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