



**Independent Age submission to the Kingsmill Review of exploitation in
the care sector**

13 January 2014



About Independent Age

Founded 150 years ago, Independent Age is a growing charity helping older people across the UK and Ireland through the 'ABC' of advice, befriending and campaigning. We offer a national telephone and email advice service focusing on social care, welfare benefits and befriending services, which is supported by a wide range of printed guides and factsheets. This is integrated with on-the-ground, local support, provided by a network of over 1,500 volunteers offering one-to-one and group befriending.

For more information, visit our website www.independentage.org

Speak to one of our advisers for free and confidential advice and information. Lines are open Monday to Friday between 10am - 4pm. Call 0800 319 6789 or email advice@independentage.org

Independent Age is also a member of the Care and Support Alliance: a consortium of over 70 organisations that represent and support older and disabled people campaigning to keep adult care funding and reform on the political agenda.

Our response:

1. As an established voice for older people, providing advice, befriending and campaigning, national charity Independent Age welcomes the Kingsmill Review on exploitation in the care sector.
2. We believe that **low pay and zero hours contracts in adult social care are symptomatic of a care system that is in crisis**. Together with our partners in the Care and Support Alliance, a consortium of over 70 organisations that represent and support older and disabled people, we believe long-term care is seriously underfunded. In fact it has been underfunded for a number of years.
3. Recent data from the Personal Social Services Research Unit (PSSRU) at the London School of Economics quantifies the changes that have taken place in net local spending and provision (recipients of care) between 2005/06 and 2012/13. Drawing on data from the Health and Social Care Information Centre, the PSSRU report found widespread reductions in the period in the 'observed' estimates of number of adults receiving state-funded social care services. 31% fewer older people received services in 2012/13 compared with 2005/6. Added to this, the 2012-13 set of Community Care Statistics on social services activity in England provided further troubling signs of a sector that is ill-equipped to meet the growing needs of an ageing population.
4. The Health and Social Care Information Centre recently documented that the total number of people receiving services in 2012-13 was 1.3m (down 9% from 2011-12 and down 25% from 2007-08). Of these 1.3 million service users, 1.1m received community based services (a fall of 10% from 2011-12), 209,000 received residential care (a fall of 2% from 2011-12) and 87,000 received nursing care (less than a 1% change from 2011-12).
5. We firmly believe **a review on exploitation in the care sector cannot be divorced from a wider, more fundamental look at how we pay**

for care and whether as a society we are prioritising public expenditure on long-term care. The two issues are inextricably linked.

6. The underfunding of adult social care (the London School of Economics recently estimated the figure to be somewhere in the region of £2.8bn a year) is the common thread that binds superficially disparate issues, like low pay and decreasing numbers of service users, together.
7. Local authorities paying below the market rate for care can lead many care homes to rely on charging privately-funded residents more than local authority-funded residents for an equivalent service. Low rates paid by local authorities can also mean that family members of some of the poorest older people are unfairly asked to pay 'top-up' fees for care that should be free, in some cases hundreds of pounds a week – a 'secret subsidy' that props up a struggling system.
8. These are just a few other examples that we hope serve to illustrate that **low pay and exploitation in the care service are symptoms of market failure and chronic under-funding: issues we hope the 'Your Britain' team will look at in the round.**
9. Looking specifically at the scope of the Kingsmill Review, your review team will no doubt be aware of the recent HMRC [report](#) into National Minimum Wage compliance in the social care sector which found that almost half of private firms caring for the elderly have been found to have paid workers at a wage less than the national minimum wage. This is clearly a serious problem and one an incoming Labour government would do well to tackle early on.
10. We agree with the need for this review and of course oppose exploitation wherever it exists and whatever form it takes. **We would however caution the review not to make recommendations that inadvertently have the effect of destabilising an already stretched social care workforce.**
11. In the policy document calling for evidence, the review team states:

“Between 2001 and 2009 the proportion of foreign-born care workers more than doubled – from about 7% in 2001 to 18% in 2009. This situation is bad for the migrants who are being exploited; bad for local workers who are being undercut and bad for our elderly people, who suffer from a lower quality of service.”

12. The background document inviting evidence references the high levels of migrants represented in the care workforce, particularly in the London and South East areas. Shereen Hussein in her 2011 piece *‘The Contributions of Migrants to the English Care Sector’* (for the Social Care Workforce Periodical) is clear that although proportionately greater numbers of non-EEA nationals work in the private sector or rely to some extent on agency work (and there is some research to suggest pay and conditions are on the whole less generous) **there is apparently little evidence that migrant workers are on the whole less qualified or less able to perform caring roles.**
13. In fact, Hussein tells us that the data from the National Minimum dataset indicates that migrants from the four main nationality groups are more likely to have completed a period of induction than those from the UK. For example, 80 to 83% of migrants from different nationality groups are reported to have completed induction, compared to only 72 percent of UK workers. **The proportion of workers with level 3 NVQ is considerably higher among non-EEA nationals than other groups, including UK workers.**
14. **We have not seen evidence that conclusively demonstrates there is a link between an increase in the proportion of foreign-born care workers, increased levels of exploitation and ultimately a lower quality of service.** We are not saying we do not believe such evidence does not exist. We look forward to learning more once the review reaches its report stage. We would however prefer to see the review focus less on migrant workers as opposed to UK workers and commit to rooting out exploitation, no matter whom it affects, regardless of their nationality.

15. We also hope your review recognises that poor quality care cannot ***always*** be explained in terms of low pay as this conclusion is too reductive. The Care Quality Commission's recent annual [state of care](#) report explains that poor quality care can be the result of many factors, including among other things, poor leadership. Notwithstanding this, **Independent Age was alarmed to note that the notifications of deaths that care providers send to the CQC show a link with higher staff turnover rates.** This suggests that **too many changes in staff may result in gaps in care and low pay and stressful working conditions are themselves likely to act as triggers for poor quality care.**

We very much hope your review shines a light on problems that are no doubt present across many sectors, not just the care workforce. However, we appreciate this problem may well be an acute one in the social care workforce and to this end, we hope the Kingsmill Review leads to policy recommendations that form an integral part of Labour's policy prospectus heading into the next General Election.

Response completed by:

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