

Social care and gender

Briefing for a new government



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A briefing from the UK Women's Budget Group – 2024

Summary

The crisis in care is a longstanding one, predating both the pandemic and the financial crash, that now requires urgent reform.

Needs have increased in recent years, with the proportion of the working-age population reporting a disability rising from 16% in 2011/12 to 23% in 2021/22. The impacts are not equally distributed: in most deprived areas, people are expected to enjoy *two decades less* in good health than their counterparts in the least deprived areas.

The care workforce faces pressing challenges. Low and insecure pay and conditions; lack of appropriate career progression and adequate training to meet caring needs contribute to a high turnover and large number of vacancies in the sector.

There are around five million unpaid carers in England and Wales. The majority are women. Unpaid carers struggle managing paid work with unpaid, facing significant financial strain which is exacerbated by the cost of living crisis. Carers Allowance is only £81.90 per week, with a cliff-edge earnings limit.

Recommendations

WBG proposes a high-quality universal care service in which:

- Care provided would be of high quality, built on establishing and maintaining consistent relationships, as well as enhancing capabilities. People's needs, including complex needs, would be met in a way which supports wellbeing, prioritises dignity and ensures self-determination.
- A comprehensive workforce strategy addresses major retention, turnover and lack of career and pay progression.
- The choice to provide unpaid care by carers would be supported by benefits which are adequate, accessible and does not disproportionately penalise carers for undertaking some paid work to supplement their income.
- Care workers would be appropriately trained to meet diverse and complex needs and paid accordingly.

Investment in social care, a wider definition of needs and improved quality would stimulate the economy, create jobs (including within the social care sector), lead to higher take-up of social care and reduce ill-health among paid and unpaid carers.

Social care in long-term crisis

Even before the financial crash in 2008, social care was already in poor shape and increasingly being delivered by the private sector. This was combined with significant underfunding and lack of government attention to key issues, such as, increasing numbers of people with unmet needs; many struggling with catastrophic costs for care: an underpaid and undervalued care workforce; and unsustainable demands being put on unpaid carers¹.

Austerity and the COVID-19 pandemic put even more pressure in the social care system, deepening its long-term crisis.

In addition, while the duty to provide social care provision is devolved to local authorities, only a limited amount of the social care budget can be spent on their own provision. This creates considerable constraints. Changes in regional and income-based inequalities in healthy life expectancy has also meant that the poorest local authorities have been the ones grappling with the greatest social care needs - yet insufficiently supported by central government funding in meeting those needs.

The impact of austerity

Austerity measures implemented by the post-2010 Coalition and Conservative governments only exacerbated the problems in social care. Funding from central government to local authorities in

England was halved over the decade with an estimated loss of £8 billion to fund their key services, including social care².

Research also shows that austerity has had a detrimental impact on life expectancy (failing to increase), and life expectancy falling for women in the 10% of poorest areas.³ Yet such local authorities were the least likely to have the funds to provide them with the care they need.

Social care is not only an issue concerning elderly people. At the same time as the needs among people aged over 65 years grew, the percentage of the working-age population reporting a disability increased from 16% in 2011/12 to 23% in 2021/22⁴. Many local authorities now spend more on social care for this group than they do for older people, with the needs of working-age people accounting for 64% of the demographic pressures on adult social care budgets in 2020/21 compared with 58% in 2019/20⁵.

The decade of cuts in social care and public health care budgets also meant that the system could not effectively meet the challenges presented by the pandemic. Delayed discharges from hospital due to lack of social care capacity reduced bed spaces and increased pressure on the NHS⁶.

Poor employment conditions also had devastating consequences for care workers who were twice as likely to die from Covid-19 than non-key workers; Black, Asian and minority ethnic care workers were particularly at increased risk⁷.

¹ See Derek Wanless (2006) Social Care Review (<https://bit.ly/3aVRoVS>) and eg WBG (2021) Social care, Covid-19 and gender: pre budget briefing from the UK Women's Budget Group (<https://bit.ly/2XpXx9Q>)

² LGA (2019) LGA briefing - debate on local government funding (<https://bit.ly/37GUSeh>)

³ Institute of Health Equity: *Health Equity In England: The Marmot Review 10 Years On* <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf>

⁴ DWP (2023) [Family Resources Survey financial year 2021 to 2022 - disability](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/family-resources-survey-financial-year-2021-to-2022-disability).

⁵ ADASS (2020) ADASS budget survey 2020 (<https://bit.ly/3pLl0sP>)

⁶ House of Commons Select Committee on Health and Social Care (2020) Social Care: funding and workforce inquiry, HC206 (<https://bit.ly/35UwAwy>)

⁷ ONS (2020) Coronavirus (COVID-19) related deaths by occupation, England and Wales: deaths registered between 9 March and 25 May 2020 (<https://bit.ly/3kPZHp0>)

Workforce: poor pay, deskilling and retention challenges

Addressing issues in the care workforce is one of the most pressing challenges facing the sector. The care workforce is predominantly female. In 2022/23, women made up 81% of the 1.17 million people working in social care⁸. The adult social care sector workforce is widely affected by insecure work conditions, high turnover, little investment in training, and low pay.

Care worker median pay per hour was £10.34 in the independent sector in 2022/23. This below the rate of the 20th percentile of £11.54 (i.e. 80% of jobs pay more than this)⁹. More than a fifth (22%) of the adult social care workforce has a zero-hours contract, versus a 3.4% in the wider economy¹⁰.

Training

Despite the complex needs of many care residents, there has been little investment in health care training and limited levels of professionalisation in care work¹¹.

52% of those with a direct care role do not have relevant social care qualifications in 2022/23, although the majority had completed some type of training and/or engaged with care certificate¹².

Nursing expertise within the residential care sector has been reduced in other ways. In 2012, when the required earnings threshold for non-EU migrant nurses was raised to £30,000, residential care and nursing-home owners subsequently reduced their employment of qualified health professionals.

By 2019, the number of nurses employed in nursing or residential homes had fallen by 20% (10,000)¹³.

The lack of investment in adequate training to meet complex needs and the deskilling of the workforce raises grave concerns about the quality of care in the social care sector and within care homes.

Turnover and vacancies

Turnover in the sector is high, particularly among directly-employed care workers where rates were at 28.3% in 2022/23¹⁴. This is not surprising given the consistent undervaluing and deskilling of care work.

The vacancy rate is 9.9%, with 152,000 vacant posts in 2022/23¹⁵.

Workforce shortages are only likely to increase. Just to keep pace with the growing numbers of those over the age of 65 years, the social care workforce will have to grow by 580,000 by 2035. In addition, social care services are needed by a growing number of adults of working age. If the sector is to become more attractive to workers, it must dedicate substantial and long-term investment to improve the poor pay and conditions that currently lead to low levels of staff recruitment and retention.

Opportunities for development and progression must be improved, with analysis of 2022/23 workforce data showing that on average care

⁸ Skills for Care (2023) [The State of the Adult Social Care Sector and Workforce in England](#)

⁹ Skills for Care (2023) [The State of the Adult Social Care Sector and Workforce in England](#)

¹⁰ Skills for Care (2023) [The State of the Adult Social Care Sector and Workforce in England](#)

¹¹ Skills for Care (2023) [The State of the Adult Social Care Sector and Workforce in England](#)

¹² Skills for Care (2023) [The State of the Adult Social Care Sector and Workforce in England](#)

¹³ Royal college of Nursing (2020) Evidence to Public Accounts Committee HC405 (<https://bit.ly/36YeCso>)

¹⁴ Skills for Care (2023) [The State of the Adult Social Care Sector and Workforce in England](#)

¹⁵ Skills for Care (2023) [The State of the Adult Social Care Sector and Workforce in England](#)

workers with five years' (or more) experience in the sector are paid just 33 pence more than care workers with less than one year of experience¹⁶.

This conclusion is shared by the House of Commons Public Accounts Select committee and the Health and Social Care Select committee.¹⁷

Critical issues such as pay, progression, training, retention and staff shortages must be addressed in a comprehensive workforce strategy.

The care workforce and immigration reform

New immigration rules that came into effect on 1st January 2021 meant that care workers could not come to the UK to take up caring roles due to minimum income requirements¹⁸. However, in February 2022, care workers were added to the occupation shortage list and the Health and Care worker visa route, with a lower income requirement (~£23,200).

It has been estimated that 70,000 people arrived to take up direct care roles the independent sector in the UK between March 2022 and March 2023¹⁹.

Many of those workers are at risk of exploitation, receiving much lower wages than they were promised, enduring exhausting work hours, and falling into debt with recruitment agencies²⁰.

From March 2024, care workers will not be allowed to bring dependants with them²¹. There is serious concern that this policy will reduce the

number of care workers coming to the UK and increase the number of vacancies in the sector.

Unpaid carers

According to 2021 Census data, there are around 5 million unpaid carers in England and Wales.²²

The majority of carers – 3 million – are women.

Evidence from Carers UK survey found that 75% of unpaid carers worry about juggling work and care and nearly a third (30%) report poor mental health²³.

Research conducted by the University of Sheffield and the Chartered Institute of Personnel and Development (CIPD) prior to the onset of Covid-19 found one in four carers in paid work were thinking of giving up paid employment because of inadequate support from employers²⁴.

To make things worse, Carers Allowance - to which another family member, partner or close friend aged below retirement age may be entitled to (£81.90 per week in 2024/25) is wholly inadequate and beset with problems.

Carers Allowance was designed to give financial recognition to the fact that a carer may not be able to work full time, yet it remains among the lowest benefit in the social security system.

It is restricted to those providing at least 35 hours of care/week and earning less than £151/week.

¹⁶ Skills for Care (2023) [The State of the Adult Social Care Sector and Workforce in England](#)

¹⁷ House of Commons, Public Accounts Committee (2020) Readyng the NHS and Social Care for the COVID-19 peak, HC405 (<https://bit.ly/3nl0REB>); House of Commons Select Committee on Health and Social Care (2020) Social Care: funding and workforce inquiry, HC206 (<https://bit.ly/35UjAwj>)

¹⁸ Skills for Care (2023) [The State of the Adult Social Care Sector and Workforce in England](#)

¹⁹ Skills for Care (2023) [The State of the Adult Social Care Sector and Workforce in England](#)

²⁰ Citizens Advice (2024) [How work visa design is driving exploitation of migrant care workers](#); D. Neal (2024) [An inspection of the immigration system as it relates to the social care sector](#).

²¹ GOV.UK [Health and Care Worker visa](#)

²² ONS (2023) Unpaid care by age, sex and deprivation, England and Wales: Census 2021 (<https://bit.ly/3KyRSVf>)

²³ Carers UK (2022) State of Caring 2022 (<https://bit.ly/3XZLM31>)

²⁴ CIPD (2020) Supporting working carers (<https://bit.ly/2IPkCuZ>)

In addition, Carers Allowance depends on the benefits received by the person being cared for. In 2022-23 over 1.3 million unpaid carers were deemed to be *entitled* to claim Carers Allowance, but nearly 30% were *ineligible* for a payment because of complex interactions with the disability benefits received by the person being cared for and/or other benefits received by themselves or another member of the household.

In the most recent Carers UK survey, 96% of unpaid carers said that the rising cost of living is one of the main challenges they will face over the coming year. 34% of unpaid carers have had to cut back on essentials, such as food and heating²⁵.

When this is combined with the raising of women's State Pension Age to 66 years, more older carers end up exposed to poverty and ill health.²⁶

Recommendations: a high-quality universal care service

Given the absence of clear plans for fixing the social care system, we outline below our proposal, developed with the New Economics Foundation, for a free universal high-quality social care system.

Meeting the multiple and complex needs of everyone that requires care, as outlined in the Care Act 2014, cannot be done through cost-cutting reform. It requires significant investment to create a high-quality universal service.

We propose a new high-quality universal care service with the following features:²⁷

- People's needs would be met in a way which supports wellbeing, prioritises dignity and

ensures self-determination. This means going beyond a focus on personal care to cover other activities of daily life including buying and preparing food, maintaining relationships and taking part in the life of the community.

- Care provided would be of high quality and focused on enhancing capabilities. This requires a well-trained workforce with decent pay and conditions. Better rates of pay and improved conditions would also reduce high turnover in the sector, which also impact on the quality of care.
- The provision of unpaid care would be genuinely voluntary, improving the lives of millions of unpaid carers currently facing high levels of stress, difficulties staying in paid work and at increased risk of poverty. Increased formal care services could provide unpaid carers some respite from caring activities, and the need to be continuously present.

A universal care service would begin with a set of measures that are implementable in the short term:

- Making the provision of social care universally free at the point of need, with no means test.
- Improving working conditions, including introducing a sector minimum wage in line with the Real Living Wage.

²⁵ Carers UK (2023) [State of Caring Survey 2023 - The impact of caring on: finances.](#)

²⁶ Carrino, L. Glaser, K. and Avendano M. (2020) Later retirement, job strain, and health: Evidence from the new State Pension age in the United Kingdom, *Health Economics* 29 (8), 891-912

²⁷ WBG and NEF (2022) Universal quality social care – transforming adult social care in England (<https://bit.ly/3tOLBad>)

- Widening the availability of social care to all those who meet national eligibility criteria as set out in the Care Act²⁸.

It would then move towards:

- Widening the availability of social care further, by expanding eligibility criteria to include people with more moderate care needs, investing in preventing their conditions getting worse; and
- Improving care quality by providing better training for all social care workers and increasing wages in line with increased qualifications to meet standards similar to those currently met in Scandinavia.

Investment in social care, a wider definition of needs and improved quality would stimulate the economy, create jobs (including within the social care sector), reduce ill-health among carers and lead to higher take-up of social care. For information on full costings, number of jobs created, and tax revenue please see our joint publication with the New Economics Foundation, *Universal quality social care: transforming adult social care in England*²⁹.



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²⁸ The Care Act 2014 recognises the importance not only of personal care but also helps with what are called incidental activities of Daily Living, such as 'making use of necessary facilities or services in the local community, including public transport and recreational facilities or services.' However, current social care provision rarely extends to this.

²⁹ Calculations by Jerome De Henau in WBG and NEF (2022) *Universal quality social care – transforming adult social care in England* (<https://bit.ly/3tOLBad>).

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