

**THE
DAMAGE**



Care in crisis

Introduction

Eleven million people living in the UK today will live to 100.¹ A large proportion will need local social care services to live as comfortably as possible for the final 30 to 40 years of their lives. Social care services – mainly homecare, residential care and day care services – are vital so older people can live independent and happier lives, at home and in their communities.

Huge spending cuts since 2010 have seen £12.5bn lost from local government services. After decades of underfunding, these cuts have led to an alarming funding crisis in social care, one which will only worsen as the older population grows.

This crisis is having a devastating impact on people dependent on care services, their families, workers and communities. The dedicated social care workforce, struggling with low pay, staff shortages and limited access to training, now gets even less time to give elderly people the high-quality care they need and deserve. The eligibility criteria for support has tightened, so often older people or their families must foot the bill for their care. Every pound cut from spending for social care has an effect on the services provided, on workers and the people needing care. If left unchecked, UNISON fears the crisis will have a significant impact on the UK's ability to give people a decent level of care in their old age.

UNISON has created the Save Our Local Services (SOS) campaign to raise awareness of the impact of spending cuts on local services and to speak up for local government workers and people affected by cuts. UNISON's ethical care charter is calling on councils and care companies to make sure workers get better pay and conditions, and improve the way services are provided.

This research aims to expose the scale of spending cuts to social care and the impact on care workers, older people needing care and their families.

About this research

We have conducted a review of existing research to demonstrate the scale of cuts to spending on social care services for older people. To examine the impact of cuts on social care, we surveyed social care workers who look after older people and received 1,075 responses.

We also collected a range of accounts of the impact of cuts on people who use care services, and of family members and friends who act as carers, to illustrate the human stories behind the statistics.

The quality and level of social care available has a direct impact on the NHS. We also gathered evidence from people working in health care about how cuts to services for older people have affected their work.

We hope that this report and the SOS campaign's focus on social care for older people will contribute to the discussion about how to improve the working conditions of employees and the experiences of older people who use social care services.



Social care services and older people

Social care services for older people are primarily made up of three areas – homecare, residential care and day care:

Homecare can come in many forms, but usually describes a paid worker visiting a person at home to help with personal care (washing or dressing, dispensing medication, housekeeping or cleaning, health care or companionship). The length of a visit can vary from a short 15-minute visit to 24-hour around the clock care, depending on the person's needs and their local authority. Increasingly homecare has become available only to those who need more intense care.

Residential care is given to older people who cannot live independently, and includes care homes and nursing homes. These can provide personal care for residents, or a combination of personal and nursing care.

Day care provides a range of external daytime services and social activities, including day centres. These are important for maintaining independence and reducing loneliness and isolation, and can prevent the need for more intense support from other services.

Councils are responsible for providing local social care services. They can provide services directly or through 'commissioning' – paying private companies or charities to deliver care on their behalf. Councils can in some cases create individual budgets or make direct payments to care companies, allowing people to choose their own care. Individuals and their families can also pay for services themselves, also known as 'self-funding'.

There has been a long-term shift from councils providing most care services directly to commissioning private companies and voluntary organisations to do so. The vast majority of social care services across the UK, particularly in England, are now delivered by private firms or voluntary organisations, whose incomes are a mixture of people whose care is funded by local authorities, or who pay for services themselves.

Each UK nation has responsibility for its own social care services, although the amount of funding that each government receives is affected by Westminster government spending cuts.

Of the UK nations, Scotland has the largest proportion of social care services still provided directly by local authorities.

In Wales, the introduction of the Social Care and Well-Being Act in April 2016 put an emphasis on preventative social care, and gives health and local authorities a legal duty to integrate health and social care services.

Health and social care have been integrated since the 1970s in Northern Ireland. In recent years, ministers in the Northern Ireland Assembly have shifted the focus from residential care to supporting older people at home and preventing the need for more intense care. However, the underfunding of homecare services is a particularly large problem in Northern Ireland.

Older people

Older people, categorised as those aged 65+, make up the largest proportion of social care users – over half (51%) of all adult social care expenditure is spent on them.² This is expected to increase rapidly over the next decade. It is predicted that the 65+ population will grow by 44% from 2005 to 2025, and the 85+ population will increase by 91% over the same time period.³

The amount of funding available to social care services is plummeting while the number of older people and the complexity of their care needs are increasing. This creates a perfect storm in social care.

Long-term health conditions

The number of older people living with long-term health conditions, such as dementia, arthritis and depression, or who have a disability, is growing rapidly. It is projected that the number of older people who will be unable to manage a domestic task or self-care activity on their own will increase by 44% by 2030,⁴ which means a larger demand for support with personal and healthcare needs. Seventy per cent of the total health and care spend in England is now used to care for people with long-term conditions.⁵

Loneliness

Over a third of all older people in Great Britain live alone⁶ and 2.9m feel they have no one to turn to for help and support.⁷ Loneliness and isolation can have a hugely detrimental impact on people's physical and mental health, and is a particularly important issue for older women and older lesbian, gay, bisexual and transgender (LGBT) people, who are at higher risk of isolation or loneliness.

Poverty

There are approximately 1.6m pensioners living below the poverty line.⁸ These older people find it almost impossible to pay for care services themselves and rely on publicly funded services to meet their needs. This is a particularly important issue for women and black pensioners, because they are more likely to have been in low-paid work and have inadequate pensions to support themselves.

Care services can help alleviate some of the difficult conditions older people face and prevent the need for more expensive acute healthcare. Regular homecare visits can help an older disabled person live independently at home for longer. Day centres allow older people to meet others in their community, help tackle isolation and loneliness, and improve their mental and physical health.

Social care workers

Working in this complex social care system are almost 1.5m care workers, employed by over 17,000 different organisations.⁹ Mostly women, many have been employed in social care for over a decade. Migrant workers also have an important role in adult social care – one in five care workers were born outside the UK.¹⁰

However, there is a high staff turnover and companies have difficulty recruiting and keeping employees because of low pay, the pressures of the job and the limited opportunities for progression. Research by Independent Age estimates there could be a shortfall of 200,000 workers in the adult social care sector by 2020, and 1m by 2037, if the government does not take action to make care a more attractive career option.¹¹

The social care sector is also supported by an army of informal carers – friends, family and neighbours. They contribute huge amounts to the economy by caring for family members or friends, but doing so can have an impact on their own physical, mental and financial health. Formally provided social care services help informal carers, by providing respite and support so they can care for their loved ones, while continuing to work and/or look after other family members.

Many informal carers are older themselves. The number of older carers aged over 65 is predicted to rise to 1.8m by 2030, more than 200,000 of whom will be over 85.¹² People in this group may be struggling with their own care needs, as well as caring for others, and will need extra practical support.

There is also an unknown and sometimes hidden group of older people who are in need of care but do not receive any support at all.

Social care in crisis

Many organisations, including UNISON, have raised concerns about the difficult financial conditions care services face. Because of severe funding cuts to local government budgets, councils have had to squeeze their payments to care companies and charities.

Some companies – particularly larger ones or those in more affluent areas who can charge more for services – can use the money from self-funders to ‘top up’ their budgets. Smaller, local care firms who mainly care for people who are paid for by local authorities may struggle just to cover their basic costs, let alone make improvements to the service.

Some care companies, who are partly funded by local government after winning council care contracts, have significant profit margins and pay high salaries for chief executives. This means public funding is being drawn away from delivering or improving services.

The best way to ensure every last penny of public funding is put towards social care services is by providing services in-house. Some councils who have brought previously outsourced services, such as IT or highways, back in-house have found ‘insourcing’ actually saved them money and made services more efficient.¹³ There is also growing evidence that councils that have brought homecare contracts back in-house have been able to pay the living wage from the money saved by reducing the number of contracts.

Many care providers are facing increased financial pressure due to a long-overdue increase in wages for the lowest paid. The national living wage (NLW), introduced by the government in April 2016, is currently £7.20 per hour, with plans to increase it to £9 per hour by 2020. Private or charitable organisations (and their commissioners) will need to find an extra £520m in 2016/17 to pay staff the NLW, as well as an extra £92m to meet their obligations to pay the national minimum wage (NMW) to workers aged under 25.¹⁴

Paying staff a decent wage is an essential part of being a good employer and help organisations recruit and retain workers. Some employers have voluntarily agreed to pay their staff the actual living wage, set by the Living Wage Foundation, which is a voluntary hourly rate of pay based on the basic cost of living in the UK. It is currently set at £8.45. A living wage for London is calculated annually by the Greater London Authority; at present it is £9.75 an hour. Most employers who have signed up to paying their staff the living wage believe doing so has improved the quality of work and cut absenteeism rates.¹⁵

These pressures will have a direct impact on staff and services, as some employers may look to make savings in other areas to cover these costs. Some companies may have to close if they fall into debt and cannot maintain services. By law local councils have to pick up service provision when this happens, which puts even more pressure on local budgets.

The government has introduced the Better Care Fund and the social care precept in an attempt to help fill the funding gap in England's social care services.

The Better Care Fund is a joint pot of money created from existing funding for health and social care services that is meant to support the integration of health and social care services in England. However, this fund will only introduce £700m of new funding into social care services from next year,¹⁶ and does little to address the financial pressures both local authorities and local NHS services face now.

Last year, the government introduced the social care precept for English local authorities with responsibility for social care, which allows them to increase council tax by an extra 2% to spend on social care services. However, the precept will raise just £800m each year, not the £2bn claimed by ministers, and will not come close to filling the huge funding gap.¹⁷ In fact, the precept could well increase inequality. Councils in poorer areas, with fewer houses in higher council tax bands and fewer people who pay council tax will lose out, while local authorities in richer areas, where the demand for local authority funded support is lower, will be able to raise more money.

The scale of cuts to older people's social care

The scale of cuts to spending on social care services for older people reveals the shocking extent to which services have been cut back since the introduction of spending cuts in 2010:

- £1.95bn has been cut from social care budgets from 2005 to 2015.¹⁸
- More than a quarter of care homes in the UK are in danger of going out of business in the next three years. Around 5,000 homes are at risk of closure due to debt.¹⁹
- If nothing in the funding regime changes within five years, around 37,000 care beds and 13.5m bed days could be lost as funding fails to meet demand.²⁰
- Between 2009 and 2015 the number of people receiving homecare fell by 20% and the hours of care delivered decreased by 6.8%, suggesting that access to homecare is restricted to those with most intense need.²¹
- Spending on day care services has reduced by 30%, which has led to a 38% decrease in the number of people using these services.²²
- More than 1m people in England have at least one unmet care need, compared to 800,000 in 2010.²³
- Given projected increases in the older population, services will need an extra £3.41bn in 2015/16 and an extra £5.39bn by 2020/21 to provide the same level of care available for older people in 2010/11.²⁴

The impact of cuts

Social care employees are dedicated to their jobs and go above and beyond what is asked of them to provide good quality care. They enter the care workforce because they want to make a difference. However, our survey of those providing care for older people reveals the impact cuts are having on their work. Many social care workers are at breaking point – rushed off their feet, exhausted and morale is at rock-bottom. They are crying out for help, not just for themselves, but for the people who they support too.

Pay

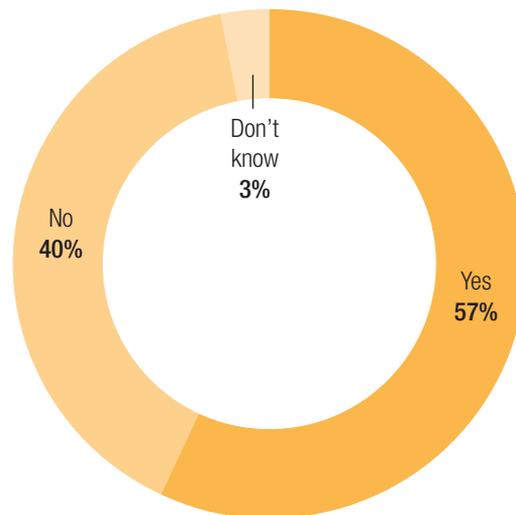
Low pay is endemic throughout the sector. Many workers are incredibly low paid for the jobs that they do, particularly those in the private sector. The majority of care home workers in the UK are employed in the private sector and almost 90% of them are paid below the living wage.²⁵ In some cases, workers are paid below the national minimum wage because they are not paid properly for travel time or breaks between visits or sleep-ins (where they stay overnight at a person's house and are on call to help with any care needs). Many do not receive sick pay and zero-hours contracts are commonplace.

Action to deal with poor pay and conditions in the care sector is long overdue. The government's national living wage, introduced in April 2016, is supposed to help these and other low-paid workers who are struggling to make ends meet. Our survey found that almost half the care workers in the private sector, where the majority work, were earning less than £7.20 an hour in April 2016, when the NLW was introduced. UNISON believes the NLW doesn't go far enough. Not only is the current rate four years behind the real living wage*, it only applies to those aged 25 and over, discriminating against young employees.

*The actual living wage was £7.20 in the UK and £8.30 in London in 2012/13.

Our research found that some workers have still not had their pay increased to the level of the NLW. Over half (51%) of all survey respondents had not received a pay rise since the introduction of the NLW. Forty per cent of those who were earning less than the NLW before April 2016, around a quarter of survey respondents and mostly private sector workers, have still not received a pay increase.

Have you received a pay increase since the introduction of the national living wage in April 2016?
[Workers who were earning less than the national living wage before April 2016]



Some employers have already made a commitment to pay the living wage as set by the Living Wage Foundation. For example, 20 councils have signed up to UNISON's ethical care charter²⁶ agreeing to pay for travel time, stop using zero-hours contracts and 15-minute visits, and pay workers the Living Wage Foundation's living wage.

The ethical care charter is a simple way for councils to improve homecare. It is a set of commitments that fix minimum standards to protect the dignity and quality of life for vulnerable people and the workers who care for them.

By signing up to it, councils agree to:

- no longer allocate 15-minute visits, so workers have time to talk to clients;
- schedule visits fairly so workers do not have to rush or leave people's houses too early;
- pay homecare workers for travel time and necessary expenses;
- not use zero-hours in place of permanent contracts with agreed hours;
- give workers regular training during the working day at no extra cost;
- pay all homecare workers the living wage; and,
- include all homecare workers in an occupational sick pay scheme.

Better pay and working conditions help recruit and keep skilled and experienced staff. The agreements in the charter mean dignity and respect for employees and better quality care for people who need care.

For many homecare workers, the inability of employers to pay for travel time means that they could well be breaking the law, and employees are only earning a fraction of what they should be. Our survey found that many employers are cheating their staff: 44% of homecare workers were not paid for travel time.

Low pay leads to stress and low morale. Many survey respondents' comments highlighted financial worries and the impact this was having on their stress levels – some said they were working extra hours or multiple jobs to make ends meet.

| “I have to work seven days a week in order to survive financially.”

Low pay affects care workers and their children, parents and other relatives. Sixty per cent of care workers in our survey had their own caring responsibilities outside of work.

The low pay care workers receive means many need extra financial support – 40% of care workers receive some kind of benefit, including income support, tax credits, council tax reductions and/or housing benefit.²⁷

| “[I have] feelings of low self-worth because cuts in my pay make me feel that I have wasted my career.”

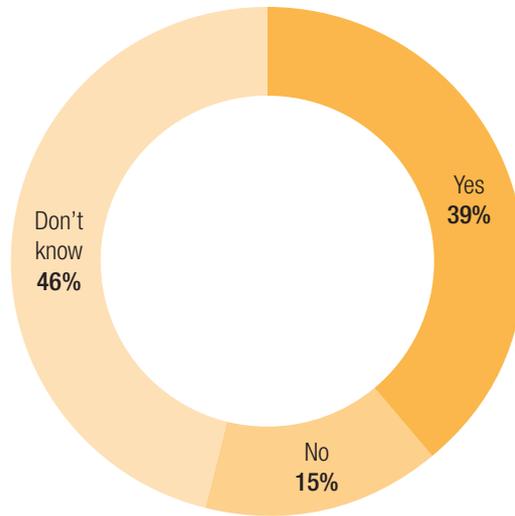
There is an economic case for increasing the pay of the lowest-paid workers in the care sector. Making sure care companies pay care workers the real living wage would help the government save money in welfare payments. The Treasury could gain £200m from benefits savings and higher tax revenue if it implemented the real living wage.²⁸ The taxpayer is currently effectively subsidising low-paying employers in the care sector.

Contracts and hours

Cuts to central government funding have forced local authorities to cut their budgets for directly-provided care and the amount they pay private and voluntary providers. As a result, care workers' terms and conditions have been first to be hit by employers, some of whom are still extracting a profit from the service. For example, Sevacare, a company that delivers homecare, made a profit of over £1m in 2015, but paid out £500k to shareholders in dividends.

The introduction of the national living wage, without a corresponding increase in council budgets, means that employers are under even more pressure to make cuts in other areas. Thirty nine per cent of those whose pay had gone up since the NLW was introduced (around half of all survey respondents) believed their employer had cut or was going to make cuts to conditions like enhanced payments, overtime, sick pay and working hours to make up for the increase.

Do you believe that your employer has cut or is going to cut other terms and conditions in order to make up for your increase in pay?



Worryingly, some workers also said that employers were making cuts to service provision as well as slashing staff numbers and terms and conditions.

“The cuts and the introduction of the [national living wage] mean private companies are trying to make up the difference by reducing the time we spend with clients in order to fit more in.”

As the primary commissioners for social care services, it is vital councils monitor contracts and ensure firms pay a legal wage, sick pay and travel time. It is also important to make sure that organisations with self-funding clients do not charge those people more to make up the shortfall from underfunded local authority contracts.

Insecure working hours and low pay often go hand-in-hand and this was confirmed by our survey results. Almost a third of those earning less than £8 per hour were on insecure contracts, compared to 10% of those on more than £8 per hour. Within social care, homecare workers are much more likely to be working insecure hours. A third of homecare workers had zero-hours contracts, compared to 19% of all social care staff who answered the survey.

Our survey also found that private sector workers were more likely to suffer unfair working conditions than council-employed care workers. Staff employed by private organisations were more likely to:

- Be on zero-hours or insecure contracts. Over a third were working on these contracts compared to 6% in the public sector).
- Be low-paid. Almost 80% of private sector workers were paid less than £8 per hour compared to 13% of public sector workers.

Privately employed homecare workers were also less likely to be paid for travel time. A quarter of respondents employed by companies were paid for travel time, compared to 82% of public sector employed workers.

Time to care

Recent UNISON reports on homecare workers such as *Time to Care*²⁹ and *15 Minutes of Shame*³⁰ suggest that having inadequate time to provide good care is still a huge source of frustration for workers. Our survey found that this is still the case for some workers.

“I’m sick of 15 minute calls. It’s not enough time to undress people, put their pjs on, give them their meds, bring them upstairs, take them to the toilet, help them into bed, close the blinds, secure the house and record everything in the care plan. I can’t sit for five minutes with him or her, because I’m under pressure to get to the next person. It does not feel like a caring profession now.”

Cuts are making it more difficult for social care workers to spend time with clients and give them more than the basic level of care. Almost two-thirds (63%) of workers said funding cuts meant they had less time to spend with the people they care for. For workers in other social care services, high workloads caused by staffing cuts mean less time to spend with people who need support.

“Staff shortages make our workload much harder. We’re unable to give people the full care and attention they need.”

A number of homecare workers who responded to our survey repeated concerns raised in previous UNISON research about ‘call-cramming’. Some workers said employers were deliberately scheduling too many visits, because they believed the care required could be completed in less time.

“I am forced to call cram as my rota is impossible. We no longer accept 15-minute calls but now we’re expected to squeeze several half hour calls into one hour as managers think they can be done in less time.”

Spending time with older people is an essential part of providing good quality care. Loneliness can have a huge impact on older people’s mental and physical health. Allowing workers the time to talk to the people they care for and check that they are ok can be incredibly beneficial. It is also an important way for workers to monitor the ongoing condition of the people they are caring for.

“The social aspect of care is almost non-existent, and that is extremely important for people’s morale and mental health. I see clients whose health has deteriorated because not enough time is being spent with them.”

Not having enough time to care shows how cuts to workers’ conditions are having a direct impact on the people they support. For older people who don’t have family or friends visiting regularly, spending time with their care worker may be the only personal interaction they have on a regular basis.

Over-worked and under-valued

Having enough staff to look after vulnerable adults is an essential part of providing good quality care. However, many survey respondents raised concerns about staff shortages and the impact this has on their working environment and the people they look after.

When asked how cuts have affected their workplace, 65% said there were fewer staff and 70% reported higher workloads. Too few staff to cover the care needs of clients puts an unacceptable amount of pressure on care workers. It also puts the people they look after at risk. In residential care or day care services, not having enough staff to provide personal care and support puts older people's safety at risk.

“Basic care needs are not met. There's not enough food for people and no personal care is being provided. Accidents are happening on a regular basis”

In homecare, inadequate staffing and the growing pressure on workers to take on more visits in less time can lead to a lack of continuity in care. Workers sometimes have to visit new clients with little or no information about them. Those who are expecting a care visit might never see the same care worker twice, which can be disorientating for people with conditions such as dementia, where changes to routine can cause anxiety.

“My dad has just had his 30 minute visit in the morning cut to 15. Out of 21 visits a week he can have 15 or more people coming in. He has dementia. It doesn't help!”

Almost a third (32%) of workers said that there had been a cut in training. This puts staff under more pressure to provide care they may not be qualified for. The lack of adequate training was highlighted in *UNISON's Homecare Training Survey*.³¹ This found a shocking number of homecare workers providing aspects of care without any training, including administering liquid morphine and insulin. This risks discomfort, infections and overdoses, with potentially fatal consequences.

“Care staff are inadequately trained, actions aren't taken to protect vulnerable adults. It feels like chaos.”

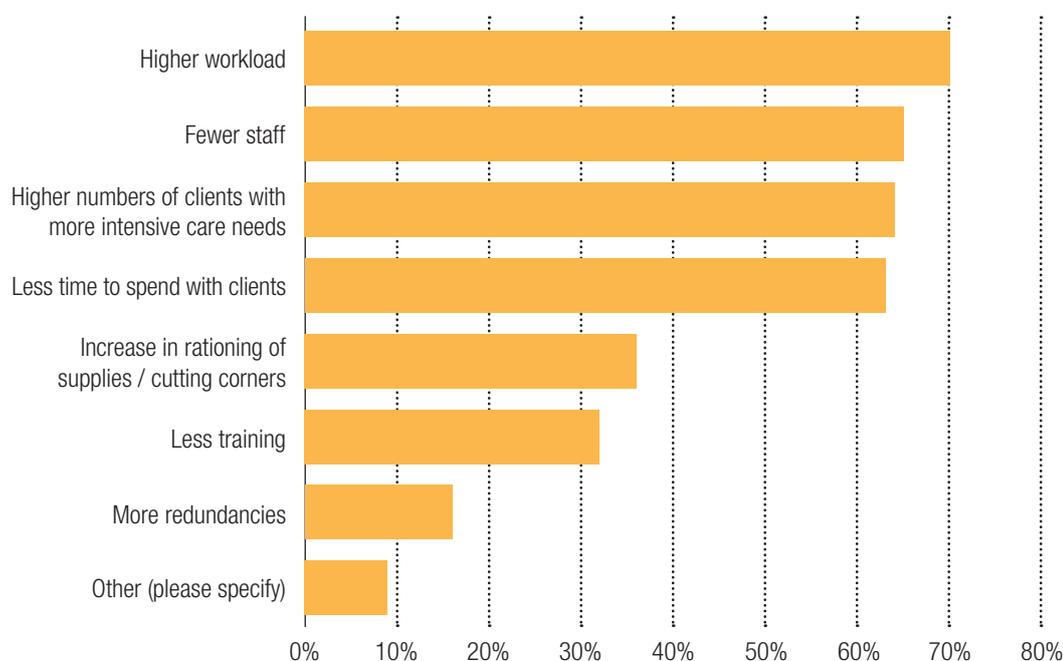
Over a third (36%) of workers said there had been an increase in cases where cuts had forced employers or managers to ration supplies or cut corners when providing services.

“No tea trolley is taken round, there's no regular toileting, residents are left in wheelchairs rather than in a comfy chair, weekly showers are not happening.”

Workers described having to use poor quality equipment, like surgical gloves – or not having any protective equipment at all. A disturbing number referred to rationing or shortages of basic supplies like bedsheets, wipes and incontinence pads.

“Have been told not to change [incontinence pads] as often, as the van that calls to collect the yellow bags that the pads go in is charging by the bag.”

How have budget cuts since 2010 affected your work or workplace?



Many workers described how they loved working in care, but that cuts to services were making it difficult to provide the level of care they wanted. Some employees talk of working extra time unpaid, just to make sure elderly people receive decent levels of care.

“There’s not enough staff to properly fulfil the job, such as spending quality time with each resident. Staff [are] under too much pressure, frequently breaking down in tears because it’s so stressful.”

Many of the stories refer to a tightening of eligibility for support from local authorities and of long delays before people receive any support.

“My mother-in-law has to live, sleep and eat in her lounge because there is no funding for a stair lift. She has a commode in the lounge at night because she can’t get to the toilet.”

Tighter eligibility criteria means vulnerable older people and their families, who cannot afford to pay for professional care, do not receive any support until they need more intensive care. This is reflected in the experiences of the social care workers who answered our survey. Almost two thirds (64%) said cuts had led to a higher number of clients with intensive care needs.

People who can pay for some of their own care have had to restrict the services they purchase because of the growing costs, putting extra pressure on family members or friends who provide informal care and support.

“The cost of the services has risen so we are not able to afford as much care as we would like... I would like to attend the local day centre to give my partner a break but it is too expensive.”

The media has regularly reported on the spiralling costs and the growing number of people who have been forced to sell their homes or use up their savings to cover the costs of their care. This too was reflected in the stories collected from our survey.

“[Our council] ran out of money and – despite the fact that dad has dementia and met the criteria, and we went through the appeals procedure – we have had to self-fund. As a result were unable to fulfil the wishes of my late mother’s will and cannot pay out to the grandchildren. The money will be long gone on his care home fees.”

How social care cuts affect the NHS

The financial pressures on the NHS are well documented. The latest figures for 2015/16 show nearly two-thirds of all NHS trusts ended the year in deficit and providers overspent by nearly £2.5bn.³²

Years of cuts to social care services mean increasing pressure on the NHS. In a survey by the NHS Confederation, health leaders in charge of planning, commissioning and providing services said cuts to social care funding were putting increased pressure on the NHS.³³ Half these NHS leaders said social care cuts had led to increased demands for ambulance services and poorer outcomes for patients.³⁴

UNISON health workers in our survey described situations where cuts to social care support had a direct impact on the NHS. Many healthcare workers were highly concerned about the effect of delayed discharges on patients, as a result of the reduction in the availability of social care packages caused by funding cuts.

“One of our patients waited three months for a care package. She was terminally ill and desperate to see her home for the last weeks of her life. Unfortunately she died before one became available.”

Some health workers also said that cuts to social care had led to a rise in admissions or re-admissions to hospital, and that delays to accessing support meant patients’ health had deteriorated because they were having to spend longer in hospital.

“An elderly patient in their 90s waited three weeks for a package of care to be available to allow them to be discharged. As a result the patient became increasingly disorientated and depressed, and needed additional therapy because of the increased wait.”

Solving the crisis in social care

For years UNISON and other organisations have warned that dwindling funding and the growing number of people with intense care needs would lead to a crisis in social care. Privatisation of most care services also means money is 'lost' to the care system in profits and commissioning costs.

Our research findings show the crisis is already happening, and has been for some time. The trail of destruction spending cuts have inflicted on social care means extra pressure on workers and declining standards of care. But there is still time to save our social care services, if we act now.

Successive governments have tried to reduce public spending on care, just as the elderly population started to rise. Government spending cuts since 2010 have hit local councils particularly hard. Cuts have inevitably fallen on social care. Government care initiatives like the Better Care Fund and the social care precept are, at best, sticking plasters.

The government

A significant injection of funding to the social care sector, via increased financial support to local authorities, is necessary to resolve the crisis in social care services. An increase of £2.4bn by 2020 is needed, just to cover pay increases for the national living wage and national minimum wage.³⁵

Outsourcing services to the private sector is not the answer. Privatisation almost always results in cuts to pay, conditions and pensions. Some private firms' response to the cuts has been to drive down costs by attacking the content of workers' contracts and cutting corners on care provision.

But by supporting councils to deliver and commission high quality social care services, the government could save us all money in the long run, while making sure older people, who cannot afford the spiralling costs of care, receive the support they need.

UNISON calls on the government to:

- Carry out a major review to establish the funding needed to ensure the care sector survives this crisis and can continue long term.
- Invest necessary additional resources into the social care system so it can provide decent pay and conditions, training and a quality service to the people needing care.
- Review its commitment to the privatisation of care, to ensure all available public money is spent on the service.
- Introduce legislation setting fair mandatory standards of employment and care for commissioning, using UNISON's ethical care charter as a guide.
- Tackle the scandal of widespread non-payment of the national minimum wage, the national living wage, travel time and unlawful deductions from earnings in the social care sector through targeted HMRC inspections and prosecutions.

Social care employers

All social care employers have a responsibility to support and value their workers and provide good care. Councils, as key purchasers and providers of social care services, have a responsibility to commission decent care services that treat workers fairly and give older people consistently high quality support.

UNISON calls on social care employers to:

- work with UNISON to review terms and conditions and work practices across care services, and
- adopt UNISON's ethical care charter.

UNISON calls on local authorities to:

- Sign up to the ethical care charter and work with UNISON to implement decent standards for homecare workers.
- Review contracts and bring care services back in house, especially when commissioned care organisations are failing to provide high quality services or treat workers properly.
- Always consider bids from local authorities when commissioning new care services.
- Monitor outsourced care contracts to ensure compliance with the national living wage and statutory employment requirements.

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THE DAMAGE

This UNISON report is one in a series of studies looking at some of the vital services provided by councils. In it we explore the long-term damage to the public and to the economy caused by ongoing austerity cuts.

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