

## Gender and Employment in Local Labour Markets

## Local Challenges in Meeting Demand for Domiciliary Care

### *Executive Summary*

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### Key findings

- Projected increases in the 85+ population between 2003 and 2028 years range from +220% (men) and +115% (women) in Thurrock, to +111% (men) and +41% (women) in Birmingham.
- The share of very aged men and women who live alone varies from 42% in Sandwell to 33% in the two county councils (for men), and from 63% in Thurrock and 51% in the two county councils (for women).
- The 2001 Census recorded 445,000 people in England working as care workers and care assistants.
- Care workers are much more likely to be women workers aged 50-59 than workers in other jobs. This factor was most marked in Thurrock, and least marked in Birmingham.
- In most areas, women and men from the local Black African and Black Caribbean population were more strongly concentrated in care work than in other jobs – this was most visible in Birmingham and Sandwell, but applied almost everywhere.
- The national target for 50% of care workers to be qualified to NVQ 2 has been particularly challenging in some areas. In 2001, the share of care workers who were unqualified was particularly high among those aged 25 and over in Thurrock and in Newcastle.
- Competition for staff comes mainly from the retail sector, the hotels and restaurants sector, manufacturing, and elsewhere in the health and social care sector.
- For some providers, the costs of frequent, protracted and sometimes ineffective recruitment are very high. Steps were being taken to address this in most localities.
- 43% of providers did not reimburse the costs incurred by staff in travelling to clients' homes.
- Providers placed considerable emphasis on the non-contractual benefits they offered staff.
- Only 26% of providers said 50% or more of their care workers were qualified to NVQ2.
- The report includes examples of innovation and good practice in addressing challenges in meeting demand for domiciliary care which were identified in the different localities

## Background

Growth in the population of older people, at a time when smaller family size, more ethnically diverse populations, and new patterns of work and family life are also affecting daily living arrangements, is creating additional and altered demand for domiciliary care across the country.

The future delivery of home care services was already a cause of concern when we began our research. Demand for home care was growing, planning and purchasing arrangements had become more complex, and the recruitment and retention of care workers was becoming increasingly difficult. Estimated overall vacancy rates in the sector were above 10%.

This study focused on the supply of and demand for domiciliary care in its local labour market context, and on the characteristics of workers in social care as seen at the district level. It included a study of the independent sector providers supplying most of the domiciliary care in each locality, and on how they recruit, manage and develop staff.

The study used the following research methods:

- Analysis of official statistical data - the 2001 Census, and official statistics on social care.
- A postal survey of independent sector domiciliary care providers, sent to providers registered with the 6 local authorities (46% response rate, 88 respondents).
- Follow-up telephone interviews with 41 independent sector providers.
- Interviews with 25 key stakeholders responsible for commissioning, planning and organising domiciliary care services.
- Documentary analysis of reports and information supplied by the research participants.

The research questions explored in the study were:

- What are the demographic trends underlying changes in demand for domiciliary care services, and how do they vary between localities?
- What are the characteristics of those providing social care in the local authorities selected, and do these differ from place to place?
- How are domiciliary care providers recruiting, managing and developing their social care workforce?
- To what extent are developments and innovations in their practices proving effective?

Six of the local authority partners in the *Gender and Employment in Local Labour Markets (GELLM)* research programme chose to take part in this study.

They were:

- **Birmingham City Council**
- **Newcastle City Council**
- **Sandwell Metropolitan Borough Council**
- **Somerset County Council**
- **Thurrock Council**
- **West Sussex County Council**

## Supply and demand

The report explored variations in local demographic and labour market conditions. An ageing population with significant levels of poor health and varying levels of deprivation means that demand for domiciliary care is growing at different rates in different places.

- Projected increases in the 85+ population over 25 years range from +220% (for men) and +115% (for women) in Thurrock, to +111% (for men) and +41% (for women) in Birmingham.
- The share of very aged men and women who live alone varies from 42% in Sandwell to 33% in the two county councils for men, and from 63% in Thurrock and 51% in the two county councils for women.
- Nationally, over half of very aged women, and more than a third of very aged men live alone.
- In Sandwell, 38% of very aged men and 45% of very aged women reported 'poor health', compared with 27% of men and 30% of women in West Sussex.

The study also shows important local variations in the social care workforce. The 2001 Census recorded 445,000 people in England working as care workers and care assistants.

- The number of care workers per 1,000 population varied from almost 14 in Somerset to just over 6 in Thurrock.
- Care workers are much more likely to be women workers aged 50-59 than workers in other jobs. This factor was most marked in Thurrock, and least marked in Birmingham.
- In most areas, women and men from the local Black African and Black Caribbean population were more strongly concentrated in care work than in other jobs – this was most visible in Birmingham and Sandwell, but applied almost everywhere.
- The national target for 50% of care workers to be qualified to NVQ 2 has been particularly

challenging in some areas. In 2001, the share of care workers who were unqualified was particularly high among those aged 25 and over in Thurrock and in Newcastle.

Important differences in local labour market conditions also affect the supply of labour in domiciliary care. Overall job growth in the preceding decade was especially strong in West Sussex, and was very significant everywhere, except in Sandwell.

### **Recruitment and retention**

Our survey and interviews with employers in the sector highlighted the following key issues affecting recruitment and retention in the sector:

- Supply and demand issues are a concern everywhere.
- Competition for staff comes mainly from the retail sector, the hotels and restaurants sector, manufacturing, and elsewhere in the health and social care sector.
- The nature of the domiciliary care job has changed – but misperceptions about the work involved are holding back recruitment.
- The image of the job as low paid, low skilled, and suitable mainly for those without career ambitions is misplaced, but hard to shift.
- For some providers, the costs of frequent, protracted and sometimes ineffective recruitment are very high. Steps were being taken to address this in most localities.
- The processes involved in recruiting, security checking and initial training of new staff were essential but deterred some applicants.

### **Workforce development and job design**

Within the independent domiciliary care sector there is considerable variability in working conditions.

- Some providers made quite extensive use of workers employed for under 16 hrs per week.
- 43% did not reimburse the travel costs incurred by staff travelling to clients' homes.
- Providers placed considerable emphasis on the non-contractual benefits they offered staff.

Our study showed that although providers were working to achieve training and workforce development targets, they faced a number of difficulties in achieving these.

- Only 26% of providers said 50% or more of their care workers were qualified to NVQ2.
- Most felt resource constraints were affecting progress towards workforce development targets.

Some providers raised concerns about the commissioning of 'half-hour work', which they felt affected both employee working conditions and service quality.

### **Innovation and Effective Practice**

#### ***Recruitment initiatives***

Most local authorities, working with local agencies, were actively trying to address difficulties in recruiting domiciliary care workers. The report cites examples from Birmingham, which identified this as a long-standing problem it needed to tackle, and Sandwell, which needed to significantly reduce the high recruitment costs associated with repeated and often unsuccessful advertising. Both have both put major effort into modernising and streamlining their approach.

#### ***Workforce development initiatives***

In a number of localities, local or regional organisations were running projects and schemes designed to support providers. These had been developed mainly to support providers in the independent sector, and to assist them in:

- accessing funding support
- identifying training courses
- locating advice and guidance which would help them meet their targets for training and qualifications
- improving their workforce planning.

The report cites two county-wide examples, in Essex and in Somerset.

#### ***Local Partnerships***

Partnership activity, often bringing together independent sector providers of domiciliary care, and in some cases supported with funding from local authorities, regional and national agencies, and the European Social Fund, was proving an effective way of supporting employers to address the challenges they face in meeting the challenges they face in recruiting, retaining, developing, managing and accrediting their domiciliary care workforce. Examples from Newcastle and West Sussex are cited in the report.

## Key policy messages

This study has shown that all six localities can expect to experience very significant additional demand for domiciliary care in the future. The report indicates some of the local implications of the official projections relating to numbers of very aged people, emphasising that in the future this group will include far more men than previously.

Many of the domiciliary care providers and other local organisations which participated in this study are already aware of the benefits employers gain by supporting and rewarding their staff, particularly in terms of retaining personnel who might otherwise be attracted by alternative opportunities elsewhere.

Our respondents included some employers who were strongly committed to creating the best possible conditions of employment for their staff. However the scope local agencies have for developing such support is constrained by the tight financial situation in the sector. Some aspects of working conditions in parts of the sector are unlikely to attract new recruits.

Expenditure on domiciliary care is an important matter for public policy, public opinion and central government to resolve. Heightened awareness of key issues at the local level is needed to inform the debate about how social care should be funded. This was given additional profile at national level by the publication of the Wanless Review in 2006. Local decision-makers need to engage with this debate, drawing on the full range of available evidence.

The 2006 Department of Health White Paper *Our health, our care, our say: a new direction for community services* has implications for the domiciliary care sector. The government plans to introduce Individual Budgets for social care, and is promoting developments in provision to support care users' personal preferences, empower them to remain active citizens, and offer choice and independence. These developments have important implications for the social care market, and could affect skills, training and quality assurance. Where additional, flexible, labour can be found, and how to draw new workers into the sector, are crucial issues in public policy.

## About the GELLM project

This research was undertaken as part of the *Gender and Employment in Local Labour Markets* (GELLM) research programme funded, between September 2003 and August 2006, by a core European Social Fund grant to Professor Sue Yeandle and her research team at the *Centre for Social Inclusion*, Sheffield Hallam University.

The national partners supporting the GELLM research programme are the Equal Opportunities Commission and the TUC. The project's 12 local authority partners are: Birmingham City Council, the London Borough of Camden, East Staffordshire Borough Council, Leicester City Council, Newcastle City Council, Sandwell Metropolitan Borough Council, Somerset County Council, the London Borough of Southwark, Thurrock Council, Trafford Metropolitan Borough Council, Wakefield Metropolitan District Council and West Sussex County Council. The North East Coalition of Employers has also provided financial resources via Newcastle City Council. The team is grateful for the support of these agencies, without which the project could not have been developed. The GELLM project engaged Professor Damian Grimshaw, Professor Ed Fieldhouse (both of Manchester University) and Professor Irene Hardill (Nottingham Trent University), as external academic advisers to the project team, and thanks them for their valuable advice and support.

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Copies of the full report  
**Local Challenges in Meeting Demand in Domiciliary Care - Synthesis Report**  
can be obtained from [www.shu.ac.uk/research/csi](http://www.shu.ac.uk/research/csi) or  
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