



More and Better Jobs: Problems and Solutions

Domiciliary Care Work

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Contextual influences on work quality

- Marketisation of care: majority of domiciliary care is purchased by Local Authorities from the independent sector
 - Commissioning rates are low (often £2-3 per hour less than the UKHCA calculated cost of provision)
 - Funding streams are insecure
- Low status/gendered occupation
- Negative media coverage reinforces poor image of the occupation



What do we know about domiciliary care work?

- Insecure: zero hour contracts dominate; work intensification and lack of time to deliver care
- Low paid: at (below) NLW
- Low skilled?
- Low status: gendered occupation; dirty work
- Consequences
 - Acute labour shortages
 - Compromising of care quality



Good care work and good care

- Employment practice is associated with poor care delivery
 - Continuity: high labour turnover, zero hour contracts
 - Reliability: zero hour contracts, inadequate time
 - Flexibility: lack of training, autonomy, morale



Solutions

- Review of funding and re-design of commissioning; regulation
 - Secure employment contracts and payment for travel/waiting time
 - Adequate visit length
 - Decent pay
- Necessary but not sufficient. Also needed:
 - Robust processes to ensure uptake of induction, training and qualifications
 - Enhanced qualification framework (recognition of advanced relational skills required for good care)
 - Career structures
 - Management training
 - Diverse workforce
 - Mandatory registration?



Local approaches: key opportunities

- Devolution of health and social care and new models of working: different ways of commissioning? Outcomes-based
- Local Care Organisation: integration of H&SC practitioners at neighbourhood level; but what about relationships to independent sector providers?
- Manchester Health and Care Commissioning: NHS and City Council partnership; will budgets be integrated? Shift of spend from health to social care, could improve health service operation e.g.
 - Reduced admissions
 - Reduced Delayed Transfers of Care



Local approaches: benefits

- Good care:
 - Dignity of the elderly; reduced isolation
 - Economic benefits as (unpaid) carers more able to take up/increase employment
- Good work:
 - Improved employee health and wellbeing
 - Addresses recruitment and retention crisis
 - Flows through to local economy
- Integration with local education to develop qualifications and career paths
- Reinforcing of GMCA Employers Charter: but change is required to support independent social care providers in signing up

