



SOCIAL CARE IN CRISIS

TIME TO INSOURCE SOCIAL CARE SERVICES

Executive summary

- For too long, the social care crisis has been ‘the elephant in the room’ that governments have failed to get to grips with.
- The global pandemic and the UK government’s failure to protect social care users and staff have shone a light on the broken system like never before.
- Now it the time for a national debate to take place over the future shape and funding of the social care sector – and Unite is willing to play its part in that conversation.
- The report draws on the experience of hundreds of social care workers from across England, carried out at the beginning of June, as well as ongoing conversations with our lead activists and retired members.
- Those conversations have helped us shape five core themes that need to be in place in order to rebuild the system. The five themes are:
 - **Safe workplaces**
 - **Fair pay**
 - **Fair treatment**
 - **Sustainable funding**
 - **A National Care Service**
- All these themes point to one conclusion, we need a social care system with public provision at its core with a new employment deal for social care workers.
- This guide provides a blueprint for actions that can help make a difference. These include a series of practical actions that local authorities can introduce to improve local social care provision through public provision, insourcing and better contract regulation.

Introduction

"I feel it is sad that it takes a global pandemic for us care workers to even get a flicker of recognition for the work we do. When all this is over, no doubt, we will be back to societal, socio-economic subordination again. If our own employers refuse to pay us well, how can we expect the rest of society to advocate for us? I do the job because I love it, but without that love, it would feel soul destroying."

"I feel completely let down by the government at this time. We are seen as nothing more than disposable people who do not matter at all. The wage we receive for the job we do is a disgrace. I would get more wages stacking shelves in Asda."

Social care has been at the epicentre of the Covid-19 crisis. As has been widely reported a mixture of government negligence and a fragmented privatised system left the service brutally exposed with tragic consequences.

At the time of writing over 30,000 additional people in social care have died this year including several hundred staff. It is likely that the figure is higher still as the numbers who have died at home either through contracting the virus or from unmet need have also risen starkly.

Privatisation and outsourcing of essential public services, including social care was forced through by governments in the 1980 and 1990s, based on their ideological dislike of publicly owned and controlled provision. The same governments talked about dismantling the NHS.

Yet the evidence has shown that for social care users, workers and providers the business model in place is a shambles. It has been clear for over a decade now that something needs to change. The system is fragmented and overwhelmingly privatised with thousands of small, often struggling providers and a handful of large profiteers cutting costs and offshoring public funds at the expense of services. This has been confounded by

demographic change as the post war generation reach old age and austerity cuts that have left the system chronically underfunded, not able to meet care needs and reliant on low pay and exploitative employment practices.

Unite is saying that reform can no longer wait. Major change is needed, and that some change can and must be delivered locally if national government will not.

Unite membership embraces members throughout the public, private and not for profit sectors, including those working in care homes; supported housing and housing associations; adult social care and children's social service. While they work in different settings many of the structural problems within the system are common across all types of providers.

This document sets out the problems that social care workers face and an argument for how local authorities can help to rebuild our vital social care services so that they provide the care and support that our communities expect and deserve. It recognises that a new national settlement is needed to make those services sustainable again as well as boost the pay and employment conditions and safeguard the health of the UK's 1.6 million social care workers.

Safe workplaces

“My employer (higher up, not at office level) has done very little about the covid-19 threat, using our building as a meeting point for people from across the region, refusing to let us wear PPE, sending at risk children to school despite government advice, and threatening staff who have spoken up with being redeployed elsewhere or making them fear for their jobs.”

“We are lucky my home to date has been Covid free. But I do feel we were failed when residents were sent from NHS without a Covid free tested status. This happened twice before we were given face masks.”

It has become abundantly clear that the UK government has failed care workers and service users in their response to the COVID 19 pandemic.

The toll the crisis has put on the service and its staff has been well documented. Death rates in care homes have doubled with 30,000 additional deaths during the Covid-19 crisis¹ and ONS figures show that the Covid-19 death rate for social care staff was more than double that of the general working population during the peak of the crisis in April and May². Amnesty International has reported³ that more than 540 health and social care worker died in England and Wales making our statistics some of the worst in the world.

This scandal has shone a spotlight on the clear failure of government to provide support and protects for care home users and staff alike as well as long term failure to tackle the pre-existing problems the sector faced. Investigations are already taking place into the government’s failure to plan for the crisis; provide a supply of adequate personal protective equipment, funding or resources to care providers; as well as decisions to discharge patients from hospitals without putting in place systems of test and trace to protect residents from infection.

Unite carried out a survey of members working in social care in England during the pandemic, over the first two weeks in June 2020. This was towards the end of the most rigorous lockdown period and the breadth of responses illustrate the broad experience of members.

Several hundred social care workers responded covering all areas of England. Of these 61% were working for private sector employers, 18% for local authorities and 9% from the not for profit sector. 90% had direct in-person contact with social care users. Respondents worked in a variety of settings and roles, but included 19% that worked in a care home, 18% in supported housing, 13% in domiciliary care and 4% in nursing homes.

The experiences highlighted in Unite’s survey point to deep concerns within the workforce about safety during the crisis. It is clear from responses that a substantial minority of employers did not have sufficient protections in place as late as the middle of June 2020.

Nearly 40% (37%) of care workers that responded said that they did not feel safe at work. This was illustrated by a raft of failures to provide adequate protections for workers in many organisations.

Lack of personal protective equipment (PPE) and safe procedures were a key theme. 7.3% of care workers responding said that they have not been provided with any PPE for their job, while a further 15% of care workers have had to buy some of their own PPE. 28% of care workers had not been trained on how to correctly use and store any PPE provided and 19 did not have a safe way to dispose of any disposable PPE. At the same time 30% of care workers did not have access to safe and clean washing facilities while at work.

¹ <https://www.bbc.co.uk/news/uk-53280011>

² <https://www.communitycare.co.uk/2020/06/28/21-social-workers-died-covid-19-show-official-figures/>

³ <https://www.amnesty.org.uk/press-releases/uk-among-highest-covid-19-health-worker-deaths-world>

Testing was also an issue in a significant minority of cases. For example, 10% of care workers reported that they were not able to get a test for Covid 19, while 52% were only able to get tested if they had symptoms. 30% of care workers did not know where to get tested and 23% report that their employers did not have a procedure in place for situations where workers and service users have been found to have Covid 19 symptoms. 20% of care workers were not given guidance on how to stay safe and prevent the spread of the virus (e.g. social distancing). Lastly nearly a fifth of respondents reported that they had to travel to work on public transport in order to provide care.

It is clear from these responses that more needed to be done to protect social care staff and users and that the fragmented nature of the service has led to terrible and in many cases life threatening failure.

Unite is calling for a full investigation into the failures in social care during the pandemic and a national system to be in place to make sure that social care providers have access to the correct PPE and support they need during any future national crisis.

Fair pay

"I get paid £10.35 as a care team manager. £1.05 more than a carer, and I have a level 3 qualifications in health and social care, and administer medication and have a lot more responsibility. My daughter gets paid more than this for working in a shop. It's about time carers with qualifications got paid a decent wage for what they do."

"Social care workers deserve better pay. The private sector pay less. And as a social care worker, you will have to do more than 48 hours a week to reach end meets."

"I work as a mental health support worker in a residential home I have no contract and get £8.72. I bought my own mask and gloves."

"Although my hourly rate is above living wage, I am not paid travelling time. So over the day it probably works out below minimum wage."

There are 1.6 million, mainly women, workers in social care employed across a diverse range of largely private providers characterized by low pay, low skills, under-investment in training and development and high turnover of staff.

Unite and other trade unions continue to stress that employment conditions are simply unacceptable, with underpayment of the National Minimum Wage, low pay for sleep ins and the endemic use of zero hours contracts highlighting how unscrupulous employers have used the UK's relatively weak employment protections to get away with exploiting workers in the sector.

Unite's survey reflects these concerns around the pay of social care workers. 94% of those that responded thought that social care workers were not fairly paid.

Low pay in the social care sector has been a perennial issue for many years now and TUC research has reported that the median hourly rate for a care worker in the independent sector was £8.10 as of February 2019.

In May 2020, using Labour Force Survey data, the TUC found that more than 7 in 10 care workers earned less than £10 an hour. They also report that the proportion of care workers being paid at the wage floor has increased since the introduction of the National Living Wage (NLW), rising from 17 per cent of care workers being paid the minimum rate in March 2016, to 28 per cent in March 2019.

According to the TUC around a quarter (25 per cent) of care workers were paid on or above the Real Living Wage (set by the Living Wage Foundation) in

September 2012, but this figure has slowly fallen to just over 10 per cent by March 2019.

In Unite's survey the figures were higher demonstrating the added value of being a union member but the problem still persisted with 48% of care workers reported being paid less than the Foundation Living Wage, a figure that rose to 60% for those in the private sector.

The social care sector is also beset with staff shortages and high turnover of staff making it crystal clear that something needs to be done to improve the value and status of social care work.

Unite is joining calls for fair pay for social care workers. Workers should receive no less than £10 an hour as a minimum and the sector needs to have decent terms and conditions hardwired within it. That must include the introduction of proper career paths and pay and skills structures into the sector and for social care workers to be covered by a national collective agreement.

The simplest way to achieve this would be to insource the service so that staff can be covered by local authority or NHS collective agreements.

Fair treatment

“Social care workers on zero hours contracts have no employment rights or stability. We should be paid an hourly rate including the time we travel.”

“I’m paid well for contact time with customers, but the company doesn’t pay us for travel time between. So I will earn less than £5 per hour some days. They will take calls out without notice and put long gaps between calls with no reason. I’ve been out for 13-hour shifts and only been paid for 7 hours’ worth of contact time on more than one occasion.”

“I have been told it is my responsibility to get public transport to and from work. I was scared going on two busses to work and back so have been paying for taxis... they would not help with the payment for taxis.”

“Found it difficult needing to shield family members by not going to work, but then not receiving any paysick pay.”

“The company I work for has different rates of pay depending on the local authority. My pay rose from £8.50 to £9.75 per hour at the beginning of May. My hours have fallen drastically over the past two years owing to council care cuts and now because some service users have chosen to suspend their care package during the Covid-19 crisis. I love my job and really dread having to look for something else.”

As with low pay, Unite and other trade unions have continued to raise concerns about non-compliance issues with the national minimum wage within a sector with endemic low pay, and the regular use of precarious employment contracts, exploitation and abuse.

Zero hours contracts and other insecure working arrangements dominate the sector and this means that many care workers do not receive the full and entitled hourly rate of pay over the working day,

such as not being paid for the time between home visits, or receive payments for when they sleep at work. In many cases, this means their pay falls below the legal minimum wage.

Unite survey illustrates the problems that many face. A key theme is long hours with 42% reporting working over 12 hours a day on average, 15% working between 10 to 12 hours. In total 76% of respondents reported working more than 7 hours a day on average.

Another theme was the insecurity of payments with 63% reporting only being paid for the shifts that they work and 21% not paid for travel between clients.

Worryingly during the pandemic, 34% that they are not paid for additional time accrued putting on PPE, disposal and washing. While most worrying of all 37% said that they are not paid if they self-isolate or are off sick. In these latter cases the workers would face a stark choice – go to work and risk contaminating services user or stay at home and have no money to live on.

Such scenarios have no place in a civilised society let alone a decent public service and Unite is saying that things must change.

Unite believes that we need a new employment deal for care staff – a workforce strategy, decent permanent contracts, enhanced training and career progression and new regulation to recognise the skills and value of care staff.

Sustainable funding

“I don’t think people realise what is fully involved in care work. The level of responsibility you have. You support the residents and family at times. Monitor health. The amount of paperwork involved has risen astronomically over the years too. Some care workers are lone workers too, their safety is questionable at times because of the areas they go to or times they go.”

“Social care workers really work hard, but we aren’t being recognized. Even when a service user has the coronavirus we still give them their personal care, oral care, change their pads and clothing. We are always in face to face contact with our customers, Since this epidemic started we check on our clients every hour making sure that they are fully hydrated. We are well trained to administer medications and sometimes do dressings, so why are we being treated differently from NHS staffs?”

The crisis has put huge additional strains on care providers and local authorities. A report commissioned by the LGA and ADASS from LaingBuisson⁴ calculated that the provider sector will face more than £6.6bn extra costs by the end of September through high-cost PPE, additional staffing and deep cleans. ADASS reports however that to-date adult social care has only had access to approximately half the £3.2bn emergency fund provided by the Government to councils to support the whole pandemic response, plus an additional £600m for infection control – total £2.2bn.

Councils have had to continue to pay for day and community services during closure so that the providers remain sustainable which ADASS calculates has led to an overall loss of income of a minimum of £190m. If this loss of income is added to other costs for councils including from the loss of other commercial income streams, administrating

the added support for vulnerable communities and protections for other services such as refuse, recycling and cemetery services the costs mount up considerably. In many cases councils are being forced to look at providing only statutory minimum requirements for social care services, thereby reducing support to people in need.

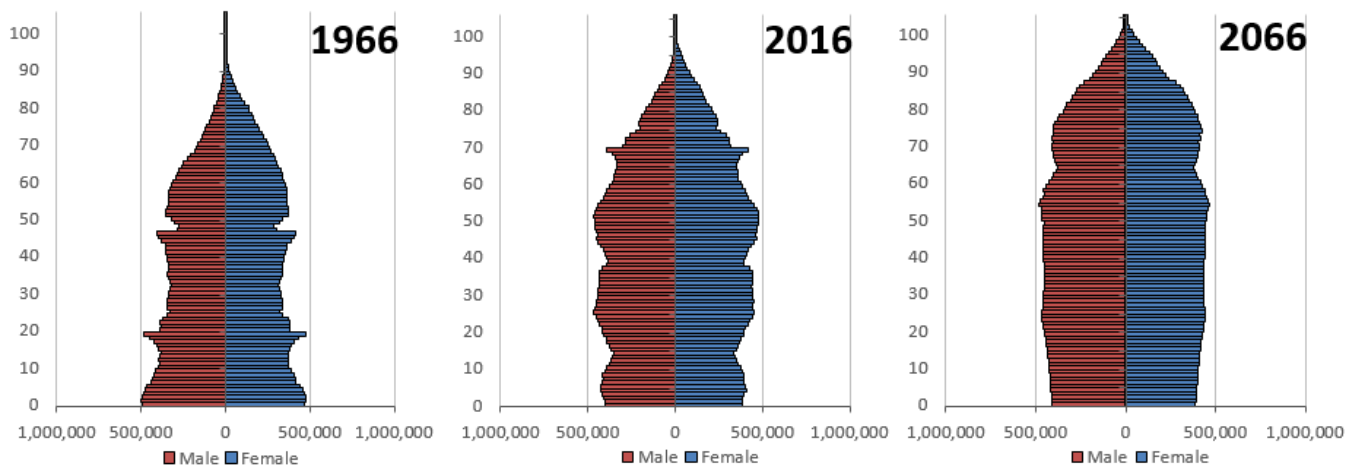
The social care crisis, however, long predates the current pandemic. Adult social care was already in crisis before the pandemic – a fact that has long been highlighted by unions, service users, MPs and organisations such as ADASS, the Kings Fund, NHS bodies, national charities.

Demographic change has placed growing pressures on the social care service from an aging population which has led to an increased number of people relying on social care services or expected to in the coming years.

⁴ Reported here: <https://www.adass.org.uk/media/7973/no-embargo-adass-budget-survey-report.pdf>

Population pyramids, 1966, 2016 and 2066 (principal projection), UK

Source: ONS 2018⁵



This increased demand for services have coincided with the UK government unleashing a huge programme of public service cuts from 2010 onwards.

According to the Local Government Association (LGA), local councils has faced the brunt of the cuts to public spending, with councils having lost 60p out of every £1 between 2010 and 2020⁶. In the run up to last December's election the LGA⁷, Institute for Fiscal Studies (IFS)⁸ and TUC⁹ all forecast huge multibillion-pound funding gaps over the next 5 years.

Rather than falling on the those "with the broadest shoulders" austerity cuts have been largely targeted at the poorest areas of the country¹⁰, with nine of the ten most deprived councils in the country have seen cuts of almost three times the national

average. Many of these councils have had to scale back the social care services they can provide leading to growing levels of unmet need.

In November 2019, before the Covid-19 crisis, the Health Foundation predicted that in order to restore social care access just to 2010/11 levels of service and increase social care pay it would require total spending of £31.8bn by 2023/24: £12.2bn more than current spending power projections¹¹.

They and many others have argued that to meaningfully tackle the social care crisis a much more significant long-term funding solution is needed.

Unite is demanding more funding from central government to plug the funding gap, and an end to the waste and profit seeking that is endemic in the fragmented service.

⁵ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13>

⁶ <https://www.local.gov.uk/parliament/briefings-and-responses/lga-briefing-debate-local-government-funding-house-commons>

⁷ <https://www.local.gov.uk/about/news/response-ifs-report-spending-review>

⁸ <https://www.ifs.org.uk/publications/14563>

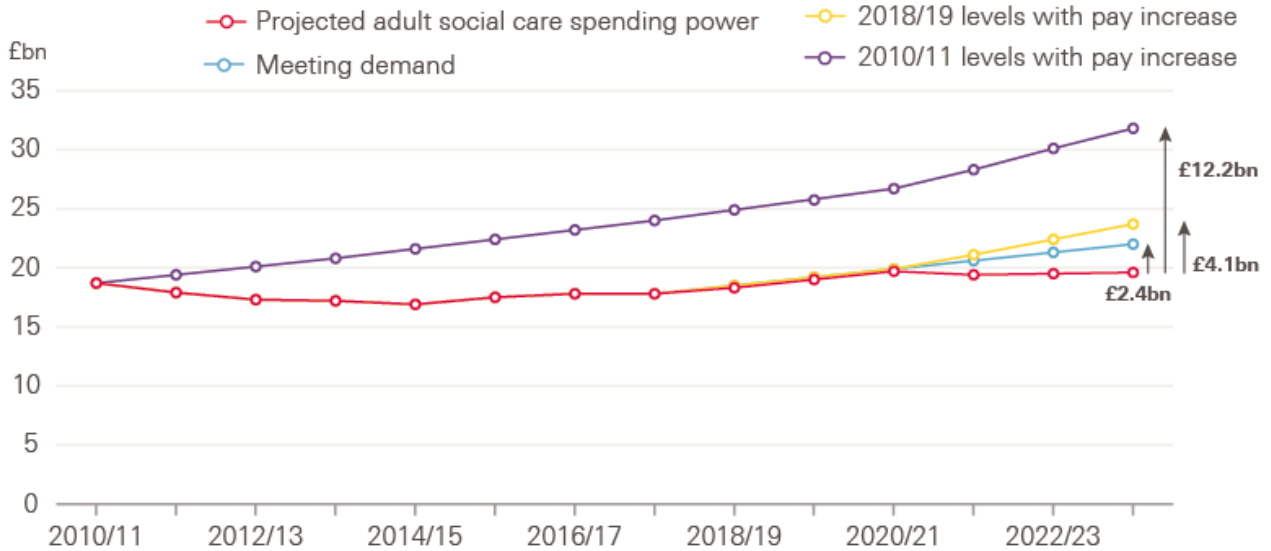
⁹ <https://www.tuc.org.uk/research-analysis/reports/councils-crisis>

¹⁰ <https://www.ifs.org.uk/uploads/publications/comms/R121.pdf>

¹¹ <https://www.health.org.uk/publications/long-reads/health-and-social-care-funding>

Social care funding gap by 2023/24

Compared with additional spending to meet projected demand pressures and increase staff pay



The Health Foundation
© 2019

Source: Health Foundation analysis of NHS Digital, Adult Social Care Activity and Finance 2018-19
Note: all figures used to produce this chart are in real terms at 2019/20 prices

A National Care Service

“Ever since the mid 80’s and privatisation, it has been downhill for those in residential childcare. They managed to break collective bargaining and reduce union representation to individual protection-as opposed to collective strength.”

“Social care workers are not paid enough, but very often that is because the agency/provider that they work for take the profits and don’t pay the workers a fair wage, rather than local authorities or private funders not paying enough.”

It must be recognised that the root cause of this current crisis are the policies of the 1980s and 1990s that unleashed three decades of privatisation in social care.

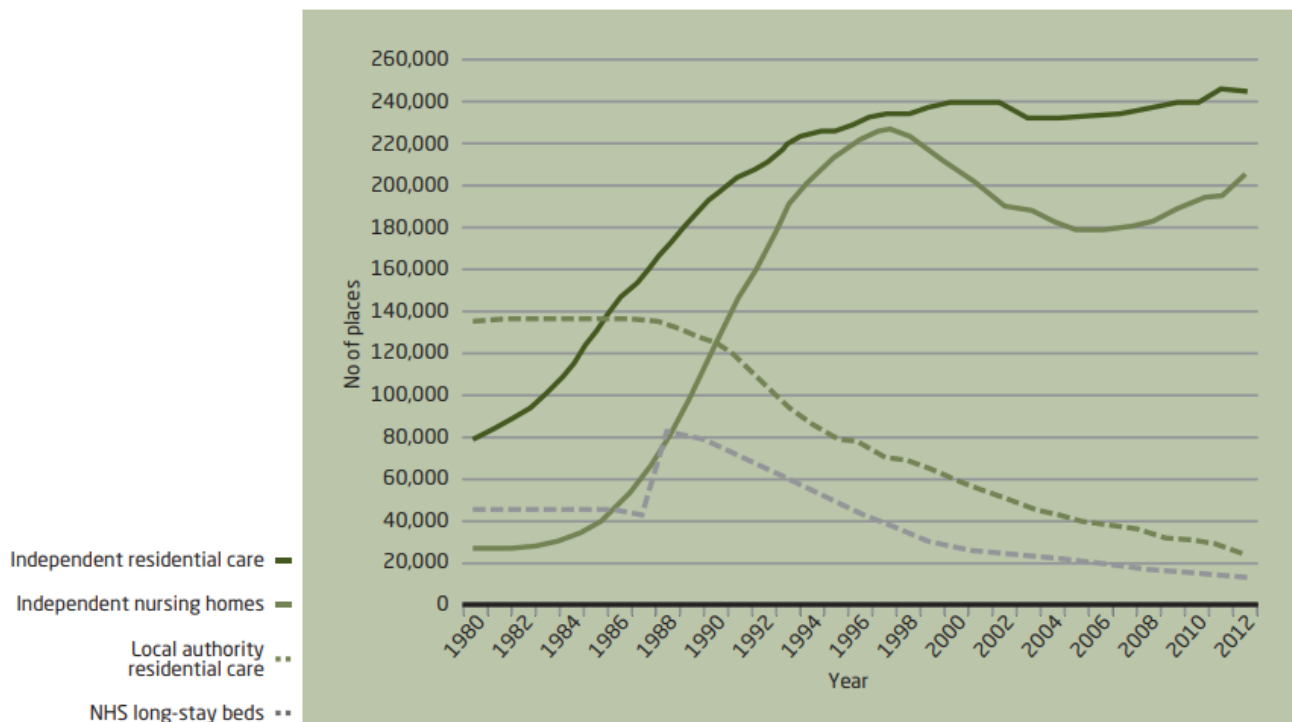
Throughout the 1980s Tory government policy led to the availability of social security funding for care home placements without any kind of needs assessment. This stimulated massive growth in private sector provision and prompted many local authorities to privatise provision in order to take advantage of favourable funding arrangements. This rapid and large-scale expansion of private provision was largely unmanaged and unaccompanied by any

significant debate about the role of private providers in public services.

The results are clear to see. In 1979, 64% of residential and nursing home beds were still provided by local authorities or the NHS; by 2012 it was 6%. In the case of domiciliary care, 95% was directly provided by local authorities as late as 1993; by 2012 it was just 11%.

The introduction of needs assessments and changes in funding by community care introduced in the early 1990s saw places contract cemented the role of the independent providers as the biggest

Trends in local authority, independent and NHS care provision: number of places 1980–2012¹²



Note: Surge in NHS places in 1988 is due to Korner classification changes
Source: Laing & Buisson (2013)

The sector is now characterised by a multiplicity of fragmented, competing providers. The care home sector supports around 410,000 residents across 11,300 homes from 5500 different providers. The situation in home care is even more diverse with almost 900,000 people receiving help from over 10,000 regulated providers. Nor is it any longer the case that the state is even the dominant commissioner of these services – the privatisation of care alongside tighter access to local-authority-funded care has resulted in a large growth of self-funding ‘customers’.

While many providers are small providers of care a handful of major providers dominate major parts of

the market. In 2019, IPPR research found that nearly one-fifth of the sector is taken up by the big five providers, three of which are private equity funded¹³. Such firms often rely on high levels of borrowing, complicated corporate structures, instability and cost-cutting measures such as tax avoidance and low staff pay.

This fragmented and privatised service does not serve service users, staff or the public purse.

Unite is backing the call for a properly funded, integrated National Care Service that provides universal social care for those who need it and is publicly provided at its core.

¹² Reproduced by the Kings Fund in this report from May 2013: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_summary/social-care-funding-paper-may13.pdf
¹³ <https://www.ippr.org/files/2019-09/who-cares-financialisation-in-social-care-2-.pdf>

If the government does not act – local councils should

Unite believes that if social care providers are unable to keep service users and staff safe and well treated there is a strong case to bring these services into public ownership.

Unite launched a national campaign in November to push councils to bring services back in-house which included a step by step guide to how it can be done¹⁴.

Unite's guide draws on a wide range of research that shows that bringing services in-house means better quality services, reduced risk, lower costs, greater public support and accountability, more flexible services and better jobs, terms and condition.

Key to bringing services inhouse are the following steps:

- **Introduce an insourcing first policy for all services the council is responsible for.** This means that the default position should be that the council should deliver the service unless there are good service reasons why that can not be the case (such as independent legal and advice services).
- **Introduce a rolling calendar review of all outsourced council funded services.** If the council has contracted out social care services these need to be audited and the contracts reviewed on an on-going basis.
- **Ethical procurement standards.** All local authority funding, grants and contracts should be subject to an ethical procurement standard that places enforceable conditions on providers to meet high service, employment and ethical standards including union recognition and access. This will support workers in the private and not for profit sectors to improve their services, pay and conditions.
- **Consideration to how much council social care funding is going to house people in independent providers.** Part of the review is to consider how much council administered funding is being given to for profit providers. Is this the best use of these funds or can the council seek to invest to provide alternative provision in-house or buy these providers?
- **End contracts for failing services.** Many social care services are failing, particularly during the pandemic. This provides councils with the opportunity to end contracts early or buy up failing care homes in the private sector. There are many scenarios including providers going bust or seeking to exit the service, failures to deliver on the contracts service or the use of force majeure clauses particularly in care services where clear failures in safety have occurred.
- **Open the books.** Government procurement guidance¹⁵ during the pandemic has allowed local authorities to provide additional assistance to contracted service providers to keep them afloat. To qualify for this supplier relief "suppliers should agree to act on an open book basis and make cost data available to the contracting authority during this period." This allows councils to fully understand whether they are receiving value for money from suppliers or whether there is a strong case for insourcing the service and delivering it directly.
- **Investment in the services.** The Public Works Loan Board can provide loans at much less than the market rate and this allows local authorities to invest in infrastructure to deliver services in-house. If councils believe that their residents can be better served by public social care provision they can invest to provide alternative better quality provision for their communities.
- **Involve staff and their unions.** Trade union and workforce involvement in insourcing discussions are essential. By talking to the workforce directly councils can make the best decisions about how to improve services including how to bring services in-house.

¹⁴ <https://unitetheunion.org/media/3370/insourcing-guide-las.pdf>

¹⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874178/PPN_02_20_Supplier_Relief_due_to_Covid19.pdf and updated in June 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891154/PPN_04_20-_Recovery_and_Transition_from_COVID-19.pdf



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