



House of Commons
Committee of Public Accounts

The adult social care workforce in England

Thirty-Eighth Report of Session 2017–19

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
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The Committee of Public Accounts

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Committee staff

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Contacts

All correspondence should be addressed to the Clerk of the Committee of Public Accounts, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 6593; the Committee's email address is pubaccom@parliament.uk.

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Summary

The adult social care sector is underfunded, with the care workforce suffering from low pay, low esteem and high turnover of staff. The care sector is in a precarious state but the Department of Health and Social Care (the Department) has not yet said how it intends to put in place a long-term, sustainable funding regime to meet the ever-increasing demand for care. The Department does not know whether the ways that local authority's commission care, and the prices they pay providers, are contributing to the problems within the care workforce. We are not convinced that the lack of regulation within the care sector workforce and the balance of regulation versus a market-based approach, is supporting the care sector to provide the best care possible. The UK's departure from the EU is causing uncertainty over how the workforce will be sustained, particularly in areas that are more reliant on non-UK workers. There is an urgent need to reverse the poor public image that care work has to boost recruitment and retention across the care sector. We are also concerned that the move to supporting people with substantive and critical care needs only is contributing to growing levels of unmet need for people with moderate care needs. These moderate needs may well grow into substantial or critical needs if support is not given. The Department has committed to addressing all these issues through the health and care workforce strategy that it is currently consulting on, and the promised Green Paper on funding of care for older adults. But given the pressures on the sector, we are concerned that the Department sees the Green Paper as a cure all and underestimates the scale of the challenge. The Department must ensure that its delivery partner, Skills for Care, is properly supported and funded to implement the workforce strategy.

Introduction

The adult social care workforce in England comprises around 1.5 million workers across more than 20,000 organisations. In 2016–17, local authorities spent around £15 billion commissioning care, mostly from independent providers. Between 2010–11 and 2016–17, spending on care by local authorities reduced by 5.3% in real terms. Turnover and vacancy rates across the care workforce are high. Care providers have difficulty recruiting and retaining workers, particularly to the roles of care worker, registered manager and nurse. In December 2017, the Department of Health and Social Care (the Department) began consulting on a new strategy for the care and health workforce. Its previous strategy for the care workforce has not been updated since 2009. The Government has promised a Green Paper by July 2018 on the future funding of adult social care for older adults.

Conclusions and recommendations

1. **Although the Department of Health and Social Care recognises that the adult social care sector is under financial pressure and has been for some years, it currently has no credible plans for how care could be sustainably funded.** The Department of Health and Social Care (the Department) believes that, as all local authorities, with the possible exception of Northamptonshire County Council, appear to be at least fulfilling their minimum statutory duties under the Care Act 2014, the sector is funded adequately at the moment. However, it acknowledges that the sector faces significant financial pressure and requires future investment. We are also concerned about the short term funding fixes aimed at adult social care which are not sustainable. The Department claims that the Green Paper, promised by July 2018, will address this. There are, however, clear and obvious signs of significant financial stress in the sector now with levels of unmet need high and rising. Only 27% of councils have arrangements in place to monitor unmet need. Despite the Department's Care Act guidance advising local authorities to have regard to the sector's own benchmark cost for commissioning homecare, over four-fifths of local authorities are paying below this rate. The Department does not have its own benchmark costs and therefore has no way of knowing whether local authorities, either individually or collectively, are paying enough for homecare. Furthermore, people who pay for their own care home placements are subsidising placements for people who receive local authority-funded care. The Department accepts that local authorities have cut services to people with low to moderate care needs, but does not know whether these reductions will result in more people requiring statutory care services in the future. The Ministry of Housing, Communities and Local Government told us that it had given local authorities access to an extra £9.4 billion of funding, but that this is coming from various sources including council tax rises and the social care precept introduced by local authorities themselves.

Recommendation: *The forthcoming Green Paper must not be the start of yet another protracted debate about the future funding of care. The Department should establish quickly the funding local authorities need to commission care at fair prices, to support a workforce of the right size and shape to deliver a sustainable care sector in the long-term. It should publish a credible plan, by the end of 2018, and implement it swiftly.*

2. **The Department is not delivering on its overarching responsibility for the care market, despite most providers being dependent on public funds.** Two-thirds of care providers' income comes from taxpayers via local authorities. The Department has overarching responsibility for the care market, requiring oversight and engagement with local authorities and providers to ensure a sustainable market delivering improving outcomes and quality. However, the Department has no means of understanding how well local authorities commission care. We raised concerns that social services and the NHS at local level could end up bidding against each other for beds, and we were told that there were instances of this happening. The Care Quality Commission (CQC) inspects and reports on how well providers deliver care, but it does not routinely inspect local authorities' commissioning. The Department has confirmed that it is looking at whether it has enough oversight of local authorities' commissioning and is considering whether to expand the CQC's

current programme of reviews. As we reported in March this year, CQC resources are already stretched. The Department argues that it has few levers to influence the provision of social care, but acknowledges it could use its existing powers more effectively, and that it has not yet developed the right strategy to address how services will meet people's current and future care needs.

Recommendation: *Within two months the Department should write to the Committee to explain how it intends to:*

- *respond to the findings of the CQC local system reviews;*
- *understand how well all local authorities are commissioning care; and*
- *develop and improve its role overseeing and engaging with the social care market, with the CQC adequately resourced to carry out any further work.*

3. **Future immigration policy after leaving the EU will potentially affect the care sector.** People from outside the UK are an extremely important part of the care workforce, and their contributions are hugely valued. The Department recognises that the UK's departure from the EU could have a significant impact on the care workforce and is considering this as one of its four biggest EU workstreams. It is working with the Home Office on taking into account the needs of the care sector as future immigration policy is developed. The Department's monitoring shows that, to date, the number of non-British EU workers working in care has not yet started to change significantly, but the Department is continuing to monitor the situation. The Department should not be caught unaware if there is a sudden change once the UK leaves the EU. London and southern England are most exposed to the UK's departure from the EU as these regions have the highest proportions of non-British EU workers.

Recommendation: *The Department needs to understand fully the impact that the UK's departure from the EU and future immigration policy, could have on the care workforce at both the national and local levels. It should put plans in place to address any shortfalls that might arise, to ensure that there is a sustainable workforce to meet the populations' future care needs.*

4. **Most people working in care are unregulated, which limits the development of a well-trained and professionalised workforce.** Currently, the majority of people working in adult social care belong to unregulated professions. The care sector does not have comparable regulation to, for example, the health sector or the construction sector, to mandate skills training. A highly skilled, knowledgeable, qualified and competent workforce leads to higher quality care. Around two-thirds of people in the role of care worker, who provide direct support to people with care needs, have attained the Care Certificate—a basic level of skill and competence—but it is not mandatory. The Department accepts that it will need to be more proactive in ensuring that learning and development occurs, but cautions that regulation carries costs. Some providers may require additional funding to increase the amount they spend on training and development.

Recommendation: *The Department should set out in the forthcoming workforce strategy how it intends to professionalise the care workforce further and consider a mandatory minimum standard for training as part of this.*

5. **The low amount of funding given to Skills for Care limits the scope and reach of the workforce development initiatives it runs and the extent of its strategic support to the care sector.** Skills for Care, the Department's delivery partner for leadership and workforce development in the care sector, receives £23.5 million per year from the Department, which contrasts markedly with the much greater amount Health Education England receives for support to the health sector. Skills for Care provides welcome and much needed support to the sector to help recruit, retain and develop staff. However, its initiatives are small-scale and limited by the low amount of funding it receives. Turnover of care workers is high and there is not enough support for registered managers Skills for Care is currently consulting on the care aspects of the draft health and care workforce strategy, led overall by Health Education England.

Recommendation: *The Department should establish and secure the funding Skills for Care needs both to support the training and development of the care workforce fully and to implement the forthcoming workforce strategy.*

6. **The care workforce suffers from low pay and low esteem, which leads to recruitment difficulties for providers.** We share the frustration of Skills for Care with the way low pay in the care sector is too often taken to mean low skill. Despite being low paid, care work is not low skilled. Yet care workers and nurses in the sector are not valued in the same way as comparable roles in the health sector, and Skills for Care talked about the need to look at how to achieve greater parity of esteem between the sectors. There is not enough publicity and public recognition of how social care can transform people's lives for the better, how many people working in care find it very rewarding, or that more than 80% of care services are rated good or excellent by the Care Quality Commission. Instead, care services are usually only in the public eye if something has gone wrong. Skills for Care is developing a national recruitment campaign to address the negative perceptions of working in care.

Recommendation: *The Department and Skills for Care should confirm when they will run the national campaign to promote care. They should ensure it is ambitious in scale and scope, seek to change the public narrative around care from overwhelmingly negative to positive, and have senior involvement from the Department.*

1 Funding and oversight of the care sector

1. On the basis of a report by the Comptroller and Auditor General, we took evidence from the Department of Health & Social Care, the Ministry of Housing, Communities & Local Government, Skills for Care and the Association of Directors of Adult Social Services.¹

2. The Department of Health and Social Care (the Department) is responsible for adult social care policy. One of the nine priorities in its Shared Delivery Plan: 2015 to 2020 is to make sure the health and care system workforce has the right skills and the right number of staff in the most appropriate settings to provide consistently safe and high quality care.² The Care Act 2014 places a duty on local authorities to ensure that there is diversity and quality in the market of care providers so that there are enough high-quality services for people to choose from.³ The adult social care workforce in England comprises around 1.5 million workers across more than 20,000 organisations. Turnover and vacancy rates across the care workforce are high. Care providers have difficulty recruiting and retaining workers, particularly to the roles of care worker, registered manager and nurse. Demographic trends suggest that demand for care will continue to increase and people's care needs will continue to become more complex.⁴

3. In December 2017, Health Education England and Skills for Care began consulting on a new strategy for the health and care workforce, the first to cover the care workforce since the Department's previous strategy published in 2009.⁵ The Government has also promised a Green Paper by July 2018 on the future funding of adult social care for older adults.⁶ In parallel, it is developing proposals for the future of care for working-age adults with care needs.⁷ The Department claims that the Green Paper on funding of care for older people, due by summer 2018 will address the financial pressure on care services.⁸

Delivering care while local authorities are under financial pressure

4. In 2016–17, local authorities spent around £15 billion commissioning care, mostly from independent (private and voluntary) providers. Between 2010–11 and 2016–17, spending on care by local authorities reduced by 5.3% in real terms.⁹ Despite this, the Department told us that the adult social care sector is currently adequately funded, as they consider that all local authorities with care responsibilities, with the possible exception of Northamptonshire County Council, are fulfilling their statutory duties under the Care Act 2014, to provide care to adults with substantial and critical needs.¹⁰ The Department told us that the majority of local authorities are halfway through four-year funding settlements, which the Department believes provides them with greater certainty over

1 C&AG's Report, [The adult social care workforce in England](#), Session 2017–19, HC 714, 8 February 2018

2 [C&AG's Report](#), para 4

3 Q 35

4 [C&AG's Report](#), paras 2–5, 10, 15, 17

5 [C&AG's Report](#), para 18

6 Qq 154–155

7 Q 121

8 Qq 28, 34–35, 64, 109–114, 156, 185–186

9 [C&AG's Report](#), paras 2, 20

10 Qq 28, 63, 100, 170–174

funding and helps them to budget more effectively.¹¹ Over this period, local authorities have also received several ad hoc funding increases to meet demand for care services.¹² The Ministry of Housing, Communities & Local Government told us that it had given local authorities access to an extra £9.4 billion of funding over the Spending Review period, but that this is coming from various sources including council tax rises and the social care precept levied by local authorities on their council tax payers.¹³ The government has not yet confirmed spending for the period after the current Spending Review settlement expires, so, for example, the social care precept and increases to the Better Care Fund may not be permanent.¹⁴ The Ministry of Housing, Communities & Local Government told us that it monitored whether local authorities were spending the additional money on adult social care, and that they had been to date.¹⁵ However, the Department acknowledged that the sector is under significant financial pressure and requires more investment.¹⁶

5. Local authorities spend most of the money allocated to care on commissioning care home placements and homecare. Self-funders, people who pay for their own care, are currently subsidising people whose care is paid for by their local authority. They pay, on average, 41% more for care home placements than local authorities do. The Department told us that some of this difference will be reasonable, as local authorities can pay less through block contracts with providers, but the Department agreed that to some extent self-funders do subsidise local authority placements.¹⁷ In November 2017, the Competition and Markets Authority (CMA) published a report into the care homes market, and concluded that the current model of service provision cannot be sustained without additional public funding, and that significant reforms are needed to enable the sector to grow to meet the expected substantial increase in care needs.¹⁸ The Department confirmed that it would be responding to the report in early March 2018.¹⁹ The Government's response, published after our evidence session, largely accepted the CMA's findings, but noted that the beneficial impact of additional investment made in the March 2017 budget may not have been fully realised in the CMA's analysis.²⁰

6. The Department advises local authorities, through its guidance to the Care Act 2014, to have regard to the sector's benchmark costs for commissioning homecare. However, over four-fifths of local authorities pay below this benchmark cost.²¹ The Department told us that they did not accept this figure as a national benchmark cost for care, as local markets are different and local authorities should each determine their own pay rates for care. The Department does not have their own set of benchmark costs, so it has no way of knowing whether local authorities, either individually or collectively, are paying enough for homecare.²²

11 Qq 157–59

12 Q 133

13 Qq 51–52

14 Qq 156–158

15 Qq 168–169

16 Qq 28, 185–186

17 Qq 54, 57–58

18 [C&AG's Report](#), paras 21, 1.13

19 Qq 63, 137–38

20 Department of Health & Social Care, [Government Response to the Competition and Market Authority's 'Care homes market study, final report'](#), March 2018

21 [C&AG's Report](#), paras 21, 1.14

22 Qq 60–62, 175–184

7. Levels of unmet need are high and rising.²³ The Association of Directors of Adult Social Services (ADASS) told us that most unmet need relates to people with low to moderate care needs. Most older people with low to moderate needs no longer receive publicly funded care as their needs are not considered to be substantial or critical. Few local authorities now have the funds to provide services to people with low to moderate care needs, despite the long-term preventative benefit this could bring.²⁴ Only 27% of councils have arrangements in place to monitor unmet need.²⁵ The Department accepted that the total number of people receiving publicly funded care had fallen, as a result of local authorities focusing on meeting their statutory responsibilities.²⁶ The Department confirmed it does not monitor how much local authorities spend on discretionary services, as opposed to statutory services.²⁷

8. The Department said they have learned much from the CMA's analysis of the care home market. However, the Department's only suggestions for how providers could become more efficient was by increasing the use of technology to save on back-office costs. The Department sees itself as having a role in the promotion of innovation in this sector and technological innovation, but accepts that technology has been underused to date.²⁸

The Department's responsibilities as national steward of the care market

9. Around two-thirds of providers' income comes from taxpayers via local authorities.²⁹ The Department confirmed it has overarching responsibility for the care market.³⁰ The Department acknowledged that it had not yet developed the right strategy for a care system that meets the population's current needs. The Department also commented that there are a series of issues, such as integrating health and social care, which had been known about for decades but not addressed by successive governments.³¹ The Department acknowledged that, compared with the health service, it has fewer levers to influence social care. The Department is not seeking additional powers, but will consider how it can use its existing powers more effectively.³²

10. The Department noted that under the Care Act there is a duty for local authorities to oversee their local markets.³³ ADASS told us that local authorities are finding it challenging to fulfil these duties and their market position statements, which should explain what care services and support there are in a local area and shape the local market, are a relatively new innovation. Some local authorities do not yet have the staff with capabilities and capacity to undertake market oversight.³⁴

23 [C&AG's Report](#), para 1.17

24 Q 120

25 Q 118

26 Q 28

27 Q 172

28 Qq 134–137

29 [C&AG's Report](#), paras 2, 1.10

30 Q 37

31 Qq 29–30

32 Qq 139, 143–153

33 Qq 35–36

34 Qq 42, 45

11. ADASS also told us that there are local areas where commissioning of care is poorly coordinated by health bodies and local authorities and in some areas the local authority and the NHS have bid against each for care home placements.³⁵ The Department accepted that there were particular problems with discharging patients from hospital on a weekend, for which it did not yet have an answer. The Department indicated that such problems can result from the unavailability of either social care or health services.³⁶

12. The Department confirmed that there is no oversight or inspection regime of local authorities' commissioning functions. This is different to health where the CQC inspects health commissioning. The Department has commissioned the CQC to undertake local system reviews, which are taking a holistic assessment of the provision of health and care services in 20 local authority areas, including commissioning of care. The Department said that valuable learning is coming from this programme. However, the reviews are currently focussed on 20 areas where people were experiencing challenges moving between health and social care services. The Department is considering whether to expand the programme. However, it believes local discretion over the commissioning of care is the right approach, as different areas have different requirements. It does not intend to impose a national system for commissioning and providing care.³⁷

13. The Department cautioned that local authorities are locally democratically accountable, so there is a limit to the extent that the Department and its national partners can intervene. It also referred to the role of the Local Government Association in providing support to the sector, with funding from the Ministry of Housing, Communities and Local Government. The Department committed to looking at how it oversees and engages with local authorities.³⁸

Immigration policy after UK's exit from the European Union

14. There is wide regional variation across England in the number of care workers from the European Union (EU), with London and southern England having the highest proportions of EU workers.³⁹ The Department told us that, to date, there has not been a decline in the number of people from the EU working in care.⁴⁰ The next set of statistics on starters and leavers from the EU is due in the summer, and the Department will closely scrutinise this information. The Department said that the potential impact of Brexit is at the top of its agenda, and is considering workforce issues as one of its four biggest EU workstreams.⁴¹

15. The Department agreed that people from outside the UK are an extremely important part of the care workforce, and that their contributions are hugely valued.⁴² We raised the concern that it is not just future immigration policy that is relevant, but the 'welcome' that workers from the EU experience when they come to the UK.⁴³ The Department recognised that the UK's departure from the EU could have a large impact on the care workforce. The

35 Qq 69–70

36 Qq 124–125

37 Qq 126–133

38 Q 130

39 Q 20

40 Q 16

41 Qq 17, 19, 23–27

42 Q 16

43 Qq 25, 38

Department cautioned about guessing what the UK's future immigration policy will be, and its potential effects on the care sector. It confirmed that it is working with the Home Office to ensure the needs of the care sector are taken into account as future immigration policy is developed.⁴⁴

2 Issue affecting the adult social care workforce

Development of care workers

16. Skills for Care confirmed that the only regulated groups within care are registered nurses, social workers and occupational therapists. By comparison, other sectors, such as health or construction, are more regulated and require workers to be licensed. Training is not mandated for care workers, who are unregulated.⁴⁵ Skills for Care said that a skilled, knowledgeable, qualified and competent workforce leads to higher quality care.⁴⁶ This view is supported by the Care Quality Commission.⁴⁷ Written evidence sent to us by the National Care Forum noted that some devolved administrations have begun to regulate the care workforce. This sends a message that care is important, and could help to professionalise the workforce.⁴⁸ The Department of Health and Social Care (the Department) cautioned that regulation carries costs, estimated to be around £120 per person, and that any additional regulation imposed on the care sector would take money away from the provision of care.⁴⁹

17. Around two-thirds of care workers new to the sector since 2015 have attained or are undertaking the Care Certificate—a basic level of skill and competence.⁵⁰ However, the Care Certificate is not mandatory and only covers a basic induction in care, not specialised training, such as stoma care.⁵¹ ADASS and Skills for Care suggested that the Care Certificate could be mandated.⁵²

18. The Department accepted that it needs to be more proactive in ensuring that providers offer learning and development to their staff, and is looking into mandatory minimum standards for training.⁵³ The Department confirmed that some providers have improved retention rates by investing in their workforces through training and development, and that there should be an incentive for all providers to do so.⁵⁴ However, ADASS and Skills for Care cautioned that providers' small profit margins mean that additional training and development would need to be funded centrally, or providers will need to raise fees.⁵⁵

Limitations on work undertaken by Skills for Care

19. Skills for Care, the Department's delivery partner for leadership and workforce development, receives £23.5 million per year from the Department.⁵⁶ Many of the initiatives run by Skills for Care are small-scale and limited in reach by the amount of funding it receives.⁵⁷ We received written evidence from two bodies suggesting that initiatives led

45 Qq 99, 103

46 Q 165

47 [C&AG's Report](#), para 1.16

48 National Care Forum ([ASC0004](#)) Q 2

49 Qq 104, 108

50 [C&AG's Report](#), para 2.16, Fig 11

51 Unison ([ASC0014](#)) p5

52 Qq 163, 166

53 Qq 98, 167

54 Q 88

55 Qq 96, 163–166

56 [C&AG's Report](#), para 6

57 Qq 100, 160–61

by Skills for Care would have a greater impact if they were larger in scale.⁵⁸ By way of contrast, Health Education England receives much more funding in total, and per head of the workforce, to support the health sector, although it is acknowledged that supporting the training and development of the health workforce is more expensive, involving, for example, training junior doctors.⁵⁹

20. In 2016–17, the turnover for jobs in care was 27.8%, and particularly high for care workers (33.8%) and registered nurses (32.1%).⁶⁰ Skills for Care promotes the ways in which some providers have been able to reduce turnover through values-based recruitment, but commented that some providers have still struggled to reduce turnover despite deploying such practices.⁶¹ In written evidence we heard of concerns over support given to registered managers. The CQC notes the importance that a registered manager has on the quality of care provided.⁶² Skills for Care stressed that registered managers have much responsibility despite low levels of pay.⁶³ Two organisations wrote to us to suggest that better training for registered managers should be prioritised.⁶⁴

21. Skills for Care is currently consulting on the care aspects of the draft health and care workforce strategy, led overall by Health Education England. The section on care in the draft strategy is very short.⁶⁵ Several organisations which wrote to us were strongly critical of the draft strategy, noting its lack of detail and lack of suggestions as to how the care sector could improve.⁶⁶ The Department confirmed that all the workforce issues identified by us and the NAO will need to be addressed in the final workforce strategy.⁶⁷

Care work poorly paid and held in low esteem

22. The structural problems of care being low paid and held in low esteem by the public make it difficult for some providers to recruit and retain staff. Skills for Care said it was a source of national shame that care work is seen as a ‘minimum wage sector’.⁶⁸ In 2016–17, a typical care worker was paid £7.50 per hour.⁶⁹ We received written evidence that low pay is a big factor in difficulties to recruit and retain, and written evidence raising concerns about care workers not receiving adequate compensation for travel time or expenses.⁷⁰ Care work does not attract the pay that it should for a skilled occupation.⁷¹

58 West Sussex County Council ([ASC0015](#)) para 12; Voluntary Organisations Disability Group ([ASC0003](#)) p3
59 Q 100
60 [C&AG's Report](#), para 1.8, Fig 6
61 Qq 74–76
62 Care Quality Commission ([ASC0007](#)) p3; Kings Fund ([ASC0008](#)) Q1
63 Q 79
64 West Sussex County Council ([ASC0015](#)) paras 15–16; The Relatives and Residents Association ([ASC0010](#)) para 5, Age UK ([ASC0006](#)) p2; National Care Forum ([ASC0004](#)) pp3–4
65 Qq 139–140
66 National Care Forum ([ASC0004](#)) Q6; Voluntary Organisations Disability Group ([ASC0003](#)) p4; Care England ([ASC0002](#)) Q6; ADASS ([ASC0005](#)) para 8; Age UK ([ASC0006](#)) p6; Kings Fund ([ASC0008](#)) Q6; UK Homecare Association ([ASC0013](#)) para 29
67 Q 98
68 Q 78
69 [C&AG's Report](#), para 2.7, Fig 12
70 Unison ([ASC0014](#)) pp1–8; The Relatives and Residents Associations ([ASC0010](#)) paras 18, 20; National Association of Care and Support Workers ([ASC0009](#)) p1; Kings Fund ([ASC0008](#)) Q3; Age UK ([ASC0006](#)) p4; ADASS ([ASC0005](#)) para 3; Voluntary Organisations Disability Group ([ASC0003](#)), pp2–3; National Care Forum ([ASC0004](#)) Qq2, 6
71 Qq 71–78

23. The prestige given to roles in care, for example care workers and nurses who work in care, is worse than that of comparable roles in health (healthcare workers and nurses respectively). Skills for Care told us of the need for greater parity of esteem between the sectors.⁷² Skills for Care raised concerns that many media organisations portray care negatively, despite 81% of care services being rated good or outstanding by the CQC. Skills for Care said that there is not enough publicity about how social care can transform people's lives for the better and how many people working in care find it a fulfilling vocation. Skills for Care told us that the perception that there are few opportunities for career progression in care needs to be tackled.⁷³

24. Skills for Care is developing a national recruitment campaign to address the negative perceptions of working in care. It commented that prominent support for the campaign from senior members of the Department, including the Secretary of State for Health and Social Care, could enhance its impact.⁷⁴

72 Qq 78, 100, 103

73 Qq 82–84

74 Qq 82, 165

Formal minutes

Monday 30 April 2018

Members present:

Meg Hillier, in the Chair

Sir Geoffrey Clifton-Brown	Shabana Mahmood
Chris Evans	Anne Marie Morris
Luke Graham	Lee Rowley
Gillian Keegan	

Draft Report (*The adult social care workforce in England*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 24 read and agreed to.

Introduction agreed to.

Conclusions and recommendations agreed to.

Summary agreed to.

Resolved, That the Report be the Thirty-eighth of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Wednesday 9 May 2018 at 2.00pm]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Wednesday 28 February 2018

Question number

Sharon Allen, Chief Executive, Skills for Care, **Juliet Chua**, Director, Social Care and Transformation, Department of Health and Social Care, **Jo Farrar**, Director General, Local Government and Public Services, Ministry of Housing, Communities and Local Government, **Glen Garrod**, Vice President, Association for the Directors of Adult Social Services, and **Sir Chris Wormald**, Permanent Secretary, Department of Health and Social Care

[Q1–201](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

ADA numbers are generated by the evidence processing system and so may not be complete.

- 1 ADASS ([ASC0005](#))
- 2 Age UK ([ASC0006](#))
- 3 Care England ([ASC0002](#))
- 4 Care Quality Commission ([ASC0007](#))
- 5 Kings Fund ([ASC0008](#))
- 6 Mr Paul Milton ([ASC0001](#))
- 7 National Association of Care and Support Workers ([ASC0009](#))
- 8 National Care Forum ([ASC0004](#))
- 9 Relatives and Residents Association ([ASC0010](#))
- 10 Royal College of Nursing ([ASC0011](#))
- 11 Springhill ([ASC0012](#))
- 12 UK Homecare Association ([ASC0013](#))
- 13 UNISON ([ASC0014](#))
- 14 Voluntary Organisations Disability Group ([ASC0003](#))
- 15 West Sussex County Council ([ASC0015](#))

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All publications from the Committee are available on the [publications page](#) of the Committee's website. The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

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Third Report	Hinkley Point C	HC 393 (Cm 9565)
Fourth Report	Clinical correspondence handling at NHS Shared Business Services	HC 396 (Cm 9575)
Fifth Report	Managing the costs of clinical negligence in hospital trusts	HC 397 (Cm 9575)
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