

A top-down approach is unlikely to improve job quality in the care sector; only a comprehensive one will

[Hartwig Pautz](#), [Stephen Gibb](#), and [Joan Riddell](#) explain how the COVID-19 crisis highlights once again that more decent work should be on the cards for care workers. They draw on interviews with care workers to discuss how issues of low pay, being seen as unskilled and as poor cousin to health workers, affect them.

COVID-19 has created new policy problems, but also brought problems into public debate which had been kicked into the long grass by successive governments in all parts of the UK. The [crisis in adult social care](#) belongs to this latter category. The pandemic has laid bare some of the weaknesses of the social care regimes across the country – for example, regarding the quality of care provision and the problematic relationship between health and social care. It has also highlighted how little society cares about the care workers. While healthcare staff were elevated to hero status at the height of the pandemic, social care workers have largely continued to be an afterthought. At the same time, care workers [were far more likely](#) to contract the virus and die of it than the average population and healthcare staff. Adding insult to injury, the UK Government's recent plan for a fast-track work visa system [classes them](#) as 'unskilled workers'.

Our research project 'Care, Covid and Decent Work' (funded by the British Academy's COVID-19 grant) has been exploring what care workers in Scotland think about their job quality and what needs changing – structurally, culturally, and organisationally. This includes an exploration about which of the many stakeholders in the crowded and complex field of social care are or should be responsible for job quality improvements. Scotland is a 'good' case for such an exploration, given its dismal record with regards to COVID-19 and care home deaths – 46% of all COVID-19 deaths in Scotland occurred in care homes and, to date, a total of fourteen social care workers [have died of the coronavirus](#).

The first insights, established through interviews with carers from private, public, and third sector care homes, are troubling. We found that important factors which 'make work decent' are in short supply in the care sector. These include, specifically, supportive managers; a safe work environment; social recognition; decent pay; decent terms and conditions; and job security. These factors are, [as earlier research has found](#), those often named as 'absent' by low-paid workers generally. Also these factors are often interdependent so that any attempt to address job quality problems must look at all factors simultaneously. For example, we heard that the work environment in care was not deemed safe enough even before the pandemic. While being a care worker is emotionally and physically stressful also in 'normal times', 'this stress never gets addressed by management until its bursting out at the seams, or until staff are all ill, or until I stand in the office crying', one home care worker told us. As COVID-19 demonstrates, the risk to physical health can also be high. But this problem was often linked by the interviewees to poor managerial support. One interviewee said 'we are spoken down to as if we don't matter. They [managers] were faceless throughout the outbreak. Something needs to change about the quality of managers'.

Decent pay is not a reality for many in the care sector. Care workers are to be paid the Scottish Real Living Wage of £9.30 per hour since 2016. Interestingly, our interviewees did not seem to think that higher pay was the most important factor that would make their work 'more decent'. Nonetheless, when asked to consider the skills required and the responsibilities that come 'with the job', they felt that they earned too little: 'They have never worked out what the job is really worth. We risk assess every day, give medication, take temperatures, support behaviour, keep people safe. This isn't the right pay for this sector, it is an indicator of a lack of recognition and a lack of respect'.

One factor that is important for work to be seen as ‘decent’ is that of ‘purpose and meaning’. Clearly, the care workers we interviewed know how important their role is, and many of them remain in the job because of this specific factor and despite the shortcomings vis-à-vis the other factors. From purpose and meaning derives job satisfaction which ‘keeps you going when other aspects of the work aren’t so good. Just knowing that you’re enriching someone’s life is a reward’. However, wider societal valuation is lacking. While some interviewees stated that they do not care about what ‘the public’ thinks about them, they see that the importance of their work is in stark mismatch with how they are seen and remunerated. In that vein, the ‘clap for the carers’ was badly perceived by most interviewees: ‘social care is very hard and difficult; people forget about us and only focus on doctors and nurses. It was all about “save our NHS” – how about us?’. Our interviews found that care workers see the social care sector pitted against health care and that this is fundamental to the absence of ‘decent work’. Those working in the care sector, even care home managers, are made to feel like failures: ‘Why don’t you work in the NHS?’, is a question they hear too often.

Our first insights allow drawing some initial implications on how to improve job quality and create more ‘decent work’ in the sector. These implications include that job quality improvements may require a new institutional regime for the old age care sector as a one-size-fits-all solution for the entire social care sector would ignore its complexity. Also, all decent work factors should be seen as interdependent. Furthermore, the strategic and policy integration of social and health care through the Scottish Government’s [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) needs to be extended to the workforce in both sectors. Currently, the lack of such integration is reflected in the public perceptions of the care sector, its pay levels, and the access to support services for employees. A levelling-up for care workers is needed given the importance of care work in an ageing society. And carers need to be given voice in this process of improvement. Whether current plans about a ‘national care service’ as they are discussed as the starting point of the Scottish Government’s [Feeley Commission](#) are a good idea remains to be seen. If a top-down approach is the outcome of the review, we are sceptical that the problem of job quality in the care sector will be dealt with.

See [here](#) for more information on the project and its forthcoming report.

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