CARE ENGLAND
The voice of care

The Perception of a Career in Care

WHY THE NARRATIVE MUST CHANGE

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Adult social care is the unsung backbone of society, responsible for supporting millions of people with complex needs, disabilities, or age-related conditions. With over 1.7 million people employed and contributing £68.1 billion to the UK economy, it plays an indispensable economic and social role. However, despite this impact, the profession continues to suffer from a deeply entrenched and often negative public perception.

Care work is often seen as low-skilled, low-paid, and unappealing - an image that fails to reflect the skill, professionalism, and compassion that defines the sector. These misconceptions discourage potential recruits, undermine morale, and contribute to a vicious cycle of undervaluation and underinvestment. These views, while widespread, are not inherent truths but are shaped by structural, cultural, and economic factors that must be addressed if we are to foster a sustainable, respected, and ambitious care workforce.

At the heart of this perception problem is the persistent framing of care work as a low-status, fallback job. Despite the fact that social care roles require significant emotional intelligence, technical skill, and specialist knowledge, they are rarely afforded the same respect or recognition as equivalent roles in health or education. This is partly due to a chronic mismatch between the responsibilities of care work and the remuneration and progression opportunities available. According to the Sector Pulse Check 2024 Report, 86% of providers identified low pay as the central barrier to recruitment. With median care worker pay rising only 17% in real terms since the introduction of the National Living Wage in 2016, and many workers still earning close to minimum wage, the financial reality of care work severely limits its attractiveness.

This financial disparity is even more pronounced when compared with the NHS. The Unfair to Care report starkly revealed that care workers earn, on average, £7,617 less per year than their NHS counterparts performing equivalent duties. This equates to a 35.6% pay gap, a difference which not only diminishes the appeal of the sector but signals a troubling inequality in how society values its health and care workforce. With care workers often operating under more fragmented employment models, with limited pension contributions and fewer staff benefits, the cumulative effect is a perception that care work is less stable, less secure,

and less worthwhile. Crucially, the majority of adult social care in England is publicly funded, with local authorities and NHS Integrated Care Boards purchasing care on behalf of individuals. However, the funding made available to these public bodies does not reflect the true cost of delivering care - especially when it comes to staffing. As a result, the rates paid to providers often do not cover the full cost of delivering care, including fair wages. This leaves providers in an impossible position: they are unable to raise wages meaningfully, not due to a lack of will, but because the funding is simply not there. It is important to acknowledge that local authorities and ICBs are not to blame - they themselves are operating within a chronically underfunded system driven by national budget decisions.

Beyond pay, the issue of career progression plays a crucial role in shaping perceptions. Data from Skills for Care has shown that the hourly wage difference between a care worker with one year of experience and one with over five years is just four pence. This minimal differentiation in reward undermines any sense of career development and sends an indirect message that dedication and skill growth are not meaningfully recognised. Despite the existence of over 50 vocational qualifications in the sector, from Level 2 diplomas to management-level training, public understanding of these routes is limited. This gives the impression that the profession lacks momentum or recognition, even though the underlying issue again ties back to systemic underfunding. Investment in meaningful progression frameworks - both financial and educational - requires long-term support and planning, which many providers cannot afford to prioritise while struggling with day-to-day operational costs.

The nature of working conditions in care also shapes how the public and potential recruits view the sector. Shift work in care can be highly unpredictable, with limited flexibility and frequent demands for night shifts, weekends, and public holidays. For many people balancing family responsibilities or other commitments, this kind of irregularity is unmanageable. The sector's widespread use of zero-hours contracts adds to the perception of instability. However, this narrative does not tell the full story. A significant proportion of the care workforce actively choose zero-hours arrangements because of the flexibility they provide. For example, individuals with other responsibilities - such as those with other part-time or seasonal work, or those with caregiving duties of their own - may prefer this model, allowing them to pick up more hours during holidays or periods of availability. The issue is not the existence of zero-hour contracts per se, but the assumptions made about them. Outside of the care sector, zero-hours roles have been linked with exploitative practices and job insecurity, and so are broadly viewed as undesirable. This perception seeps into how care roles are judged, despite the more nuanced reality. The Employment Rights Bill has pledged to address "exploitative" zero-hours contracts, but without a clear definition, the risk is that all such contracts are viewed as inherently problematic - further entrenching the negative perception of care roles, even where flexibility is a genuine advantage.

Yet it is not only economic and structural factors that define the perception of care. Social and cultural narratives play an equally important role. The idea that care work is unskilled is one of the most enduring and damaging myths. In reality, the role demands a high degree of knowledge, from understanding

safeguarding protocols to administering medication, managing dementia behaviours, and navigating complex family dynamics. Care workers are also expected to operate with a deep emotional intelligence and empathy that is essential to person-centred care. Despite this, the label of "low-skilled" persists, a term which often finds its way into political rhetoric and policy documents, further embedding the stigma and denying the reality of the work.

Media representation contributes significantly to this perception problem. The dominant narrative in press coverage of social care is overwhelmingly negative. Reports focus on crisis points - abuse scandals, funding shortfalls, regulatory breaches - rather than on the everyday successes and innovations that define the sector. This crisis lens, while highlighting important challenges, fails to capture the resilience, creativity, and impact of care work. In contrast, positive accounts that showcase the life-enhancing role of care, such as those found in initiatives like My Home Life England's work on residential care, receive comparatively little attention. This imbalance in representation has real consequences. It shapes public understanding, informs career choices, and influences policy priorities. When the media presents care as broken or failing, it not only undermines trust in the sector but deters new entrants and reinforces low morale among existing staff. There is no denying that there are challenges in social care; but equally, there is much to celebrate.

The national narrative often misses the human connection, the innovation, and the dedication that define good care. During the pandemic, what began as "Clap for Carers" quickly became "Clap for the NHS" – a telling shift that underscores a broader challenge. Whenever efforts are made to celebrate social care in its own right, they are often absorbed into the wider narrative around the NHS. While the NHS rightly receives sustained public admiration, social care rarely has the opportunity to be recognised on its own terms. The sector remains in the shadow of its healthcare counterpart, without a consistent moment in the national spotlight. For social care to be truly valued, it must be celebrated as a distinct and essential part of our society; not only during a crisis, but every day. A recent article in The Times, helps to challenge this narrative, by highlighting the true demands of the job. While policies and procedures can be taught, the most important quality in care cannot be, as 'it comes back to compassion, that's what people need to bring themselves; we can give training in our policies and produces, but you can't train compassion. This sentiment captures why the narrative in care must shift.

The consequences of poor perception are multifaceted. Firstly, recruitment into the sector becomes more difficult. Young people and career changers are less likely to pursue roles in care when the prevailing view is that the work is undervalued and unappreciated. Secondly, existing staff are more prone to burnout and exit, often citing a lack of recognition and limited progression as key drivers for leaving. Thirdly, public and political support for funding improvements remains muted, because care work is not widely viewed as a priority profession. These interconnected issues feed a cycle of workforce instability that makes sustainable care delivery increasingly difficult. There are, however, solutions-addressing the perception problem requires more than a communications strategy; it demands systemic change and targeted investment.

The government's Fair Pay Agreement and Employment Rights Bill represent an opportunity to reset expectations around pay and conditions in care. The Trade Union Congress's proposal of a £15 minimum wage for care workers, projected to generate £7.7bn in economic activity, illustrates how investment in care wages can deliver broader societal benefit.

Perception cannot be reshaped by pay alone. It also requires a renewed emphasis on the professionalism of the workforce. This means investing in training pathways, establishing clear career frameworks, and promoting the achievements of care workers. The introduction of a national Skills Passport and better public information on the vocational routes available can help redefine care as a legitimate and desirable career. Professional registration, similar to nursing or teaching, could also help formalise the sector and improve public recognition; however, Skills for Care have developed a workforce strategy, which has unfortunately, not yet been fully adopted.

Cultural change is equally vital. To shift the narrative, we must celebrate the everyday successes of the care workforce. Campaigns like #CelebratingSocialCare, alongside local storytelling initiatives, should be embedded in national strategies for workforce recruitment and retention. Social care providers should work closely with schools, colleges, and job centres to showcase the sector and offer taster days, apprenticeships, and clear role progression plans. Rather than relying on abstract recruitment campaigns, the sector should foreground real stories: of individuals whose careers have flourished in care, and of people whose lives have been improved by it.

Positive perception also hinges on representation in decision-making. Care workers are rarely seen or heard in policy discussions that affect them. Creating forums and structures where staff can share their perspectives and shape reforms would not only improve policy outcomes but also signal respect and inclusion. Public trust and professional pride go hand in hand, and visibility is a vital component of both.

Ultimately, improving the perception of a career in care is a collective responsibility. It requires action from government, providers, media, and the public. But it is not just a matter of fairness, but a strategic imperative. As the population ages, and needs become more complex, the demand for care inevitably increases; we must build a workforce that is not only large enough to meet demand, but skilled, motivated, and proud to serve. Skills for Care data outlined that by 2040 a total of 2.38 million adult social care posts would be needed, an increase of 29% from 2023/24 - this cannot happen while care is seen as second-class work.

The time has come to recognise care work for what it is: an essential profession rooted in expertise, compassion, and community. By reshaping how we talk about care, invest in its people, and structure its opportunities, we can ensure that a career in care is not only viable but aspirational. It is only through this change - systemic, cultural, and narrative - that the perception of care can finally reflect its true value.

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