

Good Work in adult social care: why we need it, what it would look like and how we can achieve it

ReWAGE Policy Brief

Labour shortages have worsened since Brexit and the Covid-19 pandemic and have only recently begun to drop, largely due to changes in the rules for international recruitment. These shortages have resulted in unmet care needs including delays in the acute care system as patients cannot be discharged from hospitals due to lack of community care facilities. Such problems negatively impact service users' quality of care. The wellbeing of the workforce has also suffered where provider organisations are short-staffed over an extended period of time.

If nothing changes, labour shortages are likely to increase over the next decade as the need for social care workers is projected to grow substantially¹, largely due to an ageing population creating greater demand. Adequately funded, high quality adult social care can have a hugely positive impact in supporting the lives of service users and their families.

This policy brief argues for measures to be taken now to help increase and maintain the labour supply over time through good quality jobs in order to prepare for greater demand in the future. It also outlines levers for action. It draws on the more detailed ReWAGE evidence paper on adult social care.²

Main recommendations:

- Increase the wages for care workers relative to other low paid occupations and restore pay differentials between care workers and senior care workers to incentivise progression.
- Improve sick pay arrangements for social care workers to secure a decent living during periods of illness.
- Parallel to wage increases, improve working conditions and continue to support the mental health and wellbeing of the social care workforce.
- Support training and career development to help make jobs in social care more attractive.
- Create and support more effective and inclusive voice channels for the social care workforce.

¹ https://www.nfer.ac.uk/media/wukhabou/working_paper_2a_baseline-report.pdf;
<https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2023.pdf>.

² add link to the evidence paper once published

The adult social care sector

The adult social care sector comprises an estimated 1.8m jobs in the UK, representing 6% of the overall workforce³, with most of the sector's workforce being women. Despite its lesser public visibility, the social care workforce is in fact slightly larger than the NHS workforce, although it represents a narrower range of occupational groups.⁴

Over the last 30 years, marketisation and privatisation have led to most care services being provided by private and voluntary organisations, ranging from large (multi)national or regional providers to small and medium sized employers (SMEs). As a result the sector is highly fragmented. Local authorities commission care services from private and voluntary providers, and largely determine the terms and conditions of the contracts and, through these contracts, the terms and conditions of the workforce delivering these services. Local authorities rely on funding from central government which has significantly reduced since 2010 affecting these terms and conditions. Social care policy has been devolved since the late 1990s and different models of care have developed in the devolved nations.

Underlying principles

In a labour-intensive sector the quality of care has been negatively impacted by workforce shortages and staff turnover.⁵ These shortages are largely due to the erosion of wages and working conditions which are now uncompetitive and unsustainable, impacting recruitment and retention.

The provision of high-quality care requires better quality jobs. Greater value needs to be attached to social care work, reflected in better pay and conditions of employment. For these improvements to happen consideration needs to be given to social care achieving parity with the NHS, which requires a renewed political commitment to better financial resourcing. Social dialogue involving employers, trade unions and government can help create good quality jobs.

What is Good Work?

The UK Government's 2017 Taylor Review⁶ argued that "All work in the UK economy should be fair and decent with realistic scope for development and fulfilment." Following this Review, a new standard set of measures was developed for the UK to evaluate and report job quality, or 'Good Work'.⁷ Similar initiatives have occurred across the devolved

³ <https://www.skillsforcare.org.uk/resources/documents/About-us/SfCD/Economic-value-of-the-adult-social-care-sector-UK.pdf>.

⁴ Despite the size of the adult social care workforce most of the care is provided by unpaid carers, with a new study putting an annual value of £162bn on the services they provide in England and Wales ([Carers UK, 2023](#)).

⁵ <https://www.adass.org.uk/adass-spring-survey-2023-final-report-and-press-release>;
<https://www.cqc.org.uk/publications/major-report/state-care>;
https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2608247;
<https://pubmed.ncbi.nlm.nih.gov/33470916/>.

⁶ <https://assets.publishing.service.gov.uk/media/5a82dcfce5274a2e87dc35a4/good-work-taylor-review-modern-working-practices-rg.pdf>.

⁷ Office for National Statistics (2022) Job quality in the UK – analysis of job quality indicators: 2021; Fair Work Convention (no date): The Fair Work Dimensions. Available [here](#).

nations, with Scotland and Wales developing ‘Fair Work’ and Northern Ireland ‘good jobs’ policies. There is a strong overlap with the standard measures.⁸

Key features of these metrics include: pay; types of employment contract; work intensity; skills, training and development/progression; and employee voice at work. This policy brief focuses on these aspects of job quality as levers to help achieve Good Work in the adult social care sector.

Wages

The evidence shows that:

- Care workers’ pay has declined relative to other low paid occupations over many years, including in retail, which offers higher pay for less responsibility. This decline has a knock-on effect on recruitment and retention in social care.
- Employers have absorbed rising labour costs from increases in the National Minimum Wage (NMW) and the National Living Wage (NLW) by reducing pay differentials between care workers and senior care workers, which undervalues care workers’ skills and responsibilities and disincentivises career progression.
- Over the past two years real wages in care jobs have fallen, leading to hardships among care workers.
- The increased workload during the Covid-19 pandemic alongside fear for their own health and that of their families has impacted on the mental health of the adult social care workforce.

Low pay is one of the key factors impacting recruitment and retention in the social care sector. There is a need to increase the wages for care workers relative to other low paid occupations and to restore pay differentials. The current labour shortage is not resolvable without a relative wage correction which needs to exceed the historical erosion.

Sick pay for social care workers also needs to be improved since the statutory rate of £116.75 per week is insufficient to secure a decent living during periods of illness. There is recent evidence from Scotland that sick pay is not paid to all particularly during the first 6 months of employment.⁹

In the medium term building the institutional processes (and financial resourcing) is needed to ensure parity between comparable care services in the NHS and social care sectors, including parity of recognition and pay. Pay increases cannot be achieved without increased public funding to enable local authorities to raise the fees payable to providers of care services and for procurement contracts to be designed to ensure that providers pass on higher fees as higher wages to their care workforce.

Employment contracts and working conditions

Care work is rewarding and useful work. It helps service users to lead safe, meaningful and, where possible, independent lives. At the same time, it can be physically hard and

⁸ See, for example, Zemanik, M. (2020) *Working Lives Scotland*, London: CIPD; in June 2024, the Northern Ireland Executive adopted the Good Work measures.

⁹ Cunningham, I., Baluch, A., Nikolova, M. and James, P. (2023) *Benchmarking Pay and Conditions, 2022*. Coalition of Care and Support Providers Scotland.

emotionally challenging. Instead of recognising and valuing care work, the UK system has exacerbated the challenges care workers face by creating insecure employment and poor working conditions.

Providers of domiciliary care must respond to fluctuating periods of high and low demand during the day, but rather than attempt to smooth out work over regular schedules of part-time and full-time hours, the sector is characterised by an excessive use of precarious employment contracts. Compared to other sectors there is an above average use of zero-hours contracts, which has become the dominant contractual arrangement in domiciliary care. While such contracts offer flexibility for some staff to juggle work with family and other responsibilities, they do not offer guaranteed income and/or working hours and can impact care workers' financial security and ability to plan. There are no easy, ready-made solutions to decrease the extent of zero-hours contracts. However, moving to offer minimum guaranteed hours or a contract clause to increase hours if demand has increased if agreeable to both employers and employees or offering notice and/or compensation for cancelled shifts are among possible first steps. There is also scope for exploring innovative solutions and learning from other sectors and international practice.

Working conditions can suffer when owners and investors are seeking to drive up profits. This is a growing problem associated in part with the largely unregulated and growing presence of private equity funds in the sector.

Ethnic minority workers, a significant element of the care workforce, more often experience poorer working conditions than their white counterparts, as they are more often on zero-hours contracts, are less aware and assertive of their rights and are more affected by abuse at work, such as verbal abuse, bullying or threats.

There is some evidence of an increased risk of non-compliance with minimum employment standards in the social care sector following the rise in visas for care workers as they have become eligible for the Skilled Worker route.

The increased workload during the Covid-19 pandemic alongside the fear for their own health and that of their families has impacted on the mental health of the adult social care workforce and there continues to be a need to support mental health in this sector.

Skills, training and development

Care work is often viewed as a low skilled job performed predominantly by women drawing on 'innate' skills developed in the domestic context. The reality is different; it requires a range of (specialised) skills to meet the needs of service users and to manage, at times, sensitive and challenging social interactions. There is a need to formally upskill the workforce to provide quality of care and to meet new and increasing care and clinical demands as well as to develop or improve digital skills as digital technology is being used more widely in social care.

The level and the quality of training in the social care sector is patchy and limited, with key challenges including:

- Flat hierarchical structures, with limited career development opportunities.



- Limited funds for training and a focus on prioritising training for regulated professions, narrowing the scope for and capacity to train other social care occupations.
- A lack of a training infrastructure among SME providers dominating the social care sector as they are unable to resource support.
- A decline in new apprenticeship starts in social care with the introduction of the apprenticeship levy making it more complex for SMEs to access the levy.
- Workforce difficulties engaging with the further and higher education component of the apprenticeship in the absence of recent or developed study skills.
- Uneven training offers, with some providers implementing a low-cost; less robust alternative training with possible implications for care quality.
- Investment in training being faced with the risk to social care employers of losing their staff to other care providers, particularly the NHS.

Focused on England, the then UK Government took steps to address some of these challenges by earmarking £250m (initially £500m) for the development of a new Knowledge and Skills Framework. In 2024, it published a four-step career structure for social care (new carer, carer or support worker, supervisor or leader and practice leader) alongside the knowledge and skills requirements for each role with details on managerial and other roles to follow.

To support the training of the care workforce it needs: more shared training between the health and social care sector; provision of support for the broader development of the training infrastructure through the Integrated Care System (ICS) including continued support for apprenticeship training (including backfill costs) through ICS; and the transfer of the apprenticeship levy to SMEs.

Social dialogue and worker voice

Social dialogue can support the voices of employees. While local authorities engage with trade unions doing so is not common in the private and voluntary sector, which provide the bulk of adult care services. Traditionally trade unions find it difficult to engage with most of these organisations and to recruit new members in them. They face challenges in contacting and recruiting part-time care workers on fragmented shifts working in people's homes. Limited information exists about the extent of direct, pro-social forms of voice in social care.

There is thus a need for more effective and inclusive voice channels for the social care workforce. As part of its Fair Work initiative, Scotland is currently exploring the introduction of sector wide bargaining in social care. The new UK Government is keen to ensure trade unions can access workplaces. The evidence from other countries suggests that sectoral bargaining can improve wages (especially by establishing improved pay progression) and bolster workers' experience of fulfilment and dignity at work. While it is not an easy undertaking, it is an innovative strategy and deserves evaluation of its outcomes in order to assess the potential for transferability to other UK countries.

Conclusion

While recruitment issues have slightly eased through opening the visa route to care workers from 2022, ethical international recruitment can only play a partial role in addressing recruitment issues. Higher wages, including pay progression opportunities and a wage premium above competing sectors, such as hospitality and retail, and better working conditions and training are urgently needed. This would establish a more sustainable solution to recruitment and retention issues in adult social care, and help to create good quality jobs.

Faced with significant short-term challenges and a looming long-term collapse if nothing is done, there is an urgent need to i) agree a major new public funding settlement, ii) establish commitments from the main actors to put Good Work (and its equivalents across the UK) at the centre of the new investment and iii) encourage new thinking about the role of trade unions, employers' associations and local government in guiding a continuous process of monitoring, learning and reform. Such action needs to be predicated on workforce planning which may be challenging in a highly fragmented sector. It does, however, need to be an aspirational goal to help meet the projected growth in demand for care workers and the pressures to improve quality of care. The work of the Integrated Care Partnerships in England may be able to support this endeavour.

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About ReWAGE

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