunch*.

²³ Quoted in Harkins, D. (2021) [Pilot study will see doctors use remotely controlled robot to assess care home residents](#). *Care Appointments*.

rostering, it does still require some 'human oversight', and, as noted under Question 3, these care management platforms can lead to monitoring of employees.

Promotion of AI across health and social care

38. There has been more national encouragement to adopt AI in healthcare than social care. The 'National Strategy for Artificial Intelligence (AI) in Health and Social Care', for example, has been implementing AI projects for use in healthcare through the [AI in Health and Care Award](#), while AI in social care has been relatively overlooked.

39. Policy interventions related to care and digital technologies include:

- The Digital Social Care website which encourages stakeholders to join the NHS virtual hub²⁴ to develop understanding of AI in health and care contexts
- The NHSX/NHS Digital 'Social Care Programme' included funding for pilots which use AI:
 - [Wolverhampton City Council](#) received funding to partner with PredictX (an NHS Digital project) and implement machine learning. The project focussed on predicting outcomes by bringing together anonymised health and care data.
 - [Worcester City Council](#) also received funding and partnered with PredictX. The council extended their use of AI and data modelling, and uses the 'actionable intelligence' provided by [AffinityWorks](#) (owned by the Access Group).
 - [Bradford City Council](#) has implemented AI in a self-service Digital Navigation Tool. The pilot had the aim of reducing stigma by using AI and digital technology to provide advice 'based on best practice and local knowledge

40. As the Social Care Programme has come to an end – with the integration of NHS Digital and NHSX into NHS England and Improvement – there must be clarity regarding future funding for projects such as these. This includes whether AI projects will be within the remit of the £150 million proposed for the 'widespread digitalisation across social care' in the 2021 White Paper 'People at the Heart of Care'. In addition, if other funding is allocated through ICSs (Integrated Care Systems), it will be important to ensure that application of AI across health and care services is not implemented unevenly.

2. Is AI improving productivity in the workplace?

41. It has been argued AI offers the 'promise' of productivity improvements.²⁵ However, its impacts are dependent on the context and the ways in which AI is implemented. As Frontier Economics note:

"Neither AI or other forms of digital technology appear to have led to significant productivity improvements in recent years."²⁶

42. They predicate improvements to productivity on several drivers:

- profitability of investing in AI (i.e., expected revenues exceeding short term costs);

²⁴ Massey, E. (2020) [Do you have an interest in how artificial intelligence could help the future of social care?](#)

²⁵ British Academy and The Royal Society (2018) [The impact of artificial intelligence on work: An evidence synthesis on implications for individuals, communities, and societies.](#)

²⁶ Frontier Economics, British Academy, and The Royal Society (2018) [The impact of artificial intelligence on work: An evidence review prepared for the Royal Society and the British Academy.](#)

- ability to organise work in a manner that takes advantage of technologies;
- enablers and constraints in the regulatory environment; and
- social attitudes - which might be particularly negative towards automation in a context of health and social care.

43. Our research shows that technologies including AI and robotics may have negative implications for job quality by reshaping (and degrading) existing roles in the care sector (e.g. robotics making care workers ‘machine babysitters’) and creating new roles in the care sector that are invisible and give the façade of technological efficiency.²⁷

44. Whether AI contributes to productivity also depends on the accuracy of the data that it relies upon. A recent review of the use of machine learning in children’s services found that on average, if the model identified a child is at risk, it is wrong six out of ten times. The model missed four out of every five children at risk.²⁸ This data must also be meaningful, i.e., must be relevant to the aims behind AI implementation. AI also needs to be implemented appropriately. The ICO notes that ‘[o]rganisations should always think carefully from the start whether it is appropriate to automate any prediction or decision-making process. This should include assessing if acceptable levels of accuracy can be achieved.’²⁹ The ICO argues that in instances of ‘strong’ AI – which may involve replacing human action – AI should be compared with human decision making to ensure accuracy. Various aspects of AI such as monitoring and increased discrimination, as outlined below, could also have negative effects on productivity.

3. How are companies monitoring workers and setting performance targets through algorithms? Is this practice widespread? To what extent are employers using algorithms in recruitment? How well does existing regulation protect workers from the risks posed by AI and algorithms in the modern workplace

45. During the pandemic, there has been an increase in companies monitoring workers using AI. A survey carried out by the union Prospect and the pollster Opinium³⁰ found that in April 2021, 24% of workers described being monitored while working, and by November 2021 this number had increased to 32%. Forms of intrusive monitoring are widely disliked; 80% of survey respondents felt that screen monitoring should be banned or heavily regulated. These findings on the burgeoning use of monitoring are reiterated by Cori Crider, cofounder of law firm Foxglove: ‘the granularity of the surveillance now available is like nothing we’ve ever seen.’³¹

46. The potential negative effects of AI which involves monitoring staff have been widely noted. [Isabelle Schömann, ETUC Confederal Secretary](#), notes ‘Orwellian’ monitoring of staff computers, and argues that ‘[t]he intrusive use of AI to monitor every movement of people working from home is a clear example of why the EU needs strong rules on the use of AI in employment in future.’ The 2021 APPG report on the Future of Work highlights the association between ‘pervasive monitoring and target

²⁷ Hamblin, K. A. (2022) [Technology in care systems: Displacing, reshaping, reinstating or degrading roles?](#). *New Technology, Work and Employment*, 37(1), 41-58.

²⁸ What Works for Children’s Social Care, (2020) [Machine Learning in Children's Services](#)

²⁹ ICO. [Accuracy of AI system outputs and performance measures.](#)

³⁰ Prospect (2021) [New protections needed to stop employer surveillance of remote workers.](#)

³¹ Quoted in Heaven, W. D. (2020) [This startup is using AI to give workers a “productivity score”.](#) *MIT Technology Review*.

setting technologies; with ‘pronounced negative impacts on mental and physical wellbeing.’ Similarly, the Trades Union Congress (TUC) notes that ‘[w]orkers report to us that they increasingly feel constantly scrutinised and monitored, which can lead to stress and ill-health.’³² In the social care sector, stress and ill-health are already impacting workers’ wellbeing: the report ‘Workforce burnout and resilience in the NHS and social care’³³ demonstrates that use of sick leave increased during the pandemic and that workers reported feeling ‘abandoned’ to deal with additional work pressures. This stress then negatively impacts their ability to engage in the emotional and relational aspects of care provision. Use of monitoring software can also indicate that employers do not trust their staff – this software can also exacerbate this absence of trust. Crider from Foxglove argues that ‘[y]ou’ve got to create an environment in which people feel trusted to do their job [...] you don’t get that by surveilling them.’³⁴ Use of electronic monitoring systems that record care worker entry/exit times have been found to create a ‘barrier to care’ and when used to ensure care workers are not “time thieves”³⁵, are a form of work intensification.³⁶

47. Some AI technologies used in the care sector monitor staff and track performance – whether explicitly or implicitly:

- Apps used by home care workers to sign in and out of shifts act as a form of monitoring, in that employers are able to keep track of workers’ whereabouts and ability to complete tasks within time frames.
- The company [Radar Healthcare](#) (which has implemented their systems in residential care homes) argues their technology enables employers to track performance targets: ‘[s]mart KPIs [key performance indicators] bespoke to your data ensure you’re immediately informed when criteria are not met, or when anomalies are spotted.’ AI such as this, which analyses performance, could lead to disciplinary action³⁷ and ultimately dismissal.
- [Navenio](#) – currently utilised in healthcare but could feasibly be expanded to sectors such as social care – offers ‘an automated system for the tasking of healthcare staff based on their location; prioritising workload in real-time on the basis of ‘right person, right time, right place.’ Navenio also argues their technology provides extensive monitoring of staff to improve productivity. Their technology however focuses on the ‘logistics team’ in hospitals, such as porters, cleaning staff, and catering staff, which raises concerns that staff in the lowest paid (and generally outsourced) positions are those who face the most intense monitoring and performance pressures.

48. Findings from the TUC suggest that workers in higher paid positions unhappy with workplace monitoring were more likely to challenge practices (42%) than workers in lower paid groups (33%).³⁸ The TUC findings highlight voice mechanisms – such as collective representation, which are lacking in the care sector – as important to enable workers to challenge monitoring and data collection.

³² TUC, (2021) [Dignity at work and the AI revolution](#)

³³ Health and Social Care Committee (2021) [Workforce burnout and resilience in the NHS and social care.](#)

³⁴ Heaven, W. D. (2020) [This startup is using AI to give workers a “productivity score”.](#) *MIT Technology Review.*

³⁵ Timonen, V. & Lolic, L. (2019), “[The poor carer”: Ambivalent social construction of the homecare worker in elder care services](#), *Journal of Gerontological Social Work*, 62, 7, 728-748.

³⁶ Baines, D., & Van Den Broek, D. (2017), [Coercive care: Control and coercion in the restructured care workplace](#), *The British Journal of Social Work*, 47, 1, 125-142.

³⁷ Cope, A. and Lane, M. (2018) [Disciplinary and performance management: Artificial Intelligence vs Emotional Intelligence](#) *CMS.*

³⁸ TUC (2018) [I’ll be watching you: a report on workplace monitoring.](#)

49. AI is used in recruitment to provide ‘augmented’ human resources. Those developing AI for use in these contexts argue it can speed up the screening process of potential employees – for example, by using technology to sort through CVs, applications and even recorded videos from candidates. However, this implementation of AI has been criticised for bias against minority ethnicities, women, and individuals with disabilities, [particularly the facial recognition technology used to analyse video interviews](#). An article in the Harvard Business Review found ‘yet-unanswered questions about [AI recruitment tool’s] accuracy, and the ethical, legal, and privacy implications that they introduce.’³⁹ The AI strategy of cyber snooping – where employers analyse the online presence of candidates (or existing employees) – has also been criticised for embedding discrimination.⁴⁰ This form of discrimination has been argued to be more insidious than human discrimination, as technology lends a ‘[vener of objectivity](#)’⁴¹ to decisions, and there needs to be clear justification for ‘decisions’ made by AI machines and transparency for candidates. Alongside the importance of oversight of the process, e.g., through regulatory bodies, to prevent AI from perpetuating human biases, employees should have recourse to discrimination legislation should issues arise.

50. Existing regulation in the UK regarding AI has not kept up with EU regulation:

- Guidance around data protection law – the TUC highlights Articles 6, 21 and 22 as aspects that need addressing (for example to clarify circumstances when it can be deemed ‘necessary’ that employers access data).⁴²
- Coordinated effort is needed between bodies such as ICO, Equality and Human Rights Commission (EHRC), and BEIS to make it clear to workers how legislation in relation to AI can protect them in the workplace, in particular with regard to discrimination.
- In social care there also needs to be clarity around the interactions between the public sector and commissioning services and the AI marketplace – research has identified unanswered questions regarding how local authorities can ethically navigate this lightly regulated marketplace.⁴³

4. Will well-paid skilled jobs be lost to AI, as well as routine manual tasks that already have?

51. Rhetoric around the implementation of AI does suggest that it could affect routine tasks over skilled jobs. McKinsey Global Institute⁴⁴ has estimated that the percentage of jobs across total employment which involve repetitive tasks and require low digital skills could decline from 40% to 30% by 2030. In contrast, jobs with non-repetitive activities and requiring high digital skills could see an increase from 40% to 50% in the same period. However research has identified the political nature of some of the arguments related to which jobs are automated, in that business consulting groups with particular interests are argued to have heavily influenced the policy discourse in

³⁹ Dattner, B., Chamorro-Premuzic, T., Buchband, R., and Schettler, L. [The Legal and Ethical Implications of Using AI in Hiring](#). *Harvard Business Review*.

⁴⁰ Chamorro-Premuzic, T. (2018) [Four Unethical Uses Of AI In Recruitment](#). *Forbes*.

⁴¹ Cori Crider, quoted in Heaven, W. D. (2020) [This startup is using AI to give workers a “productivity score”](#). *MIT Technology Review*.

⁴² TUC (2021) [Dignity at work and the AI revolution](#)

⁴³ Engelsen, P., Ferguson, M., Charlesworth R., and Atkinson, S. (2019) [How AI meets social care](#). *Socitm*.

⁴⁴ MGI. (2019) [Artificial intelligence in the United Kingdom: Prospects and challenges](#).

this area, presenting the solution ‘upskilling’ of the labour to accommodate new technologies.⁴⁵ The spread of AI technologies could also create possible ‘new’ jobs which have been categorised as trainers (workers who train AI systems), explainers (workers interpreting outputs from AI and checking for accountability), and sustainers (workers who monitor AI systems).⁴⁶ Research has emphasised that the structure of employment relations has an effect on whether new jobs created will be skilled or high paid⁴⁷: AI companies often divide labour between the occasional use of high-skill experts, alongside low-wage workers employed for daily operation. The use of platforms to hire workers increases this polarisation and can also lead to a de-skilling of the AI industry (along with increased precarity and low wages).

52. In the context of social care, jobs are not well-paid and are not considered ‘skilled’ – despite the requirement that workers are emotionally intelligent, knowledgeable about medical procedures, and able to administer medicines accurately (among other necessary skills). Humans tend to have an advantage over AI technologies in contexts of care, as complex situations in care workplaces require responding with empathy and negotiating outcomes.⁴⁸
53. A claim often made in relation to social care is that there could be potential for AI to ‘upskill’ the workforce. Havering Care Homes uses AI software provided by Feebris⁴⁹, claiming to increase skills development. Feebris uses technology to conduct observations of care home residents – according to Havering Care Homes, this change ‘allows a wider range of the workforce to do observations which gives much more flexibility to your workplace and gives people the chance to do something new and upskill.’ The software also enabled carers to engage in ‘[more informed and productive dialogue with GPs.](#)’
54. A report by the TSA emphasises that AI needs to be accompanied by ‘the human touch’ – and the implementation of AI could mean that ‘human interaction will increasingly step away from the mundane to target those relational elements of care where a personal touch has the greatest impact.’⁵⁰ Research has suggested, however, that use of AI robotics could lead to deskilling in some circumstances. Hamblin⁵¹, drawing on empirical studies of socially assistive robots in residential care settings⁵² emphasises that robots can end up increasing the workload for care workers and lead to them becoming ‘machine baby-sitters’ (therefore decreasing emotionally skilled aspects of care). Whether AI has an impact on wages in the care

⁴⁵ Schlogl, L., Weiss, E., & Prainsack, B. (2021) [Constructing the ‘Future of Work’: An analysis of the policy discourse](#) *New Technology, Work and Employment*, 36, 3, 307-326

⁴⁶ Wilson, J. H., Daugherty, P. R., and Morini-Bianzino, N. (2017) [The Jobs That Artificial Intelligence Will Create](#) *MIT Sloan Management Review*.

⁴⁷ Gilbert, A. [In a high-skill, high-tech economy, who is work for?](#) *LSE*.

⁴⁸ Frey C., & Osborne, M. (2013) [The future of employment: how susceptible are jobs to computerisation?](#) Oxford Martin School Working Paper.

⁴⁹ Armstrong, M. (2021) [Intelligent care: how one care provider is using artificial intelligence in their nursing homes.](#) *Skills for Care*

⁵⁰ TSA, (2017) [A digital future for technology enabled care?](#)

⁵¹ Hamblin, K. A. (2022) [Technology in care systems: Displacing, reshaping, reinstating or degrading roles?](#) *New Technology, Work and Employment*, 37(1), 41-58

⁵² Hasse, C. (2013) [Artefacts that talk: Mediating technologies as multistable signs and tools.](#) *Subjectivity*, 6, 1, 79-100

Wright, J. (2019) [Robots vs migrants? Reconfiguring the future of Japanese institutional eldercare.](#) *Critical Asian Studies*, 51, 3, 331-354

Blond, L. (2019) [Studying robots outside the lab: HRI as ethnography](#) *Paladyn, Journal of Behavioral Robotics*, 10, 1, 117-127

sector will depend on other factors – funding across the sector, reliance of private providers on equity funding, and absence of union bargaining – rather than simply on implementation of technology. Wages are not a zero-sum game; using AI technology does not automatically imply economic loss for workers.

5. How should the Government protect workers and prepare them for this new future?

55. Our view regarding actions which the government should take to protect workers across sectors aligns with the 2021 APPG report on the Future of Work:

- Implementation of an Accountability for Algorithms Act to prevent bias and discrimination and to enable workers to seek justice should issues related to AI arise.
 - This regulatory framework should include the right to explanation of the purpose of AI and a right to be involved in shaping the design of algorithmic systems.
 - As the APPG and the TUC emphasise, there is a need for ‘a new, freestanding right for unions to be consulted whenever ‘high risk’ AI tools are being introduced to workplace’⁵³ (high risk including any tools which could lead to dismissal). Unions should be involved at the national level, i.e., represented on governance boards, and at the level of individual companies. In the case of ICSs, it will be important to consult with relevant unions to ensure that their members – across health and social care – will not be negatively impacted by the introduction or expansion of AI technologies. The government should promote and legislate these forms of involvement.
- The role of the ICO as a mechanism for employees to uphold their information rights should also be made clear to employees whenever their workplaces utilise monitoring. This could be the responsibility of employers but could be coordinated via ICSs. The Equality Act 2010 should enable employees to challenge digital discrimination. The recent strategy outline⁵⁴ produced by the EHRC is promising in this regard.
 - Any changes to discrimination legislation should be made clear to employees and should involve consultation with trade unions.
 - Any changes to discrimination legislation to incorporate digital discrimination should alter the tight time limit (of three months minus one day) in which employees can start the process of making a claim to an employment tribunal.
- Other aspects important to the implementation of AI in the social sector are legislation around unfair dismissal, and the use of zero-hour contracts. These are not directly related to AI but could ameliorate negative impacts of AI on the workforce in relation to job loss.
 - First, if AI does lead to job loss, then staff turnover (which is already high in the sector⁵⁵) could increase – making it difficult for employees to achieve the two years length of service necessary to pursue an unfair dismissal claim.
 - Many members of staff in the sector are unable to make unfair dismissal claims because they have an employment status of ‘worker’, on zero-hour contracts. If AI increases precarity for staff in the sector, then rethinking these aspects of employment law could go some way to redress the balance.

⁵³ TUC (2021) [Dignity at work and the AI revolution](#)

⁵⁴ Equality and Human Rights Commission (2022) [EHRC publishes plan to address biggest equality and human rights challenges in today's Britain.](#)

⁵⁵ Turnpenney, A. & Hussein, S. (2021) [Recruitment and retention of the social care workforce: longstanding and emerging challenges during the COVID-19 pandemic.](#)

56. Initiatives to protect workers in the social care sector and prepare them for introduction or expansion of AI should also focus on cultural distrust towards technology. The membership organisation Socitm (Society for innovation, technology and modernisation) highlights trust as one of four key issues which the social care sector will need to address in order to benefit from AI: building trust when introducing AI into workplaces; addressing how AI will impact professional practices and outcomes; establishing best practice in legal and commercial approaches; and contending with technical issues.⁵⁶
57. Work in the sector is widely regarded as undervalued,⁵⁷ and the use of AI could exacerbate this feeling for frontline workers. AI implementation and use of data needs to be transparent and needs to be carried out responsibly. The impact of partnerships with technology firms and access to data on public trust should also be considered – for example, initiatives like the partnership between Amazon and NHSX faced some criticism.⁵⁸

6. How will workers be supported to adapt to the changing skills that growing use of AI will require of them?

58. The 2018 House of Lords report recommended ‘significant Government investment in skills and training’ and noted that this kind of investment is imperative’ – without it, AI cannot be viewed as a ‘general panacea for the UK’s wider economic issues.’⁵⁹ One way in which workers could be supported to gain skills could be through adult education courses. These courses could be organised through government organisations such as Acas, higher education institutions, trade unions, and employers. Employers should encourage employees to develop skills in this way if the organisation does not provide internal training.
59. In the social care sector, the fragmented nature of employment relations makes implementing coordinated support and/or training initiatives difficult. Industry bodies such as the Technology Enabled Care Services Association (TSA) and Association of Directors of Adult Social Services (ADASS), alongside trade unions representing workers in the sector, should be consulted to establish what training is needed and how it can best be carried out to support workers. The purpose behind AI initiatives should be clearly conveyed to workers – organisations should ensure that there is ‘data reciprocity’,⁶⁰ i.e., workers can access data in the same way that employers can. The Kings Fund have highlighted ‘a need for clarity on what is expected of industry and providers using digital products and services⁶¹.’ For example, boundaries need to be established for ICSs collaborating with AI tech providers. Clarity is particularly important when it comes to AI and skill development, given the cultural aversion towards AI among some stakeholders in the care sector and fears

⁵⁶ Engelsen, P., Ferguson, M., Charlesworth R., and Atkinson, S. 2019. [How AI meets social care](#). Socitm

⁵⁷ Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018) [Care work and care jobs for the future of decent work](#) (Geneva: ILO)

⁵⁸ Walker, A., 2019. [NHS gives Amazon free use of health data under Alexa advice deal](#). *The Guardian*.

⁵⁹ Select Committee on Artificial Intelligence, House of Lords (2018) [AI in the UK: ready, willing and able?](#)

⁶⁰ TUC (2021) [Dignity at work and the AI revolution](#)

⁶¹ Maguire, D., Honeyman, M., Fenney, D. and Jabbal, J., (2021) [Shaping the future of digital technology in health and social care](#) Kings Fund.

of job loss and deskilling (worsened by poor employment terms in the sector).

7. Are there specific technologies that we need to consider, beyond AI generally, that warrant updates to employment law?

60. In terms of other technologies that could impact workplaces, it is important to emphasise that not all monitoring technologies are AI technologies: surveillance does not necessarily involve analytics, predictions, machine learning, or profiling. It can be monitored by humans (albeit more sporadically than AI would be capable of). Any updates to legislation should incorporate these less advanced monitoring technologies. Some of the changes to employment law recommended above also extend beyond legislation specifically related to AI. It is necessary, though, to consider these wider aspects of employment relations and legislation in order to improve conditions in the social care workplace.

C). Workers' rights and protections

1. How can the Government improve employment rights, following Brexit and the Covid-19 pandemic?

61. As well as the evidence about low pay (as described in Section A), there are several ways in which employment rights need to be improved in social care in order to improve workers' wellbeing, reduce turnover rates and attract new workers into the sector.

Non-payment of working hours

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

63. Social care is also unique in that workers are asked to do 'sleep-in shifts', where they sleep at a person's residence overnight with the possibility of needing to wake to provide care. There is no standard practice on payment for sleep-ins, with some providers offering the National Minimum Wage and others offering a flat fee. Different commissioners take different approaches, with further variation likely following the recent Supreme Court ruling (*Royal Mencap Society vs Tomlinson-Blake*) which found that workers are not entitled to the National Minimum Wage while asleep. The consequence of this ruling is likely to be a further deterioration in pay, making it even harder to attract workers to these shifts and affecting the quality of overnight care.⁶²

64. The Welsh Government recently introduced legislation which places requirements on care providers to ensure that time allocated for travel and care is clearly and transparently delineated. The intention is to ensure that people are paid the national minimum wage for their working hours, and that workers have enough time to carry out their duties, without eroding the quality of the care provided during visits.⁶³

Insecurity and zero-hours contracts

65. There are high levels of job insecurity and uncertainty about the availability of work,

⁶² Low Pay Commission (2021), [National Minimum Wage: Low Pay Commission Report 2021](#)

⁶³ Welsh Government, [Regulation and Inspection of Social Care \(Wales\) Act 2016](#).

with 42% of the home care workforce are on a zero-hours contract.⁶⁴ Although these contracts are sometimes presented as beneficial because they offer flexibility, there are a number of ways that they can negatively impact on workers' wellbeing:

- Uncertain and fluctuating income on a monthly basis.
- No entitlement to pensions, or maternity/paternity or sick leave beyond the statutory minimums.
- Lack of sick pay means that workers may be reluctant to take time off when they are unwell or in order to attend medical appointments. This was a factor in care workers' opposition to mandatory vaccination.⁶⁵
- Reluctance to turn down hours of work offered due to a fear that this may reduce their chances of being offered work in the future.

66. In reality, zero-hours contracts seem to offer a one-sided flexibility - with employers able to call on a highly flexible workforce, but with the workforce feeling unable to turn down work to manage their hours around other responsibilities. The risk of fluctuating demand and supply of labour is transferred to those with the least capacity to bear it.⁶⁶

67. The Welsh Government has recently introduced legislation which requires employers to offer homecare workers the choice of a guaranteed hours contract, once they have been employed for a 3 month period.⁶⁷

Lack of enforcement of employment rights

68. There is a tension between the enforcement of employment rights and the precarity of many care workers' contracts.

- Being on a zero-hours contract may mean that people are wary of raising any issues because they fear that their employer will not offer them any further work.
- Low levels of union membership mean that even if care workers understand their rights, they may not be able to enforce them without any independent advice.

2. How can the right balance be struck between the flexibility the UK economy needs and protections for workers?

69. Without improving care workers' pay, conditions and status more broadly, it is highly unlikely that the sector will be able to recruit and retain adequate numbers of staff with the right skills and values.

3. What can the Government do to improve protection for people in low-paid work and the gig economy?

70. As described in Section A, Question 4, low pay is the norm in care work. There is an urgent need for investment in the social care workforce to cover the real costs of care - this includes better pay.⁶⁸ In an under-funded market, labour is seen as a cost to be

⁶⁴ Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#)

⁶⁵ Hunt, T. (2021) [Under-paid and under-valued: assessing mandatory vaccination for care home workers in England](#) Sustainable Care Paper 4, CIRCLE, Sheffield: University of Sheffield.

⁶⁶ Ndzi, E., (2017) [UK company law and precarious employment contracts](#). International Journal of Law and Management

⁶⁷ Welsh Government, [Regulation and Inspection of Social Care \(Wales\) Act 2016](#).

⁶⁸ Towers, A., Palmer, S., Brookes, N., Markham, S., Salisbury, H., Silarova, B., Mäkelä, P., and

minimised by commissioners and providers who compete on cost rather than quality. A sustainable long term funding settlement is needed for social care.

71. Care managers highlighted that any increased government funding must be ring-fenced in order to guarantee that it reaches the paychecks of frontline care workers.

“This is the first year that local authorities have said [to us] we will give X increase but the hourly rate needs to be at least Y, otherwise you won’t get the extra funding. But how that level is decided isn’t discussed enough... Whereas in the NHS pay scales set the normality; if you are band X you get paid Y so it’s easier to have those conversations. Social care is left up to individual organisations and whether they want high or low profits” - director of a supported living organisation

72. Social care does not have nationally agreed pay, terms and conditions, in contrast to the NHS. It is a fragmented sector which lacks collective bargaining powers. The proposed National Care Service in Scotland presents an opportunity to improve the status of care work and introduce national collective bargaining for workers, with ‘promote fair work’ being a principle of the Bill.⁶⁹
73. Improving employment rights, particularly for those on zero-hour contracts (see Question 1 above), as well as enforcing existing employment rights would also help protect workers.

4. What opportunities should be taken to capitalise on the UK’s departure from the EU to differentiate between the EU and UK standards in some areas of workers’ rights and protections?

74. Any changes to workers’ rights and protections should seek to strengthen standards for those in low paid and precarious work such as social care.

75. Independent legal advice sought by the TUC⁷⁰ found that the rights most at risk of being eroded following the UK’s departure from the EU are:

- holiday pay
- equal pay for women
- parental leave
- equal treatment for part-time workers

76. These rights are particularly important given that women and part-time workers are overrepresented in social care. Improving working conditions and employment rights is essential to addressing shortages in social care.

5. The Government announced, but has not yet published, a new statutory code to prevent unscrupulous employers using fire and rehire tactics. What should this new code include to be an effective deterrent against that practice?

77. The new statutory code on ‘fire and rehire’ tactics should be applicable to all forms of care work, although we do not have the legal expertise to comment on what should

Hussein, S. (2022) [Quality of Life at Work: what it means for the adult social care workforce in England and recommendations for actions](#). University of Kent, Canterbury.

⁶⁹ Scottish Government, [National Care Service Bill](#)

⁷⁰ TUC (2016), [Workers’ rights from Europe: the impact of Brexit - advice](#).

be included.

6. Are updates to employment law required to match the increased amount of work being undertaken from home?

78. This issue is less relevant to social care, given the need for work to be undertaken on-site, with relatively low levels of home working.

D). Employment status and modern working practices five years on from the Taylor Review

1. How are working patterns changing in the UK? To what extent is the gig economy growing and permanent full-time employment contracts in decline?

79. There has been widespread insecurity for many years in social care. 24% of workers in the sector are employed on zero hours contracts. In homecare specifically, this rises to 42% of the workforce. The trend for zero-hours contracts has been relatively stable over the past decade, increasing by one percentage point between 2012/13 and 2020/21.⁷¹

80. 50% of the workforce are employed on full-time contracts, and 50% on part-time contracts. This pattern varies considerably by job role, with most registered managers (92%) and senior managers (87%) working full-time. In contrast, care workers and personal assistants had the lowest proportion of full-time roles (at 49% and 13% respectively).⁷²

2. What should the Government be doing five years on from the Taylor review of modern working practices to address the issues raised in that report?

81. The Taylor Review identified 6 indicators of quality work. On each of these, the social care sector is falling far short of what is needed to recruit and retain a workforce that feels valued and fulfilled at work:

- a) Wages
- b) Employment quality
- c) Education and training
- d) Working conditions
- e) Work-life balance
- f) Consultative participation and collective representation

Wages

81. Low pay is the norm in care work, as described earlier in Section A, Question 4 and Section C, Question 1. In our discussion groups, care workers and managers emphasised that fair pay is essential - especially in terms of a sense of collective recognition as well as the rising cost of living - but that it is rarely the main motivation for people who work in this sector, especially those who stay long term. There was a strong feeling that their altruism is exploited, leading to poor work life balance and burn-out.

⁷¹ Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#)

⁷² Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#)

“It takes a certain person to do care and the first instinct isn’t the wage. Work-life balance is difficult, most of us have done shifts and weekends and work-life balance is not at a premium.” - care manager

“You also fall for people [who you support], so you create this moral obligation to do the most you can to the best of your ability. You do genuinely care for these people” - care worker

“I’d agree it takes a certain person but this job can take the mickey out of people.” - social worker

Employment quality

82. As described in Section C, Question 1, a relatively high proportion of care workers are on zero hours contracts, with a lack of job security and unpredictability in their weekly hours. They may feel that they lack negotiating power over how many shifts they take on, often doing longer hours than they would prefer. There is also a pattern of unpaid working hours, particularly in homecare.

Education and training

83. Care work has been characterised as low skilled and low value - this conceptualisation should be challenged by those in leadership positions. Social care jobs would be in greater demand if they were also held in higher esteem. The role of registration should be considered in England, as in the case of childminders for whom registration resulted in improvements in pay, with childminding now regarded as a profession. Registration for care workers could provide prestige and career progression; lessons can be learned from developments in Scotland and Wales.⁷³

84. Training and skills are not always associated with career progression in social care.⁷⁴ Accredited training which is portable could enable movement within the sector. The impact of existing training needs evaluating over time to see what works and for whom.

Working conditions

85. Our research on care-work related quality of life found that although care work is both mentally and physically demanding, care workers placed a lot of value on the work being meaningful and rewarding.⁷⁵ They describe deriving satisfaction from supporting others to be safe, live a life of their choosing, and just to see that they are happy. However, this is dependent on having autonomy at work, rather than a ‘time and task’ approach to care.

“You do need to be appreciated. I get happiness from that and from seeing people I support are happy and we’ve had a good day.” - care worker

86. Care workers made personal sacrifices for health and safety during the pandemic. Some described choosing to self-isolate with the person they cared for, for periods of

⁷³ Sustainable Care Programme (2018), [How can we create better jobs in care? Policy perspective](#)

⁷⁴ Towers, A., Palmer, S., Brookes, N., Markham, S., Salisbury, H., Silarova, B., Mäkelä, P., and Hussein, S. (2022) [Quality of Life at Work: what it means for the adult social care workforce in England and recommendations for actions](#) University of Kent, Canterbury.

⁷⁵ Towers, A., Palmer, S., Brookes, N., Markham, S., Salisbury, H., Silarova, B., Mäkelä, P., and Hussein, S. (2022) [Quality of Life at Work: what it means for the adult social care workforce in England and recommendations for actions](#). University of Kent, Canterbury.

7-10 days, in order to prevent them having multiple contacts, risking infection and a lack of continuity of care.

Work-life balance

87. Unpredictable shift patterns, working unsocial hours, zero-hours contracts, and working within understaffed teams all contribute to poor work-life balance for care workers. A care worker explains that when workers continually pick up outstanding shifts this:

“...creates a false impression of success. Organisations can say we don't need to recruit here while the team keep picking up the overtime, but actually it leads to burn-out.” - care manager

“Having time off is almost a dirty word. You can't do a time and motion study in social care. They [employer] want me to be a care worker and manager at the same time. It's the only job I've ever had where I have to get work done in my free time and I don't get paid for it.” - senior care worker

Consultative participation and collective representation

88. Social care is a fragmented sector with low levels of trade union membership. It lacks the collective bargaining powers which the NHS has to negotiate pay and conditions. Workers on zero-hours contracts may also be fearful of being deemed a ‘trouble-maker’ by their employer. The care workers we spoke to recognised the benefits of collective organising, but worried about what would happen to the people they support if they took industrial action.

“We do need recognition but how can we fight? We can't go on strike because who's going to look after the person we care for? So we've got no voice.” - care worker

3. Are current legal definitions of employment status, in light of recent judicial rulings, still fit for purpose?

89. We do not have the legal expertise to address this but consider it an important question.

4. How have employee demands and employer offers of flexible working been affected by the pandemic? How should this affect Government plans and commitments around flexible working?

90. In our discussion groups, care workers highlighted that they feel excluded from the current conversation about flexible working:

“We also can't ignore that discussions about flexible and hybrid working and work-life balance aren't really open to care workers. They have to be on site - while middle class people work from home” - director of a supported living organisation

91. This compounds a feeling of being devalued, despite making considerable sacrifices of work-life balance throughout the pandemic in order to support people in need of care.

5. Are there particular types of work, for example night-time or shift work, which warrant further consideration in respect of the impact of that work on workers?

92. Our research has found that the physical toll of shift-work can have a negative impact on care workers' quality of life at home.⁷⁶ Having choice and control over shift patterns and being able to fit work around their personal lives is very important to care work-related quality of life, going some way to mitigate against the negative impact of shift working.

93. The unpredictability and unsocial hours of shift work has an impact on recruitment. Flexible childcare for shift workers is needed:

"If we could offer Monday to Friday, 9 to 5, we could double our applicants overnight but people's lives [receiving care] aren't like that. We have sleep-ins... it might involve weekends, early shifts, late shifts. Over the last couple of years we have lost people to schools and colleges where they can work 9 to 4 during term times. If they are parents it means they can fit their work around childcare and get weekends off." - director of a supported living organisation.

"As a manager I'll hold my hands up and say I take advantage of those people. If there's people who I know are reliable and will pick up shifts I will be asking them." - care manager

"Some people in care don't want shifts, they just want a few hours in the day. But people [who need care] requiring consistency require people for 7, 12, 24 hours a day."

94. Homecare workers are also asked to do 'sleep-in shifts', where they sleep at a person's residence overnight with the possibility of needing to wake to provide care. There is no standard practice on sleep-ins, with some providers offering the National Minimum Wage and others offering a flat fee. Different commissioners take different approaches, with further variation likely following the recent Supreme Court ruling (Royal Mencap Society vs Tomlinson-Blake) which found that workers are not entitled to the National Minimum Wage while asleep. The consequence of this ruling is likely to be a further deterioration in pay, making it even harder to attract workers to these shifts and affecting the quality of overnight care.⁷⁷

95. Shift and night work can also be isolating, with people missing out on the camaraderie of a face-to-face team:

"There can be a difference between what is a 'fun' working environment and how people [being supported] want to live their life. Some people thrive in it but it's not for everyone. Some people thrive in it but it's not for everyone... people can sometimes feel quite isolated" - director of a supported living organisation

E). The impact of an ageing population on the labour market

1. What impact is the ageing population already having on employment rates and labour productivity?

96. Our ageing population means that more people are struggling to juggle paid work

⁷⁶ Towers, A., Palmer, S., Brookes, N., Markham, S., Salisbury, H., Silarova, B., Mäkelä, P., and Hussein, S. (2022) [Quality of Life at Work: what it means for the adult social care workforce in England and recommendations for actions](#). University of Kent, Canterbury.

⁷⁷ Low Pay Commission (2021), [National Minimum Wage: Low Pay Commission Report 2021](#)

with their caring responsibilities, and may either reduce their hours or leave the labour market entirely. At the same time, the ageing population means there is a growing demand for social care which outstrips the supply of workers.

Juggling paid work with unpaid caring responsibilities

97. Analysis of longitudinal data shows that two-thirds of adults have at some point in their lives been the carer of someone who was sick, disabled, or who required support in old age: 7 in 10 women and 6 in 10 men. Women are more likely to care earlier in life than men - on average by age 46, eleven years earlier than men⁷⁸.
98. The findings indicate that caring features especially strongly in women's lives and that they are likely to be caring at ages when they would expect to be in paid work. Caring often affects their participation in paid work and reduces their lifetime earnings, with wider gender equality implications. This is particularly relevant to the adult social care sector, where the average age of a worker is 44 years old.⁷⁹ Since both women and older workers are overrepresented in care work, particularly in homecare, this will have a considerable impact.
99. Our research demonstrates the impact of caring on work:
- 44% of working carers reported finding it difficult to combine their paid employment and caring responsibilities. An estimated 1.6 million carers were struggling to combine work and care.
 - Half of working carers felt their caring responsibilities affected their job. Most working carers had experienced difficulty in concentrating at work because of their caring responsibilities.
 - 30% of working carers had reduced their hours of work because of their caring role.
 - 36% had refused a job offer or promotion, or decided against applying for a job, because of their caring responsibilities.
 - 39% of those who had not discussed their caring role at work said this was because they did not believe anything would change. 22% said it was 'not the sort of thing that people talk about where I work', implying that they were employed in a workplace that cannot be regarded as 'carer-friendly'.
 - Among working carers who indicated that no forms of support were available to them, paid care leave was the most commonly desired form of support, followed by flexitime and the ability to work at home on some days⁸⁰.
100. For people who are both unpaid carers and social care workers, some of these aspects are likely to be particularly difficult. Since care workers need to be on-site and often have unpredictable and inflexible shift patterns, it may be difficult for their needs as carers to be accommodated.

2. How is the UK's ageing population exacerbating the labour shortage that can already be felt in some sectors, e.g. hospitality, hair and beauty, social care?

101. A significant increase in demand for labour in the social care sector is forecast, driven by the UK's ageing population.
- The population aged 65 and above is projected to grow from 10.5 million to 13.8 million between 2020 and 2035. It is estimated that one adult social care job is

⁷⁸ Zhang, Y. & Bennett, M. (2019) [Will I care? The likelihood of being a carer in adult life](#), Carers UK

⁷⁹ Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#)

⁸⁰ Austin, A. & Heyes, J. (2020) [Supporting working carers: how employers and employees can benefit, research report](#), London: CIPD and University of Sheffield.

required for every six people aged 65 and over. Based on this projected growth, by 2035 the sector may need 490,000 extra jobs.⁸¹

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

- Over a quarter (27%, or 425,000 jobs) of workers are aged 55 and over, compared to a fifth (21%) of workers in the economically active population as a whole.
- This age cohort may retire within the next ten years, which means that it is crucial to broaden the traditional demographic for recruitment in order to ensure that supply meets demand.⁸²

103. Together with the growing shortages described in Section A, this paints an extremely worrying picture for the future sustainability of the sector, and the impact on the people who need support, unpaid carers, and burnt-out care workers.

3. How can the Government help maintain the employability of older workers who wish to remain in work? What are the barriers facing older people in the workplace, including pension aged workers, and how should these be addressed?

Support to enable unpaid carers to remain in work

104. Carers can be supported to remain in work, through:

- Support and flexibility in the workplace (e.g., flexible working, work from home options)
- A framework of rights and entitlements in employment, welfare, and social care systems (supporting them to make choices about providing care without putting their own health, financial wellbeing, or social support at risk)
- Carers' leave (with financial support) in a variety of appropriate circumstances⁸³.

105. Learning from international policymaking in eight countries, including the UK, informed Yeandle's report for the German Government⁸⁴ (for its policy review of supporting carers of older people to remain in work⁸⁵) and her 2020 review paper for the European Commission on work-care reconciliation policy.⁸⁶

106. Sustainable Care Innovation Fellow Dr Mandy Cook explored support for carers in a variety of workplaces and sectors, recommending the following as good practices that employers can adopt.⁸⁷

⁸¹ Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#)

⁸² Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#)

⁸³ Yeandle, S. & Buckner, L. (2017) [Older workers and caregiving in England: the policy context for older workers' employment patterns](#), *Journal of Cross-Cultural Gerontology*, 33: 303-321.

⁸⁴ Yeandle, S. (2017) [Work-care reconciliation policy: legislation in policy context in eight countries](#), background paper for German Federal Ministry for Families, Senior Citizens, Women & Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend).

⁸⁵ See <https://beobachtungsstelle-gesellschaftspolitik.de/f/72c67e304b.pdf> and German government website <https://www.bmfsfj.de/bmfsfj/meta/en/older-persons> (in English): "In September 2015 ... an Independent Advisory Committee for the Reconciliation of Care and Work was set up. (It) addresses matters relating to work-life balance, accompanies the implementation of relevant regulations and discusses their effects. Every 4 years, it submits a report to the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, which may include recommendations for action. In addition to detailed insights and assessments of studies, the report includes recommended action on further developing the topic of "work-life balance".

⁸⁶ Yeandle, S. (2020) Thematic Discussion paper, Peer Review "[Work-Life Balance: promoting gender equality in informal long-term care provision](#)", European Commission, D-G Employment, Social Affairs and Inclusion.

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

107. Employers need to offer support and flexibility for carers. The highly successful employer forum Employers for Carers exemplifies this and many case studies of organisations taking this approach have been produced⁸⁸. Remaining in employment relies on good quality social care support for the person cared for. Without this, maintaining employment can feel impossible. This is the experience of Stuart (carer participating in our discussions) and his family. Because his father-in-law's support was of poor quality and unreliable, his wife left her employment to ensure "consistency and quality" of care, resulting in a significant drop in their household income.

Support to recruit and retain older workers in social care

108. Some care agencies have tried attracting older workers, including those of pensionable age, into the sector by being as flexible as possible, for example offering contracts for one or two days per week or offering employment as a relief worker.

"we would rather have two good days than insist on full time hours" - director of a supported living organisation

109. They again emphasised the importance of pay and people's personal financial circumstances - and were unsure of the impact of taking up work on older people's pension rights as well as grandparenting responsibilities (in the context of increasingly unaffordable childcare).

110. Care managers have found that growing use of technology can be a barrier for older workers, with some leaving because they found it too challenging, despite being offered training and support.

Support to recruit and retain younger workers in social care

111. Arguably, the more pressing question is how to attract and retain younger workers since there is a long term challenge with an ageing workforce and there are not enough younger workers staff coming into the sector.⁸⁹

- Currently, younger care workers are underrepresented in the care workforce.
- The sector has found it difficult to retain young workers - those under 20 years old have the highest turnover rates (42%), and this decreases with age.
- The reasons for this trend aren't clear, although pay is also an influencing factor of

⁸⁷ Cook, M. (2020) Support for employees who combine paid work with unpaid care, Parts 1 to 4, Sustainable Care Policy and Practice Brief, <http://circle.group.shef.ac.uk/sustainable-care-publications/>.

⁸⁸ For examples see part 2 of Yeandle, S. (2017, cited above), co-authored with M. Starr and K. Wilson; also, Yeandle (2020) (cited above), pp. 13-16 which provide examples and further references.

⁸⁹ Skills for Care (2021), [The state of the adult social care sector and workforce in England, 2021](#)

- turnover rates, and younger workers are more likely to be in lower paid roles.
- It might be that younger people take these jobs due to a lack of other choices or as a stopgap, and subsequently don't remain in the sector long term.
112. Reform of the sector is needed so that younger workers see it as a sector where they can develop a rewarding career which also enables them to have a decent standard of living.