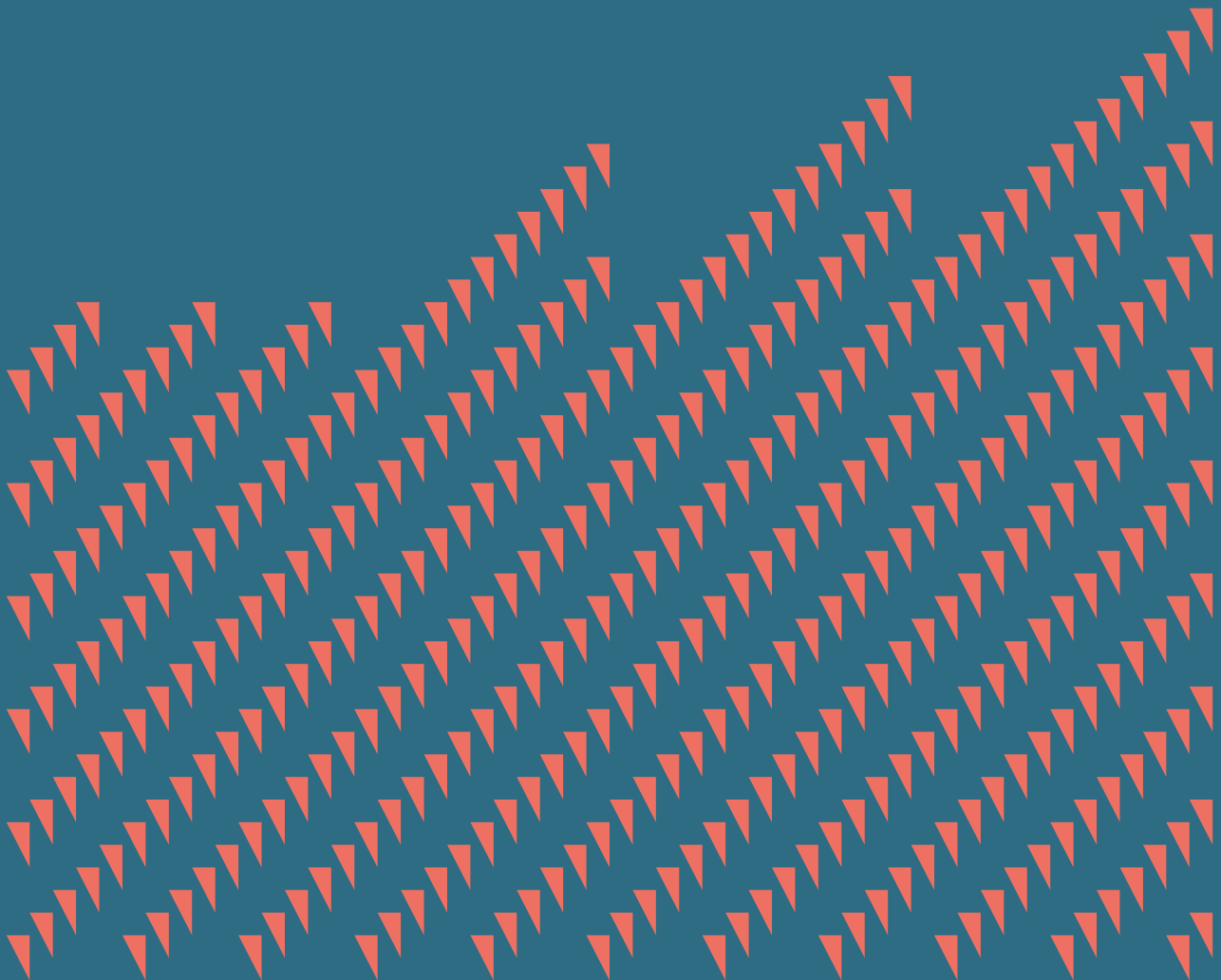




Who cares?

The experience of social care workers, and the enforcement of employment rights in the sector

Nye Cominetti
January 2023



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The views in the report and any errors are those of the authors only.

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Summary

The social care sector plays a vital role for many people and for our society, enabling millions of elderly and disabled people to live with dignity and independence. But it is also an important employer: in 2022, there were 1.7 million social care jobs across the UK, making it one of the largest low-paying sectors in the country. Were this workforce to grow in line with our ageing population, the number of social care jobs would outstrip those in retail or hospitality in little more than a decade. In this briefing note, we bring together data analysis and the findings from three focus groups we held with frontline workers to learn more about this large and important part of the workforce. Critically, we ask: what is the nature of social care jobs, and where should improvements be prioritised?

To begin, our focus group participants were clear: working in social care has many positives, especially compared to other low-paid jobs. The human element of the role is immensely satisfying: the value of putting a smile on people's faces and knowing they are well looked after is incommensurable. Social care workers view their work as high-skilled (dealing with difficult clients, for example) and high-responsibility (administering medication, say), and many enjoy a significant amount of autonomy to do as they judge best. Historically at least, the data confirms this positive picture. In 2017 (the most recent year of data available), 88 per cent of social care workers reported they were satisfied with their job, compared to 83 per cent of those in other low-paid roles. Moreover, there is considerable job security in the sector: as one worker put it, 'There's always a job for you in [social] care'.

But this security partly stems from a less-than-positive source – the current shortage of workers the sector faces. In 2021-22, more than one-in-ten (11.6 per cent of) frontline care jobs in England were vacant, up from fewer than one-in-twenty (4.7 per cent) in 2012-13. This recruitment problem comes with considerable additional downsides. One of the most negative aspects of the job that our focus group participants highlighted is the constant stress and strain that understaffing brings. In 1992, 59 per cent of social care workers said they worked under a high degree of tension; by 2017, that had risen to 68 per cent, 14 percentage points higher than those in other low-paid jobs. (Of course, this figure is likely even higher today given vacancies have risen particularly sharply in the wake of the pandemic.) Stories of corners that simply have to be cut were commonplace, and the health and safety of clients or staff at risk as a result.

Social care workers were unequivocal about why the sector is so short-staffed despite the many positives of the job: low pay relative to the skills required. And the figures bear this out. Median hourly pay among frontline care workers stood at £10.90 in April 2022, well below the economy-wide average of £14.47 and less than rates offered in low-

paid jobs in offices, call centres, transport, and nursing assistants in the public sector. Moreover, the pay 'premium' that social care workers have historically commanded relative to other low-paid jobs has almost vanished. The Migration Advisory Committee calculated that in 2011 the average care worker's hourly pay was 5 per cent higher than other low-paid jobs; by 2021, that differential had fallen to just 1 per cent. Cuts to funding after 2010 (which have since been reversed, albeit not on a per-head of elderly population basis) and a rising wage floor have left the sector in a vicious circle: inadequate pay (relative to other jobs) leads to recruitment and retention issues, putting more pressure on the remaining workers, who then feel their pay does not reflect the demands of the job more acutely than ever.

In practice, a large part of the social care workforce – domiciliary care workers – is likely have lower rates of pay than the figures above suggest. Our focus groups made clear that it is rare for domiciliary care workers to be paid for their travel time. Instead, on average they receive a higher hourly rate than residential care workers (median hourly pay of £11.07 compared to £10.50 in April 2022) and in many instances a mileage allowance. But the latter should not be counted as pay (it is provided to cover fuel, depreciation and the like) and the former is likely insufficient in many cases to ensure that when travel time is taken into account, the actual hourly wage is above the legal wage floor. A typical domiciliary care worker earning £11.07 per hour and spending the average amount of time travelling between clients (20 per cent of their 'contact time' – equivalent to 12 minutes for each contact hour) would have an effective hourly rate of £9.20, 30p an hour below the adult minimum wage.

Another specific group of care workers who potentially face employment standards problems are personal assistants (PAs) directly employed by the people they provide care for. Estimates indicate there were around 100,000 personal assistants in England in 2021-22 who were funded by direct payments, and an unspecified number working in a purely private fashion. Our focus groups showed these workers operate in a largely informal and unregulated space and, although this suits some, it leaves others highly exposed to poor and potentially unlawful treatment. Critically, at least one-in-ten PAs are classed as self-employed, and therefore have no protection when it comes to minimum wage, holiday pay or notice periods. But this classification is questionable: PAs do have a large degree of control over how they do their job, but they cannot substitute themselves with another – a key test of self-employment status.

So why do social care workers put up with often poor, and in some cases unlawful, conditions at work, especially when they are in such high demand? We suggest their power in the labour market is weak for three key reasons. First, the workers in our focus groups were strongly attached to their jobs and often viewed their work as a vocation.

The data bears this out: although there is significant staff turnover, social care workers are less likely than many other low-paid workers to leave their sector altogether. Between 2011 and 2020, 1.5 per cent of frontline care workers made a job move outside of frontline care per quarter, lower than the rate of sector-changing job moves among low-paid workers in hospitality (3.8 per cent), call centres (3.3 per cent), retail (2.4 per cent), leisure (3.4 per cent), and storage (2.1 per cent). Second, and less positively, the feminised nature of the workforce means that for many, outside options are limited. Close to one-in-five (19 per cent) of frontline care workers are women with dependent children, and one-third (33 per cent) of residential care workers live within 2 kilometres of their work, with both figures considerably higher than the economy-wide average. Third, at 20 per cent, rates of union membership are relatively low among frontline care workers (this falls to 15 per cent for social care workers in the private sector).

Overall, then, it is clear that social care workers lack structural power in the workplace and for many, the only way they can assert themselves is by exiting the profession. This outcome is clearly a bad one from both the worker's (many love their jobs) and society's (there is an acute and enduring need for social care workers) point of view. So how should policy respond? Some local authorities are signing up to voluntary codes to improve pay and standards for care workers. These are laudable, and will have made a difference to the workers in those areas, but their aggregate effect has been limited to date. We conclude that a sector-wide minimum wage which is £2 higher per hour than the national minimum is required.

First of all, this would drastically reduce the risk of unlawful minimum wage underpayment among domiciliary care workers. A domiciliary worker paid at £11.50 an hour (the current National Minimum Wage plus £2) and travelling around 20 per cent of their day would effectively be paid the minimum wage. Second, a sector wage floor at this level would put clear water between social care and other low-paid jobs, and therefore make a material difference to the sector's recruitment and retention problem. Of course, a higher wage floor would come with the trade-off of a higher funding requirement. Based on previous calculations, raising pay to this level would likely require state spending on social care to increase by 8 per cent (with part of this increase returning to the government via higher tax receipts and lower benefit spending).

In addition to a higher wage floor, to ensure minimum wage underpayment is properly identified and sanctioned, employers must be required to keep records of travel time and furnish these to workers as standard so they can flag issues, and to enforcement agencies on request. HMRC already undertakes significant enforcement action in the sector, but not enough to eradicate minimum wage underpayment given the entrenched combination of low pay and unpaid travel time.

Finally, in cases where PAs are fully or part-funded by the state through direct payments, the state's support with care costs should come with the quid pro quo that such workers are offered a contract and a minimum set of employment standards.

There is an urgent need for more social care workers in the UK today, and demand will only increase over time. Tackling recruitment and retention in the sector requires a fundamental rethink about its funding, and a sector-specific approach to enforcing workers' rights. But in the longer term, an economic strategy that not only raises living standards across the board but reduces inequalities in the UK can only succeed if jobs like social care are good jobs: properly remunerated, with fair terms and conditions and where rights are a reality and not just rhetorical.

Social care employs a large number of workers who are in increasing demand

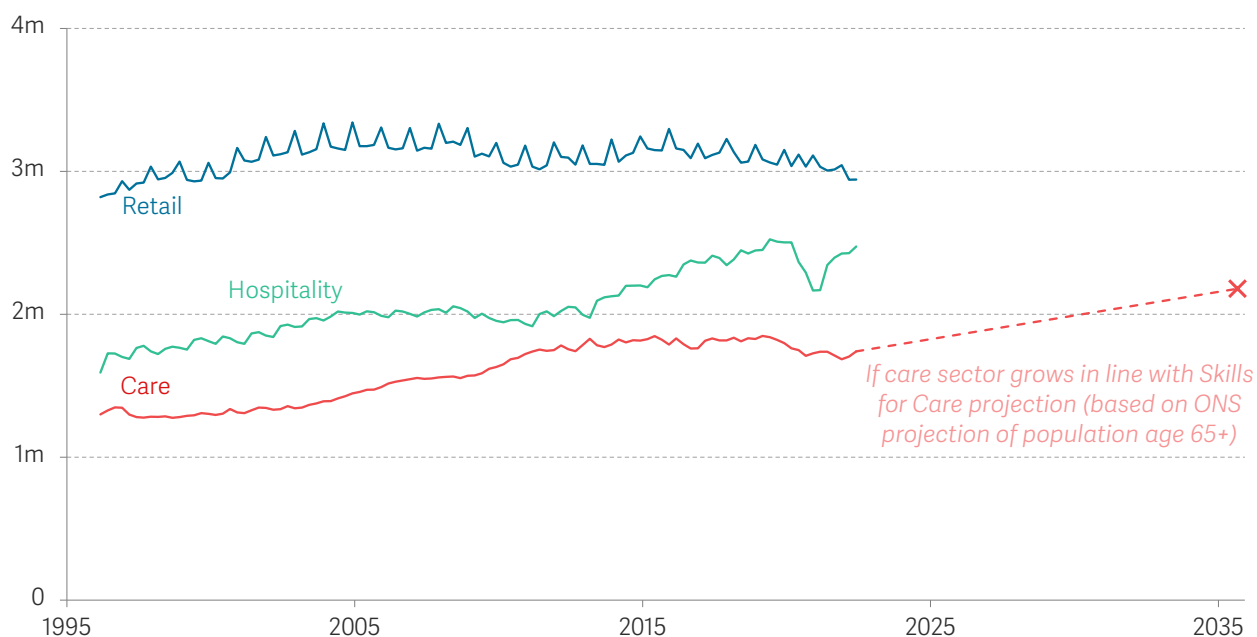
Few would dispute that the social care sector is very important in the UK today – most of all because of the role it plays in supporting millions of disabled and elderly people to lead full and dignified lives. But it is also important as an employer. There are questions about defining and measuring the sector (see the Annex) but, according to the ONS's preferred jobs estimates, in June 2022 there were 1.72 million jobs in the sector across the UK. This places social care alongside retail (2.9 million) and hospitality (2.5 million) as one of the largest low-paying sectors in the UK, representing 4.9 per cent of all jobs, compared to 8.3 per cent in retail and 6.9 per cent in hospitality (see Figure 1).

As Figure 1 also shows, however, the number of jobs in social care has been falling in recent years, with the number in 2022 being 4 per cent down on the 2013 peak of 1.79 million. Given demographic trends, this is surprising. The number of elderly people is rising in the UK; over the past decade (from 2012 to 2022) the number of people aged 80 plus has risen 12 per cent (by 360,000). Of course, elderly people do not make up the entirety of need for social care, and not all elderly people need professional care. But even with these caveats, we would expect a rise in the number of elderly people to be accompanied by more, not fewer, jobs in the industry.¹ If the size of the social care workforce had risen in line with the population aged 80 and above since 2012 (a thought experiment that admittedly does not factor in any changes in the number of people with a disability requiring care, the health of the elderly population, or productivity in the sector), the social care workforce would in 2022 have been 21 per cent higher than its actual level, at 2.1 million.

¹ This is even more the case given that productivity in the sector is thought to have been flat in this period without adjusting for output quality (adjusting for quality suggests productivity has fallen). See: ONS, [Public service productivity, adult social care, England: financial year ending 2021, July 2022](#).

FIGURE 1: Social care employs a large number of people, a figure which it is reasonable to expect to rise as society ages

Number of jobs in selected low-paying sectors, and projection of social care jobs based on Skills for Care estimates: UK



NOTES: Social care is here defined broadly, based on SIC 2007 industry divisions 87 ('Social work with accommodation') and 88 ('Social work without accommodation'), retail as division 47, and hospitality as divisions 55 and 56. Projection applies the growth rate in Skills for Care's workforce projection for jobs in England to total UK jobs in ASHE. Skills for Care's projection is based on growth in population aged 65 plus in ONS's population projections.

SOURCE: RF analysis of ONS, Workforce Jobs; Skills for Care, State of the Adult Social Care Workforce in England 2022.

Using a similar method (linking employment in care to the size of the elderly population – in this case the number of over 65s) Skills for Care have projected significant workforce growth in the coming years. They expect the number of jobs in England to grow by 27 per cent between 2021 and 2035. Projecting the number of UK jobs on the same basis would reach 2.2 million (this is plotted on Figure 1). This would amount to workforce growth of 1.7 per cent per year. The Migration Advisory Committee (MAC) undertook a similar forecasting exercise and reached a higher number, with their projection of jobs in care occupations amounting to 2.2 per cent growth per year.²

In practice the number of jobs in the sector is determined by spending levels, as well as by need.³ Spending has been constrained in the last decade. From 2010-11 to 2014-15, real-terms spending by local authorities on adult social care fell by 9 per cent, driven by

² The MAC projected demand for social care occupations rising from 881,000 full-time equivalents in 2023 to 1.1 million in 2033. See: Migration Advisory Committee, [Review of adult social care 2022](#), April 2022.

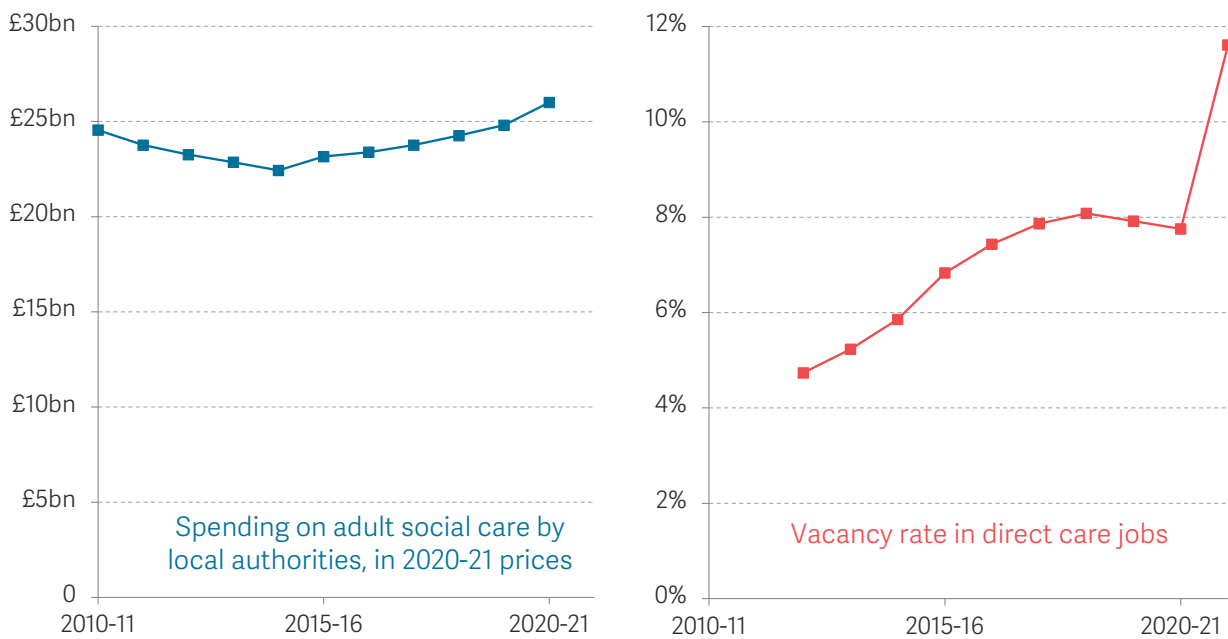
³ In other sectors it would also be determined by changes in productivity, but sectors like care where human time is the output don't tend to see much productivity growth. In fact according to ONS estimates productivity has fallen in care over the past 20 years. See: ONS, [Public service productivity, adult social care, England: financial year ending 2021](#), July 2022. Toby Nangle and James Plunkett both wrote interesting blogs exploring the relationship between wider productivity growth and our spending on (and employment in) flat-productivity sectors like care. See: T Nangle, [Public services in a digital future](#), October 2022; and J Plunkett, [The care paradox](#), October 2022.

cuts to local authority budgets. Spending has since recovered in real terms, and by 2020-21 was 5 per cent higher than 2010-11 levels. But, as set out above, this growth across the decade has been slower than the growth of the elderly population – the number of people aged 80 and above rose 11 per cent between 2010 and 2020. This means spending per head of the 80-plus age group (a rough proxy for care need) has fallen.

Spending constraint has been accompanied not just by falling employment as set out above, but also by a rising vacancy rate in the sector: according to Skills for Care, the vacancy rate for ‘direct care’ jobs in England has risen from 4.7 per cent in 2012-13 to 11.6 per cent in 2021-22 (both the spending and vacancy rate timeseries are set out in Figure 2).

FIGURE 2: Alongside rising need, public spending on social care has been constrained in the past decade, making it harder to recruit and retain staff

Spending on adult social care by local authorities in 2020-21 prices (left panel); and vacancy rate in social care (right panel): England



NOTES: Expenditure series has been adjusted to 2020-21 prices using the GDP deflator.
 SOURCE: Spending figures are reproduced from King’s Fund, Social Care 360, 2022. Vacancy data comes from Skills for Care, Adult Social Care Workforce Data Set, 2022.

Given this picture, what is it like to be a social care worker today? In November 2022, we convened three focus groups of social care workers to hear about the good, the bad and the ugly aspects of their jobs. Critically, we wanted to know if they felt their jobs were good jobs and, if not, what was needed to ensure they were in the future. We held two focus groups in Stockport, one each with residential and domiciliary care workers, and a further online group with personal assistants (PAs). We segmented our groups in this way

to test whether the experience of working in these settings was different (see Box 1 for further details on the share of the social care workforce in each setting).

BOX 1: The types of frontline social care work

Throughout the report we draw a distinction between three main categories of frontline care workers. These were also how our three focus groups were organised; we held one group with each category of frontline care worker, as follows:

- Residential care workers. These are care workers who work in a care or nursing home. Skills for Care estimate there were 445,000 'direct care' jobs in residential settings in England in 2021-22.⁴
- Domiciliary care workers. These are care workers who provide care in people's homes. Skills for Care estimate there were 620,000

domiciliary care jobs in England in 2021-22.

- Personal assistants. These are workers who provide care in people's homes, but with the distinction that, unlike most domiciliary workers, they are employed directly by the person they provide care to, rather than through a care agency. Skills for Care estimate there were 120,000 direct care jobs (filled by an estimated 100,000 workers) funded via direct payments from local authorities in England in 2020-21, although this number does not include those providing care to care recipients paying privately.⁵

The rest of the report is organised as follows. We first examine the positive and negative aspects of care work, organised into the 'good' (job satisfaction and job security), 'bad' (low pay and high workloads), and 'ugly' (a high risk of unlawful minimum wage underpayment among domiciliary care workers, and informal employment and insecurity among the personal assistant workforce). We argue that workers are (compared to other low-paid workers) relatively attached to their sector, which along with a need for flexible work among some, and low union representation limits their bargaining power. And finally we set out a set of policy recommendations.

⁴ Skills for Care, [The state of the adult social care sector and workforce in England](#), October 2022.

⁵ Skills for Care, [Individual employers in receipt of Personal Health Budgets employing personal assistants report](#), March 2022.

Care workers are highly attached to their work for many positive reasons

The nature of care work can make it a highly satisfying career

One of the most striking observations from our focus groups was that the workers we spoke to were attached to their work because, in keeping with the name of the job, they care about their work and the people they care for. This was a consistent theme across the residential, domiciliary and personal assistant groups. These feelings are illustrated in a selection of quotes below, which bring out the gratification the workers found in looking after and building personal relationships with their clients. The focus group participants also spoke about the satisfaction they found in making a positive difference to people's lives, and in seeing them make progress or re-gaining independence, even in small ways. A couple of workers did raise the inevitable downside of such close connections, which is the sadness they feel when their clients die or when their health deteriorates.

They're not just your service users, they become friends. If they've got no family, you become their support system. Going out of a client's house, knowing you've made that slightest bit of difference puts a smile on your face. I absolutely love them to bits.

Domiciliary care worker.

It is rewarding, you create good relationships and I like hearing [my clients'] life stories. You create lifelong friends, it is a caring job.

Residential care worker.

I like the personal connections ... but it is more profound than 'like'. The amount of emotional support, having discussions about things they might not discuss with their own family. You learn a lot about them.

Personal assistant.

Relatedly, care workers we spoke to placed value in the fact that their jobs carry significant responsibility. This came up especially in the personal assistant and domiciliary worker groups, where the workers were sensitive to their clients' dependence on them (many of these workers are their clients' only care provider, or in some cases they provide care alongside informal care provided by family). Similarly, care workers were keen to underline that caring is a skilled job. They listed the many specific tasks they have learned on the job or been trained to do (for example, knowing how to lift people, how to treat adults with learning disabilities, or how to communicate through sign language) and they pointed out that in some cases they do have responsibilities (such as administering medicine) which in other settings might be restricted to qualified nurses.

I like the responsibility of them allowing you in their home, and the trust and respect of it.

Domiciliary care worker.

On the wards, only nurses are allowed to administer medications. But carers who have been there only two weeks with minimal training are meant to do that.

Domiciliary care worker.

Another, perhaps less expected, benefit of care work that some in the focus groups raised was the freedom and autonomy that can come with the job. This was partly tied to responsibility – they can make decisions about how to undertake their caring duties (although this was less the case for residential care workers, who were more likely to talk about undertaking a prescribed list of tasks). But it was also about the variety in the job, in the sense of each day being different, and (for domiciliary workers) moving around and seeing different clients.

[What do you like about the job?] The freedom of being out and about - I couldn't be in one workplace for eight hours. If you need a break you can have one, if you need to pull over for a fag you can.

Domiciliary care worker.

My job involves looking after one person, and we have total freedom to deal with the day as we choose. Those are great, fun days.

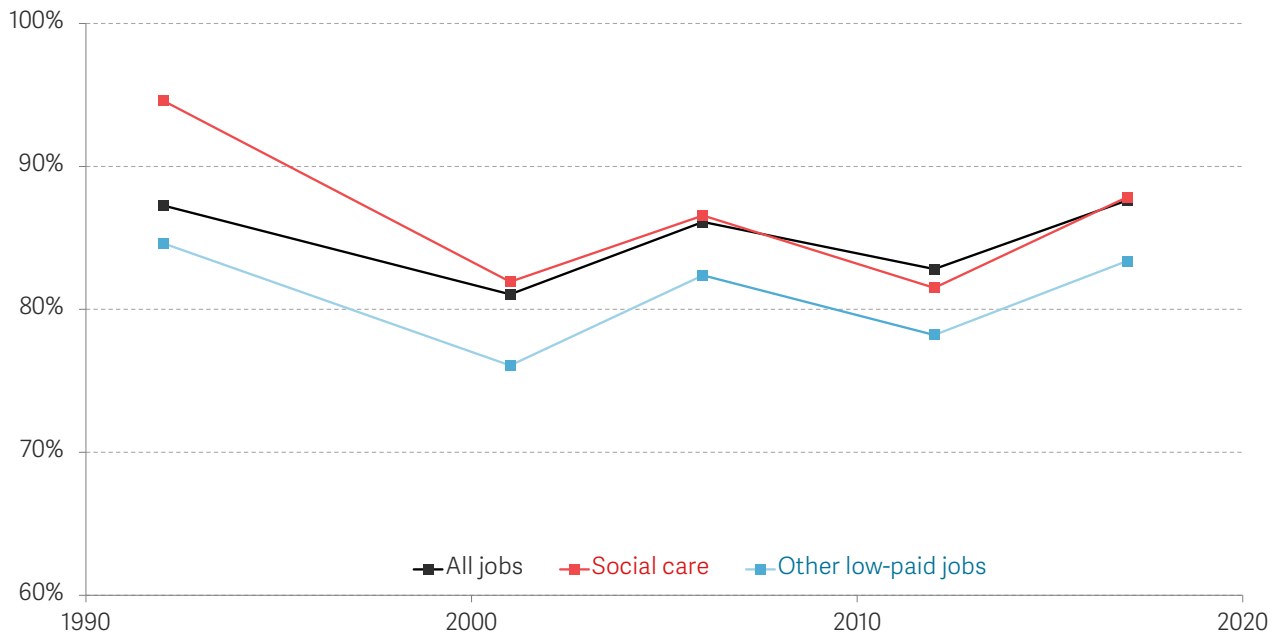
Personal assistant.

These positive factors – the intrinsic value of the job, the sense of importance and responsibility, and the freedom and autonomy enjoyed by some – helps explain why social care workers express satisfaction levels above the rates in other low-paid jobs. This is the trend we observe in the Skills and Employment Survey, which has collected workers' views on a range of questions relating to work and job quality since the 1980s. Figure 3 shows the proportion of workers who express positive job satisfaction and, although there have been ups and downs, the latest data shows that 88 per cent of social care workers reported they were satisfied with their job, compared to 83 per cent of those in other low-paid roles.⁶

⁶ That said, as with all the data we have used from the Skills and Employment Survey, it is important to note that it is somewhat out of date – the last data collected was in 2017. There are good reasons to think job satisfaction among care workers may have worsened since then, given the challenges thrown up by the pandemic. These include the high Covid-19 death rate in care homes, the fact that staffing challenges have become more acute, and problems (for some workers) caused by mandatory vaccinations. See, for example: ONS, [Deaths involving COVID-19 in the care sector, England and Wales: deaths registered between week ending 20 March 2020 and week ending 21 January 2022](#), February 2022. The Government commissioned a survey of care providers at the end of 2021 to which 70 per cent of providers responded saying that maintaining morale had become more challenging over the past year. See: Department of Health and Social Care, [Adult social care workforce survey: December 2021 report](#), December 2021.

FIGURE 3: Care workers express similar levels of job satisfaction to the average worker, and higher satisfaction levels than other low-paid workers

Proportion of workers who say they are satisfied ('completely', 'very' or 'fairly') with their job, by occupation: UK



NOTES: Jobs are defined according to SOC 2000 classification. 'Social care' is SOC code 611. 'Other low-paid jobs' include the following SOC codes: 543, 612, 622, 623, 629, 711, 712, 721, 811, 812, 813, 814, 821, 822, 911, 912, 913, 914, 921, 922, 923, 924, 925. These include jobs such as cleaning, childcare, hairdressing, housekeeping, retail assistants, process jobs in factories, transport drivers, and jobs with lower skill requirements in agriculture, construction, storage, administration, and security.

SOURCE: RF analysis of ONS, Skills and Employment Survey.

Being in demand gives social care workers some job security

An additional important positive aspect of caring that was highlighted was the job security. Care workers recognise that they are in demand, and many pointed out that it is a sector where work would always be readily available if they needed it. This was summed up in the comment from one focus group participant that 'there's always a job for you in care'.

There are that many jobs out there ... the care homes are so desperate. The good jobs are out there, it is just a case of finding them.

Personal assistant.

They need me more than I need them.

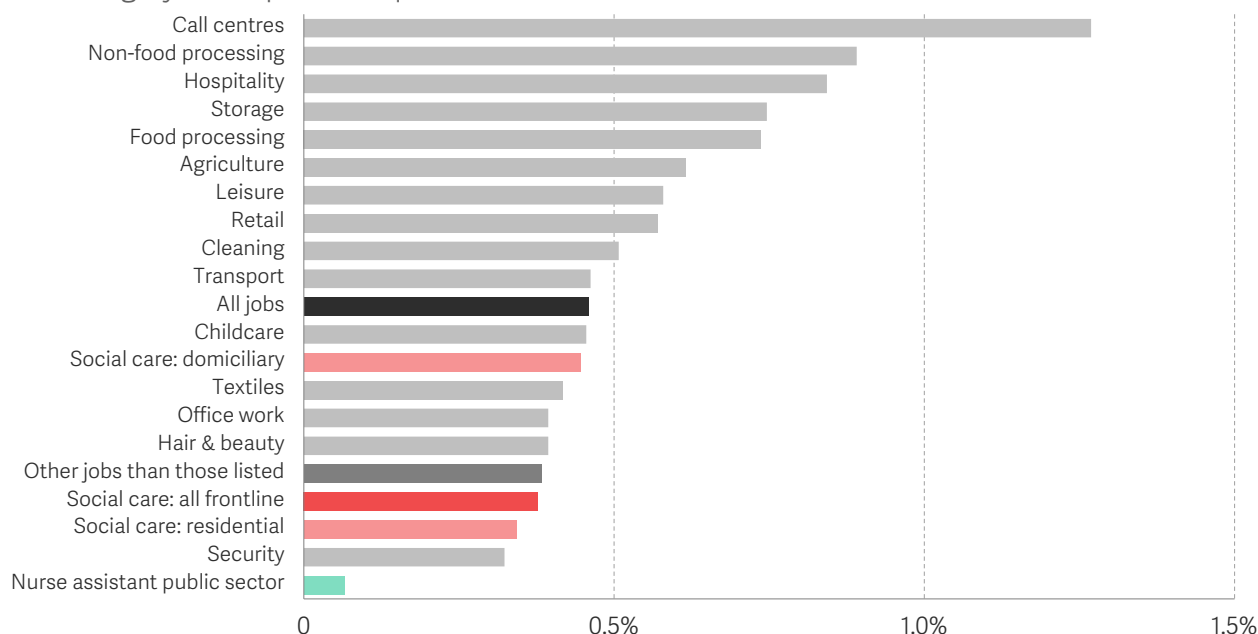
Domiciliary care worker.

High levels of job security in care work are borne out in the data. Care workers are less likely to face redundancy or dismissal than across the economy as a whole, and

especially less likely to do so than many other low-paid jobs. Figure 4 shows the proportion of workers who in the last quarter had lost work through redundancy or dismissal (data is averaged across 2011-2020, and broken down by low-paid job categories). The involuntary exit rate in this period was 0.4 per cent per quarter among frontline care workers (with slightly higher rates among domiciliary than residential workers), compared to 0.5 per cent per quarter across the economy as a whole, and much lower than the rates of involuntary exit faced by low-paid workers in some occupations, including those in call centres (1.3 per cent per quarter), non-food processing (0.9 per cent per quarter) and hospitality (0.8 per cent per quarter). The job security in care is, nevertheless, still lower than the extremely high security enjoyed by nursing assistants in the public sector.⁷

FIGURE 4: Social care work offers better job security than many other low paying jobs

Proportion of workers who faced redundancy or dismissal in the past quarter, by job category in the previous quarter: UK, 2011-2020



NOTES: Job categories are all low-paid jobs (apart from the ‘all’ and ‘other’ categories) and are based on the Low Pay Commission’s categorisation of low-paid jobs, and frontline care is defined based on Migration Advisory Committee approach – see Annex for details.
SOURCE: RF analysis of ONS, Two-Quarter Longitudinal Labour Force Survey.

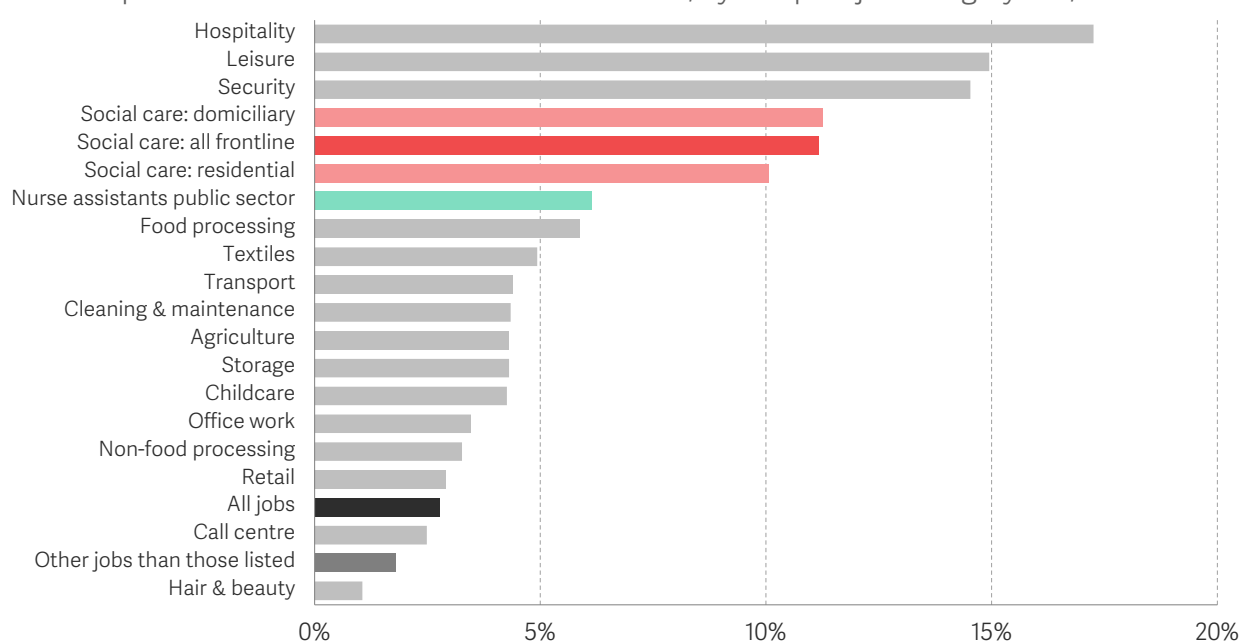
Knowing that they are in demand gives some social care workers a degree of agency in the workplace. One example is that care workers in our focus groups did not have the same problems with zero-hours contracts as are commonly reported by other low-paid

⁷ We have included this category as a comparator throughout because this is clearly a potential alternative job option for care workers. The pattern of caring jobs being more attractive than other low-paid jobs (in some respects), but less attractive than nursing assistant jobs in the NHS, is a recurring one in our analysis.

workers. According to the Labour Force Survey, 11 per cent of frontline care workers are employed on zero-hours contracts, compared to 3 per cent across the economy as a whole (see Figure 5). Skills for Care's data puts the figure much higher, with 30 per cent of 'direct care' workers in England employed on a zero-hours contract in 2021-22.⁸ This higher figure is more in keeping with what our focus groups told us, where most participants raised their hand when asked if they were on a zero-hours contract.

FIGURE 5: Care workers are more likely to be employed on zero-hours contracts, but workers told us that high demand means they are not worried about their hours being 'zeroed down'

Proportion of workers on a zero-hours contract, by low-paid job category: UK, 2019-2022



NOTES: Job categories are all low-paid jobs (apart from the 'all' and 'other' categories) and are based on the Low Pay Commission's categorisation of low-paid jobs, and frontline care is defined based on Migration Advisory Committee approach – see Annex for details.

SOURCE: RF analysis of ONS, Labour Force Survey.

Zero-hours contracts can be problematic for workers when (in the words of the Taylor review) they lead to one-sided flexibility – with employers holding the power to 'zero down' workers' hours.⁹ One participant in our focus group did mention that she struggled for hours and that, given her low hourly rate of pay, she would like the ability to work more hours, and to have more control over her shifts. But the majority of our participants had the opposite problem – their managers were asking them to do more shifts or more visits than they wanted to. So, although rates of zero-hours contracts are high in the sector, they do not appear to pose a problem for many care workers, at least while demand for workers is so high.

⁸ Skills for Care, [The state of the adult social care sector and workforce in England](#), October 2022.

⁹ M Taylor, [The Taylor Review of Modern Working Practices](#), July 2017.

I tell them what hours I want - they need me. If I want more hours I could get them.

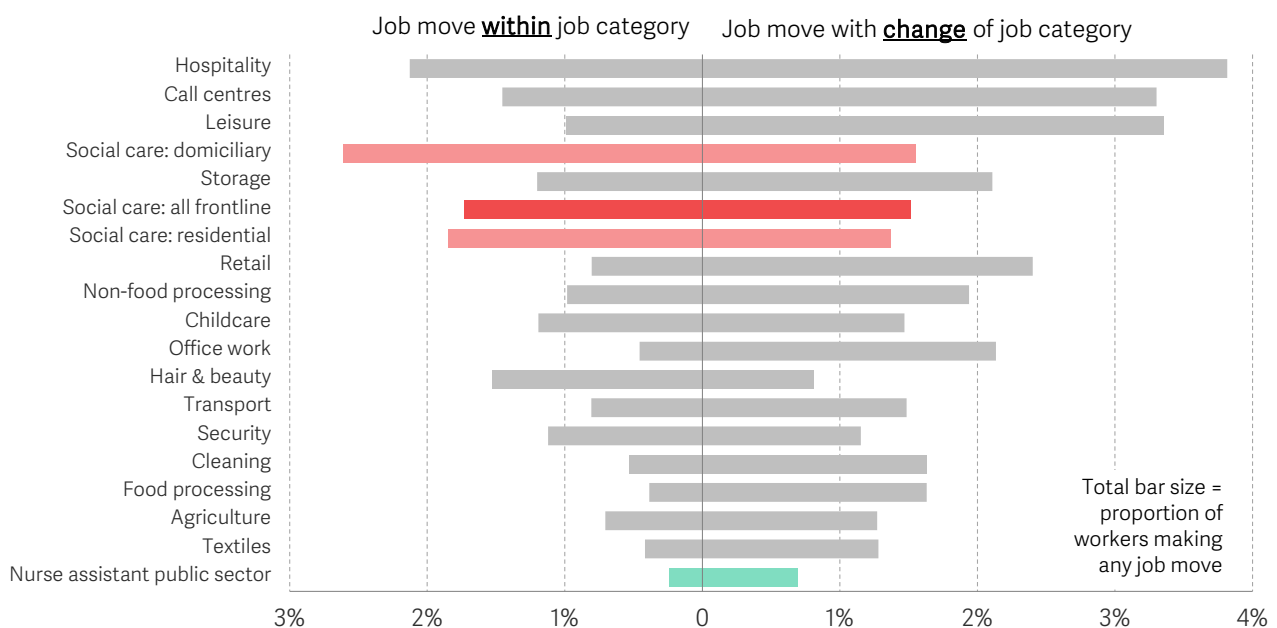
Domiciliary care worker.

Three-in-ten social care workers feel little loyalty to their employer, but leaving the sector is less common than in some other low-paid jobs

So, what does this high degree of attachment to their work look like in practice for care workers? The main result is that compared to other low-paid workers, and also compared to workers across the economy, frontline care workers are less likely to make a job move to a different sector. This is set out in Figure 6, which shows the proportion of workers who between 2011 and 2020 made a job move in the last quarter, broken down by those who made a job move within their job category (shown in bars to the left of the vertical axis) and those who made a job move to a different job category (shown in bars to the right of the vertical axis). The total size of the bars represents the proportion of workers who made any job move in the past quarter.

FIGURE 6: Social care workers make large numbers of within-sector job moves, but are relatively unlikely to move to a job outside the sector

Proportion of workers who moved jobs in the past quarter, either within their job category, or to a different job category, by job category in the previous quarter: UK, 2011-2020



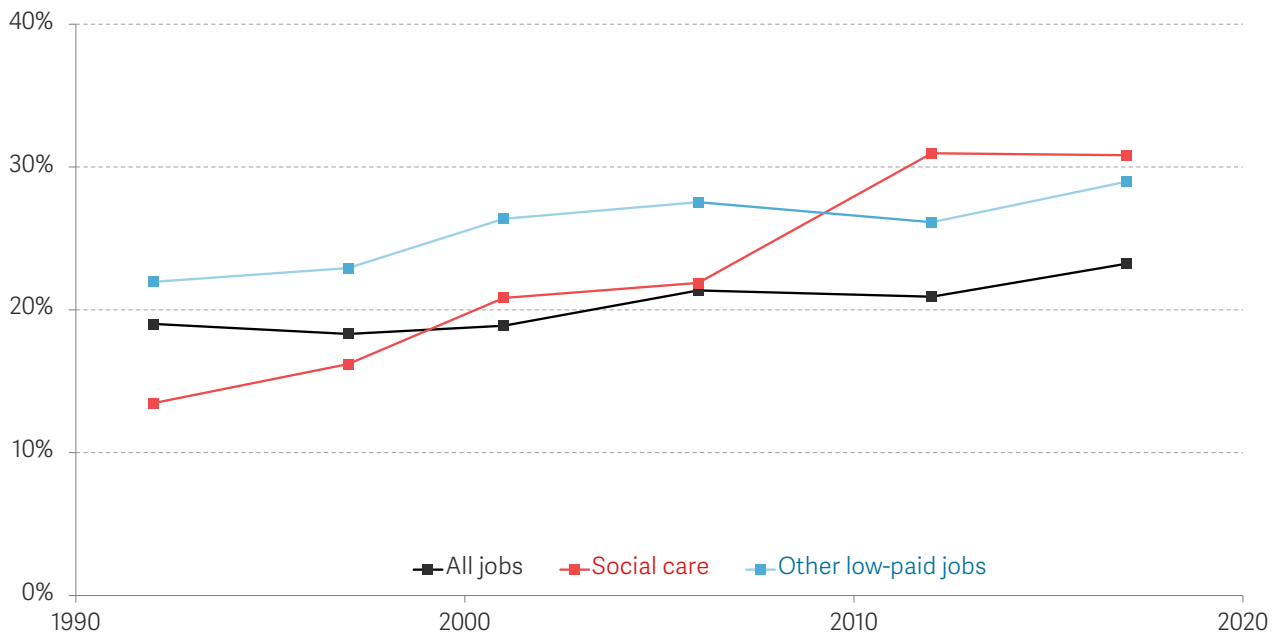
NOTES: For frontline social care, moving to a different job category is defined as leaving frontline social care (i.e. moving from residential to domiciliary care is coded as a 'within' job category move). Job categories are all low-paid jobs and are based on the Low Pay Commission's categorisation of low-paid jobs. Frontline care is defined based on Migration Advisory Committee approach; see Annex for details. SOURCE: RF analysis of ONS, Two-Quarter Longitudinal Labour Force Survey.

As the chart makes clear, frontline care workers are more likely than workers in the wider economy to move jobs in a given quarter. From 2011-2020, 3.3 per cent of frontline care workers moved jobs per quarter, versus 2.3 per cent across the economy as a whole. Among the low-paid job categories shown, only low-paid workers in leisure (4.3 per cent per quarter), call centres (4.8 per cent per quarter), and hospitality (6.0 per cent per quarter) make job moves at a higher rate. But an important difference between frontline care workers and other low-paid workers (and workers in the wider economy) is that care workers' job moves are more likely to be within their job category rather than to a job in a different sector or occupation. Less than half (47 per cent) of job moves made by frontline care workers are to leave frontline care. By contrast, roughly two-thirds of job moves made from low-paid jobs in storage, leisure, call centres and cleaning are to outside the sector. From 2011 to 2020, 1.5 per cent of frontline social care workers made a job move away from frontline care work, lower than the (at least) 3 per cent of workers in low-paid hospitality, leisure and call centre jobs who made job moves away from those categories per quarter.

This pattern in the sector – frequent job moves, but usually within the health and social care sector – is consistent with data from the Skills and Employment Survey, in which frontline social care workers have in the last two waves been more likely than other workers (including other low-paid workers, but especially to workers in the wider economy) to agree that they have 'very little' loyalty to their employer. This data is set out in Figure 7. Interestingly this employer-level disloyalty among the social care workforce has been rising – from 13 per cent in 1992 to 31 per cent in 2012 and 31 per cent again in 2017. Employer disloyalty has also risen among workers in other low-paid job categories (the full list is given in the notes under the figure and again in the Annex) but not as significantly; it has also risen among the wider workforce, but only slightly.

FIGURE 7: Despite being relatively attached to their sector, care workers do not tend to feel loyalty towards their employer

Proportion of workers who say they feel 'very little' loyalty to their organisation: UK



NOTES: Jobs are defined according to SOC 2000 classification. 'Social care' is SOC code 611. 'Other low-paid jobs' include the following SOC codes: 543, 612, 622, 623, 629, 711, 712, 721, 811, 812, 813, 814, 821, 822, 911, 912, 913, 914, 921, 922, 923, 924, 925. These include jobs such as cleaning, childcare, hairdressing, housekeeping, retail assistants, process jobs in factories, transport drivers, and jobs with lower skill requirements in agriculture, construction, storage, administration, and security.

SOURCE: RF analysis of ONS, Skills and Employment Survey.

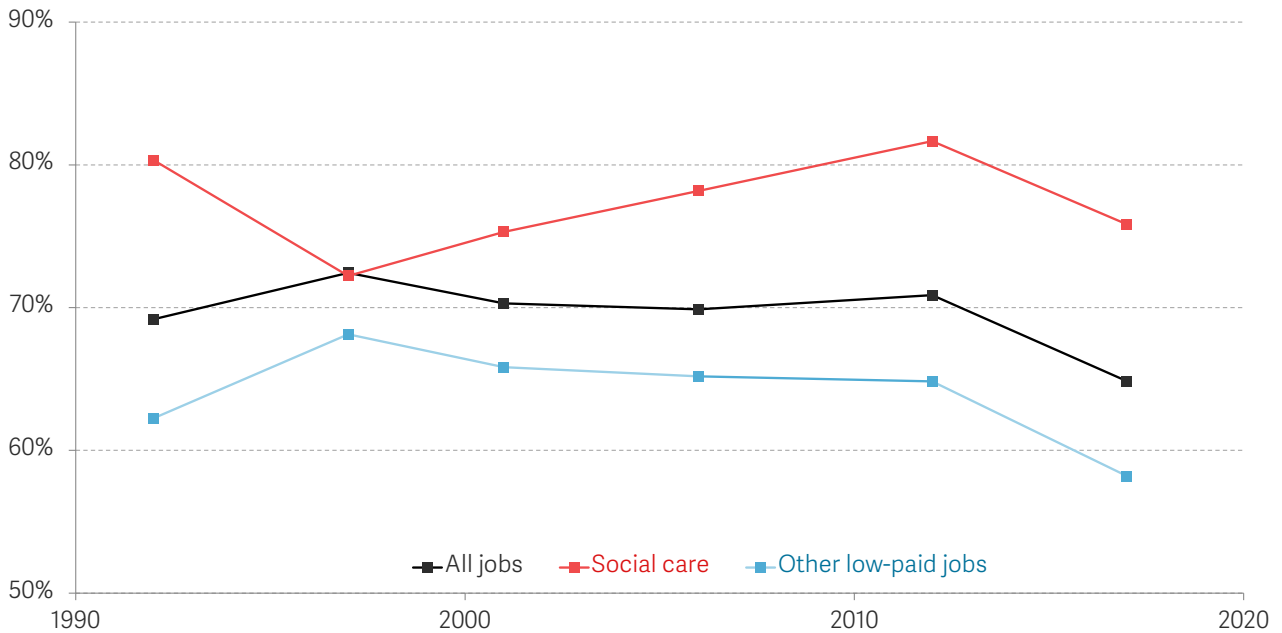
Having set out some of the positive experiences of working as a carer, we now move onto some of the 'bad' aspects – including low pay and high workloads.

Care workers contend with high and intense workloads, sometimes at the risk to their or their clients' safety

The high level of attachment that many social care workers show to their jobs is illustrated once again in Figure 8, which shows that social care workers are more likely than workers in the wider economy, and even more so than workers in other low-paid roles, to say that they put in more effort than their job requires. In 2017, for example, more than three-in-four (76 per cent) social care workers said they went above and beyond at work, compared to 65 per cent of all workers, and 58 per cent of workers in other low-paid roles.

FIGURE 8: Care workers are more likely than other workers to put in extra effort at work

Proportion of workers who say that they put ‘a lot’ more effort into their job than what is required, by selected occupation: UK



NOTES: Jobs are defined according to SOC 2000 classification. ‘Social care’ is SOC code 611. ‘Other low-paid jobs’ include the following SOC codes: 543, 612, 622, 623, 629, 711, 712, 721, 811, 812, 813, 814, 821, 822, 911, 912, 913, 914, 921, 922, 923, 924, 925. These include jobs such as cleaning, childcare, hairdressing, housekeeping, retail assistants, process jobs in factories, transport drivers, and jobs with lower skill requirements in agriculture, construction, storage, administration, and security. SOURCE: RF analysis of ONS, Skills and Employment Survey.

‘Going above and beyond’ has a negative side, however. Many participants in our focus groups said they were too stressed at work, and that the volume of work was too high. Domiciliary workers in particular mentioned that their rotas were overly-full and that, even then, they were often asked to add extra visits on an ad hoc basis to fill in gaps for their agency.

[What’s the most negative thing about your job?]. Overworked ... You feel rushed. Makes you feel like you want to turn your phone off so the office cannot contact you. Makes you tired, and feel like you do not want to go in the next day. [Is it the amount of work or the intensity?]. It is the amount. Can you just nip there, can you just go over there... This is getting thrown in between [the planned visits].

Domiciliary care worker.

Sometimes there’s barely enough time to do our own rota without fitting more in. You are pushed every day on your own rota without having extras.

Domiciliary care worker.

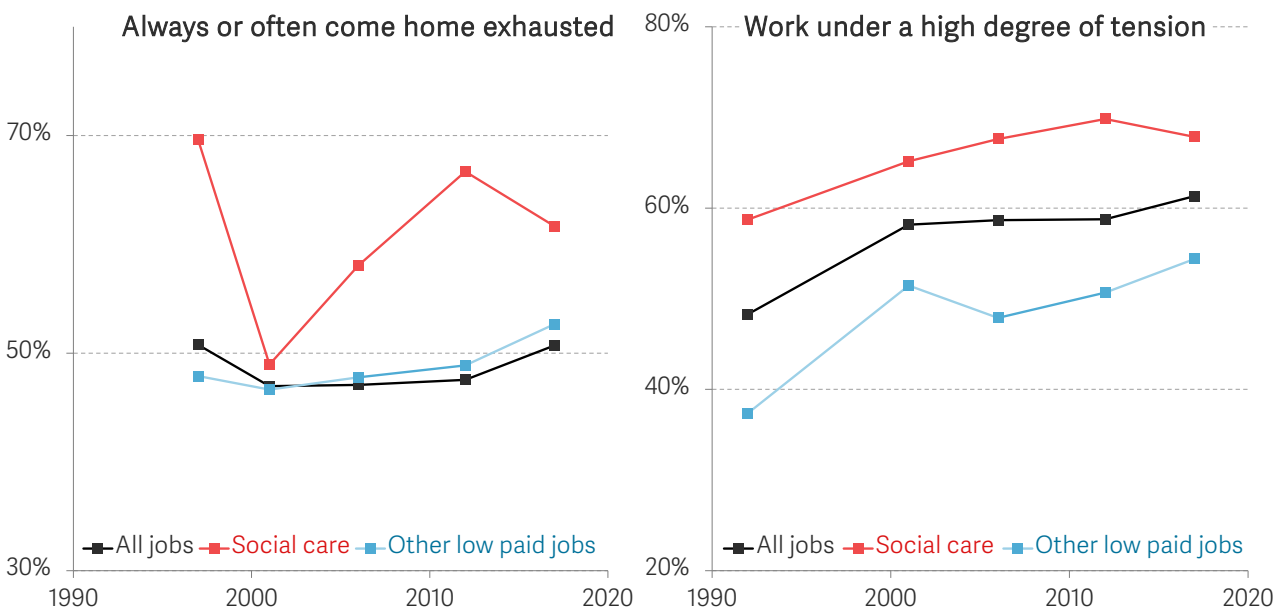
I remember when it was nine visits a night, now sometimes there are twenty.

Domiciliary care worker.

This sense that care is an overly tiring and demanding job is borne out in the Employment and Skills Survey dataset too. There are two revealing questions, both of which point to care being a harder job than others, in terms of both volume and intensity. Figure 9 plots the proportion of workers who say that they ‘always’ or ‘often’ come home exhausted, along with the proportion who say they work under a high degree of tension. In the 2017 (and latest) wave of the survey, 62 per cent of frontline care workers said they always or often come home exhausted (versus 53 per cent among other low-paid job categories, and 51 per cent of the workforce as a whole), and 68 per cent of frontline social care workers said they work under a high degree of tension (compared to 54 per cent among other low-paid job categories, and 61 per cent across the workforce as a whole).

FIGURE 9: Care work is more tiring than other jobs, both in terms of volume and intensity

Proportion of workers who say that they ‘always’ or ‘often’ come home exhausted from work (left panel), and who work under a high degree of tension (right panel), by selected occupation: UK



NOTES: Jobs are defined according to SOC 2000 classification. ‘Social care’ is SOC code 611. ‘Other low-paid jobs’ include the following SOC codes: 543, 612, 622, 623, 629, 711, 712, 721, 811, 812, 813, 814, 821, 822, 911, 912, 913, 914, 921, 922, 923, 924, 925. These include jobs such as cleaning, childcare, hairdressing, housekeeping, retail assistants, process jobs in factories, transport drivers, and jobs with lower skill requirements in agriculture, construction, storage, administration, and security. SOURCE: RF analysis of ONS, Skills and Employment Survey.

Although the charts above suggest that problems of workload and intensity have been a long-standing issue in the sector, the workers we spoke to suggested these problems were tied to the staffing shortages the sector faces, which, as set out in Figure 2, have worsened recently. They also said that the Covid-19 period had been particularly bad when it came to staffing. We did not ask directly about the issue, but a couple of social carers suggested that the mandatory vaccinations played a part in this (this having led to some workers quitting the sector), while others thought that long-standing issues of staffing and workload had been exacerbated during the crisis.¹⁰

During Covid they were just giving out jobs to anybody ... you had young boys and young girls who have literally just turned 18, never even changed a nappy on a little dinky baby before being given a 6'2 lad with behavioural issues.

Residential care worker.

[What's one thing you'd change?] Having a full staff team [three or four nods]. In Covid it was terrible – supposed to be eight staff to be fully manned and we had three – it is just dangerous.

Residential care worker.

I got sacked from a residential home during Covid when people left who had not had their jabs. I ended up having to do a 72-hour shift and I fell asleep.

Residential care worker.

For many of our focus group participants, workload and staff shortages were closely linked to the issue of safety. This was raised a number of times, across all three groups that we held. Quite simply, there are many situations and tasks in a care worker's day that require more than one staff member present, and worker shortages mean they were having to face these situations alone. Sometimes this meant they were working against their workplace rules, which placed them at risk of censure by their employer; in other situations, it put them in a more literal unsafe position (for example, trying to lift a heavy client themselves, when they really should have a colleague to help them). Often, they felt that their duty to the clients meant they had to accept the risk in these situations, because they preferred this to the alternative of leaving a client in need.

I find it scary right now because of the underfunding ... You raise concerns where things that have happened and someone has been hurt, including myself, and nothing happens.

Domiciliary care worker.

¹⁰ The workers we spoke to noted that, although we were asking them questions about their wellbeing, staff shortages will be affecting the quality or the amount of support being given to clients – potentially even with paid-for time being cut short. An extreme version of this problem was highlighted in R Booth, [Council providing three-minute care visits to vulnerable, finds ombudsman](#), The Guardian, 5 Jan 2023.

I've done hoisting on my own because I've had no choice.... You feel so guilty. They just want you to get on with it because they've not got the staff.

Domiciliary care worker.

Also on the theme of safety, but somewhat separate from the problem of work shortages, several participants in our focus groups said they had not been properly trained for some of the things they were being asked to do, be it lifting, or dealing with clients who have particular needs (such as acute mental health problems).

My training was a multiple-choice quiz.

Domiciliary care worker.

When I did my care certificate I got told to copy someone else's.

That's criminal!

I wasn't officially manual handling trained until six months in.

Three domiciliary care workers.

Social care workers feel acutely undervalued, especially when it comes to pay

If staffing levels and work intensity were the number one issue our focus group participants raised as something they would like changed about their jobs, pay stood out very clearly as the second. The sense that pay is too low, especially given the responsibility and demands of the job, is encapsulated in these handful of quotes.

You can basically get paid more at Lidl – or Aldi.

Residential care worker.

[What is one thing you'd change about your job?] Definitely the pay, that would be the biggest issue for me.

Domiciliary care worker.

The worst thing is pay - it is all minimum wage, whatever you do.

Personal assistant.

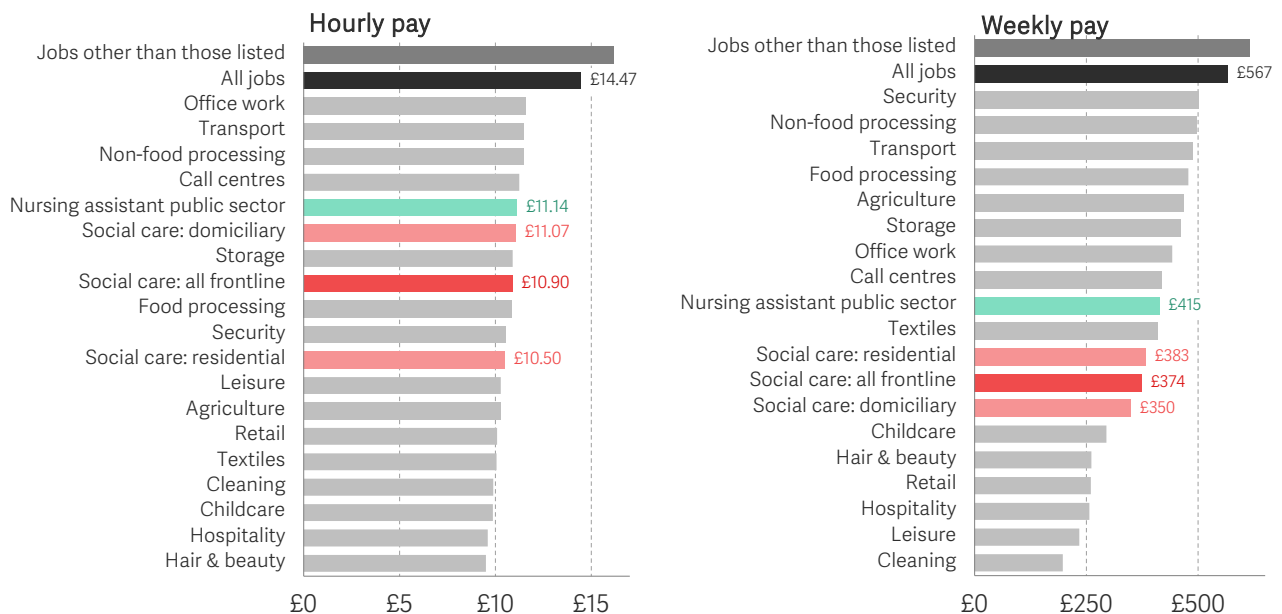
Pay in the sector is not the very lowest – hair & beauty, hospitality, and childcare are among the low-paid job categories where median rates of pay are lower. But it is undoubtedly a very low-paid sector. Median hourly pay in frontline care jobs (based on a derived hourly pay measure – weekly pay divided by hours) was £10.90 in April 2022. In this dataset (ONS's Annual Survey of Hours and Earnings) hourly pay is slightly higher among domiciliary care workers at £11.07 (compared to £10.50 among residential care

workers). This data is set out in Figure 10. As we will discuss in depth later, however, it’s important to note that these measures of pay don’t account for domiciliary workers’ travel time and so will over-estimate workers’ true pay. Unfortunately this is a common problem across pay datasets, and so these estimates are the best we can offer.

Median hourly pay among frontline care workers is well below the economy-wide level (£14.47), and also lower than in some other low-paid job categories, including low-paid work in offices and call centres, in transport, and perhaps more relevantly, among nursing assistants in the public sector (£11.14). But high rates of part-time work in the sector (38 per cent, versus 25 per cent economy-wide¹¹) means that social care workers are closer to the bottom of a pay ranking if we instead measure weekly pay. Median gross weekly pay in April 2022 was £374 among frontline social care workers (slightly higher among residential workers - £383, compared to £350 among domiciliary workers). This compares to £415 among nursing assistants in the public sector, and £567 across the economy as a whole. As discussed earlier, the care workers we spoke to mostly felt that there was demand for them to work more hours, suggesting that to a significant extent the high-rate of part-time work among care workers reflects workers’ preferences.

FIGURE 10: Frontline social care jobs are low-paid, though typically slightly above the minimum wage

Median hourly and weekly pay by low-paid job categories: GB, April 2022



NOTES: Job categories are all low-paid jobs (apart from the ‘all’ and ‘other’ categories) and are based on the Low Pay Commission’s categorisation of low-paid jobs, and frontline care is defined based on Migration Advisory Committee approach; see Annex for details. Hourly pay measure is derived from weekly pay (excluding overtime and shift premiums) divided by basic weekly paid hours. Weekly pay measure is gross weekly pay, including overtime and incentive payments as well as any shift premiums. SOURCE: RF analysis of ONS, Annual Survey of Hours and Earnings.

11 Figures from the ONS’s Labour Force Survey, 2022. Frontline care defined as throughout this report – see Annex.

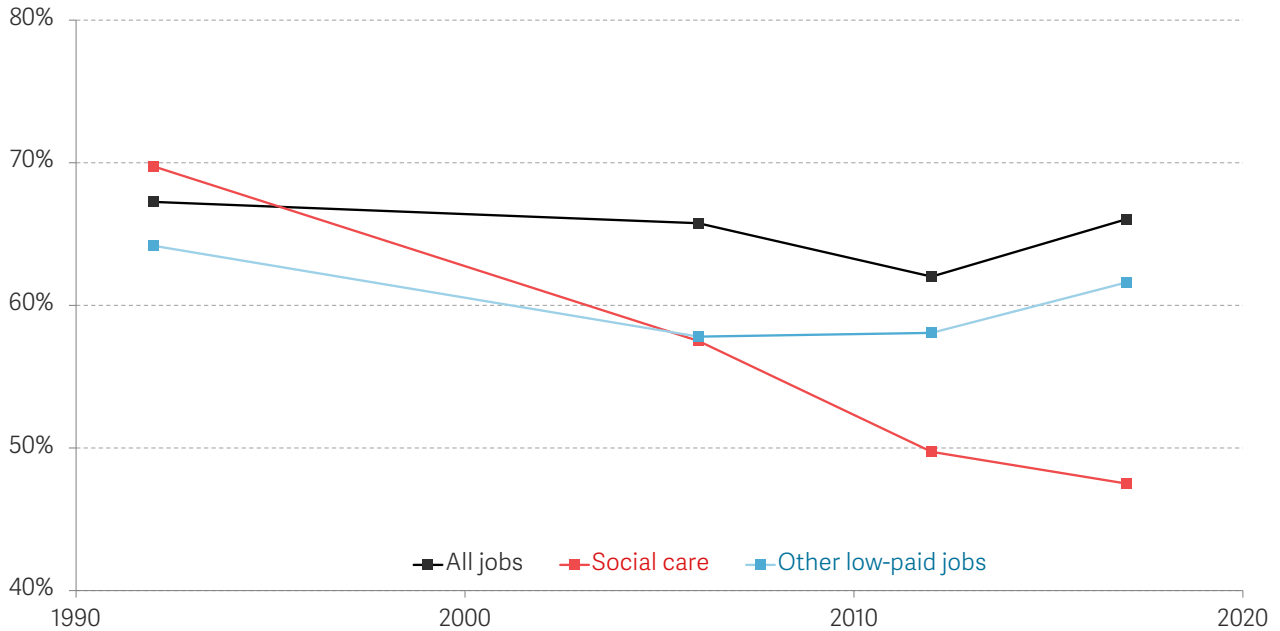
Moreover, in April 2022, 21.4 per cent of frontline care workers were paid below the real Living Wage, compared to 13.4 per cent across the economy as a whole.¹² Again, this is lower than some other occupations (such as childcare, where more than half of workers – 55 per cent – are paid below the real Living Wage). More positively, the rising minimum wage has led to improvements in pay in the sector: the proportion of frontline care workers earning below the real Living Wage is roughly half what it was ten years ago (37.5 per cent in 2012). And pay growth has been stronger in the sector than in the economy as a whole: adjusted for consumer price inflation, hourly pay among frontline care workers is 11 per cent higher than in 2012, versus 5 per cent overall.

Despite improvements in pay delivered by a rising minimum wage (especially since 2016 and the introduction of the higher National Living Wage), care workers are not happy with their pay. This comes through in the quotes above, but also appears in workers' responses to the Skills and Employment Survey. In 2017, less than half of frontline care workers (48 per cent) were satisfied with their pay, compared to 62 per cent among a broader set of low-paid jobs, and 66 per cent across all workers. This is set out in Figure 11. Interestingly, in the period during which the minimum wage has been supporting pay in low-paid jobs – the last twenty years – social care workers' satisfaction with their pay has been falling, in contrast to other low-paid workers, where satisfaction with pay has risen.

¹² The real Living Wage is the hourly wage rate calculated by the Living Wage Foundation, and is based on what workers need to earn to afford a minimum acceptable standard of living. The current rates (as of November 2022) are £11.95 in London and £10.90 in the Rest of the UK. More information is available on the Living Wage Foundation website: <https://www.livingwage.org.uk/what-real-living-wage>

FIGURE 11: Care workers’ satisfaction with their pay has been falling, despite a rising minimum wage in more recent years

Proportion of workers who are satisfied (completely, very, or fairly) with their pay, by selected occupation: UK



NOTES: Jobs are defined according to SOC 2000 classification. ‘Social care’ is SOC code 611. ‘Other low-paid jobs’ include the following SOC codes: 543, 612, 622, 623, 629, 711, 712, 721, 811, 812, 813, 814, 821, 822, 911, 912, 913, 914, 921, 922, 923, 924, 925. These include jobs such as cleaning, childcare, hairdressing, housekeeping, retail assistants, process jobs in factories, transport drivers, and jobs with lower skill requirements in agriculture, construction, storage, administration, and security.
SOURCE: RF analysis of ONS, Skills and Employment Survey.

One interpretation could be that workers are judging their pay relative to the demands of the job which, as we will discuss, seem to have become greater in recent years. In our focus groups the care workers were strongly of the view that it is not just that their pay is low, but that it is low relative to what their job involves. This idea comes across viscerally in the first of the quotes below.

It could be a very good job, if it wasn't for the pay. I get £10 an hour to wipe arses - that's horrendous. It should be more. That does not encourage you to keep doing the job. We're so undervalued.

Domiciliary care worker.

The pay should be higher pay for what we actually do – and that would lead into staff retention.

Residential care worker.

Another possibility is that falling satisfaction with pay among care workers comes from comparing their pay with that of other jobs. The Migration Advisory Committee found that, historically, care jobs attracted a premium over other occupations against which

social care providers would be competing for workers (which includes a set of lower-paid jobs in retail and hospitality, cleaning, and administrative and support roles in education and public sector administration).¹³ But this pay 'premium' has fallen from 5 per cent in 2011 to 1 per cent in 2021. Given the difficulty of social care work explored above, pay parity with comparatively 'easier' jobs would naturally make care work less attractive.

Finally, it definitely is the case that there is fairly little reward, in terms of pay, given to experienced workers. One job advert we found for a domiciliary care position in Stockport illustrated the point well – it was offering a pay rate of £10/hour, or £10.25/hour if the applicant had two years' experience.¹⁴ That's a very small (2.5 per cent) addition considering the skills and know-how that a worker would gain in two years. That being said, this job was better than most – it is rare to see any mention of experience related add-ons (again, based on a brief survey of care job adverts). In their report on the social care sector, the Migration Advisory Committee (MAC) noted that the extra pay earned by 'senior care workers' compared to 'care workers' is small – in April 2022 the gap in median hourly pay between the two roles was just 61p/hour (5.7 per cent) more.¹⁵ Skills for Care estimate that senior care workers have on average spent 12 years in the sector, compared to 7.7 years among non-senior care workers.¹⁶ This very flat pay structure stands in contrast to the NHS, where there are clearly delineated pay spines that mean that a worker would earn more with experience in the role.

Having discussed a set of 'bad' aspects of social care work, the next section moves onto what we consider 'ugly' aspects of working in the sector, including minimum wage underpayment and insecure and informal employment among personal assistants.

Many domiciliary workers are not paid for their travel time – and are at high risk of being paid less than the minimum wage as a result

One significant downside aspect of working in social care is the fact that domiciliary care workers face a high risk of being paid below the minimum wage once their travel time is considered. Time spent travelling between care visits counts as working time, and must be included when calculating workers' hourly pay rate for minimum wage compliance purposes. Workers in our focus groups told us that, typically, domiciliary workers are paid an hourly rate for their care visits (their 'contact time'), but not for their travel time; this is supported by our analysis of social care vacancies in the Stockport area.¹⁷ Domiciliary

¹³ Migration Advisory Committee, *Review of adult social care 2022*, April 2022.

¹⁴ The job advert has since expired, but can be found at: <https://uk.indeed.com/jobs?q=home+care+vehicle&l=Stockport%2C+Greater+Manchester&vjk=2cb02923f37b96e1&advn=4943938530981658>

¹⁵ Migration Advisory Committee, *Review of adult social care 2022*, April 2022.

¹⁶ Skills for Care, *The state of the adult social care sector and workforce in England*, October 2022.

¹⁷ In November last year we looked at all current job adverts on indeed.com for domiciliary care jobs in Stockport, which is where we held our focus groups. There were 50 domiciliary care job adverts which had been posted within the last month and which provided an hourly pay rate. Of these, only three mentioned that the worker would be paid an hourly rate for their travel time (as well as a mileage reimbursement). All the other job adverts either gave a specific mileage reimbursement for travel, typically 30-50p per mile (13 job adverts), or said mileage was reimbursed without stating the mileage rate (11 job adverts). The rest (23 job adverts) did not mention travel time or travel costs at all.

workers are usually given a mileage reimbursement, but this covers their travel expenses, and so (rightly) does not count as pay for minimum wage compliance purposes. It is legal for a worker to not be paid an hourly rate for travel time, but it is not legal for their average hourly rate, once travel time is included, to fall below the minimum wage (see Box 2).

BOX 2: Minimum wage and working time – what does the law say?

The minimum wage is, of course, the minimum that a worker may be paid per hour of work. But aside from complications around different rates for different age groups and apprentices, and permissible offsets for accommodation, the trickiest bit of minimum law is what counts as working time. As we discuss in this report, this is a very important question for domiciliary care workers, where how travel time is treated is central to the question of lawful remuneration.

The main points are that:¹⁸

- Time spent traveling between jobs counts as working time. This excludes travel from home to the first job of the day, and to home from the last job of the day.
- The law does not require that workers are paid an hourly rate for their travel time directly, but their average pay (taking account of all working time) must be greater than the minimum wage. Average pay equals gross pay divided by total hours worked, where the latter includes travel time. Any travel time therefore ‘erodes’ the rate of pay a worker receives for the hours they are directly paid for.
- Time spent waiting for a job to start may count as working time. A discussion with HMRC officials said this depends on the specific circumstances, where relevant factors include the length of time and where the waiting is happening. For example, if a domiciliary worker travelled from one job to the next and arrived 10 minutes early for the latter, these 10 minutes probably would count as working time – there is realistically nothing else the worker can do with that time. If, on the other hand, a worker had an hour-long gap between visits and could spend this in a convenient location (e.g. near shops), this may not count as working time. HMRC officials said that when they are undertaking investigations judgements are reached on a case by case basis, and often involve studying care rotas.
- Reimbursement for travel expenses, such as mileage, does not count as ‘pay’ for minimum wage compliance purposes.

¹⁸ More detailed information is available on the HMRC website: HMRC, [National Minimum Wage Manual, section NMWM12020 - Records, evidence, powers and offences: records](#), April 2016.

Following a 2021 judgement by the Supreme Court, sleep-ins do not count as working time while the worker is asleep, meaning the worker is not eligible for the minimum wage in those hours (in practice workers will be paid an 'allowance').¹⁹ This is relevant to workers in the residential care sector.

Finally, an important part of minimum wage law is that employers must keep records sufficient to demonstrate that workers are not underpaid. It does not, however, specify what form those records should take or what data points should be collected

Unfortunately, even with a clear understanding of the proper calculation needed, a good assessment of the scale of underpayment among domiciliary care workers is not possible because the main pay and hours datasets do not collect data on travel time. For example, in the Annual Survey of Hours and Earnings, a survey of employers and the ONS's main source of data on pay and hours, there is no mention of travel time in the questionnaire or guidance given to the employers asked to complete the survey.²⁰ With care agencies not usually paying workers for travel time, it is reasonable to assume they do not include travel time when completing their annual ASHE survey. This means that ASHE is likely to understate domiciliary care workers' working hours, and therefore to overstate their average hourly pay, and by extension to understate minimum wage non-compliance. The same problem applies to the Labour Force Survey – the LFS is completed by workers rather than employers, but again it is possible that workers do not include travel time as working time given they are typically not paid for it.²¹

This blind spot for travel time means that the estimates of minimum wage non-compliance (and estimates of pay in general) for domiciliary care workers based on these datasets are of limited value.²² But we can offer suggestive evidence that many domiciliary care workers are at significant risk of underpayment. Figure 12 sets out, for a worker not paid for their travel time, the combinations of the hourly rate for contact time and the amount of time spent travelling that would leave a worker paid less than the minimum wage. The black line indicates combinations where the worker would end up earning exactly the adult minimum wage of £9.50. Any combinations above the line would mean an average hourly rate below the minimum wage, and combinations below the line imply a sub-minimum wage job.

¹⁹ J Wilkinson, *Sleep-in shifts in social care*, Low Pay Commission, January 2022.

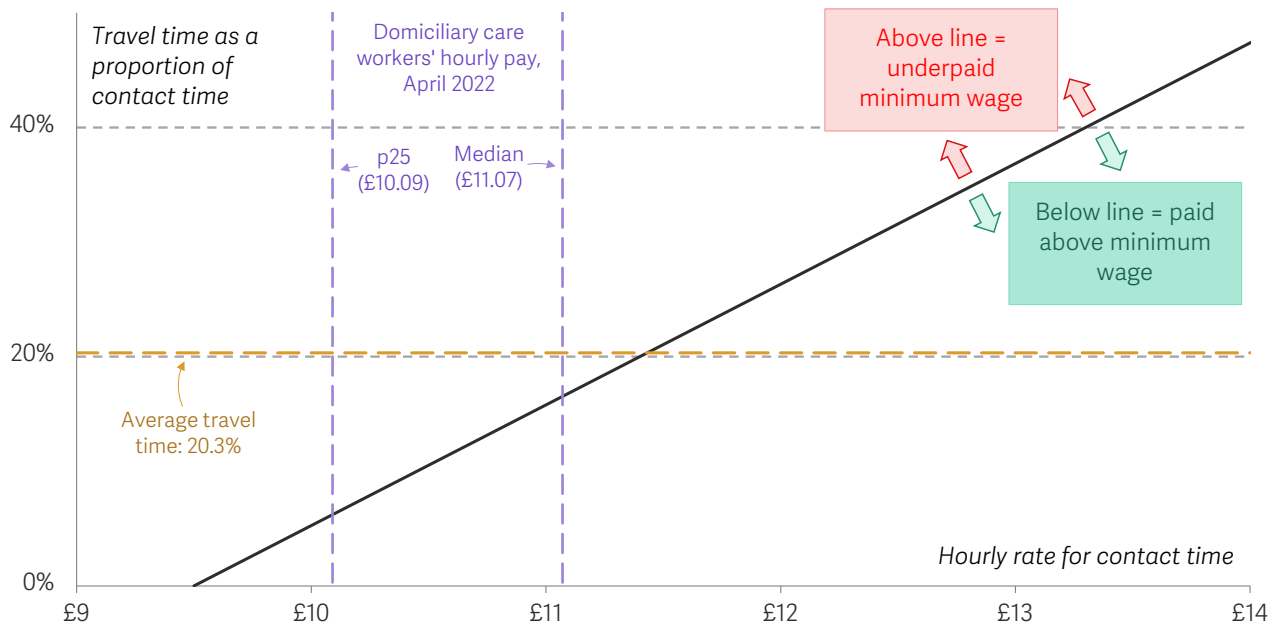
²⁰ The ASHE questionnaire and guidance for employers are available on the ONS website: ONS, *Annual Survey of Hours and Earnings (ASHE) methodology and guidance*, February 2016.

²¹ The LFS questionnaire is also available on the ONS website: ONS, *Labour Force Survey – user guidance*, July 2022. Interestingly, the LFS and ASHE produce fairly close estimates of domiciliary workers' pay. Median pay based on a derived calculation (gross pay divided by hours workers) was £11.07 in April 2022 in ASHE, and £10.98 in the LFS for Q1-Q3 2022. This suggests these surveys carry similar biases in terms of their underlying estimates of pay and working hours.

²² Estimating minimum wage underpayment in the 2022 ASHE would suggest that just 2.1 per cent of domiciliary care workers are paid below the age-specific minimum wage which, somewhat implausibly, is only slightly higher than the 1.7 per cent across the economy as a whole.

FIGURE 12: Typical rates of pay and travel time suggest domiciliary workers face a high risk of being paid less than the minimum wage once travel time is taken into account

Relationship between travel time (as a proportion of contact time), rate of pay for contact time, and whether worker is paid above or below the current adult minimum wage of £9.50: UK



NOTES: Assumes adult minimum wage of £9.50, workers not paid for travel time, and pay estimate from ASHE relates to contact time only.
 SOURCE: Pay: RF analysis of ONS, Annual Survey of Hours and Earnings; Travel time: Home Care Association.

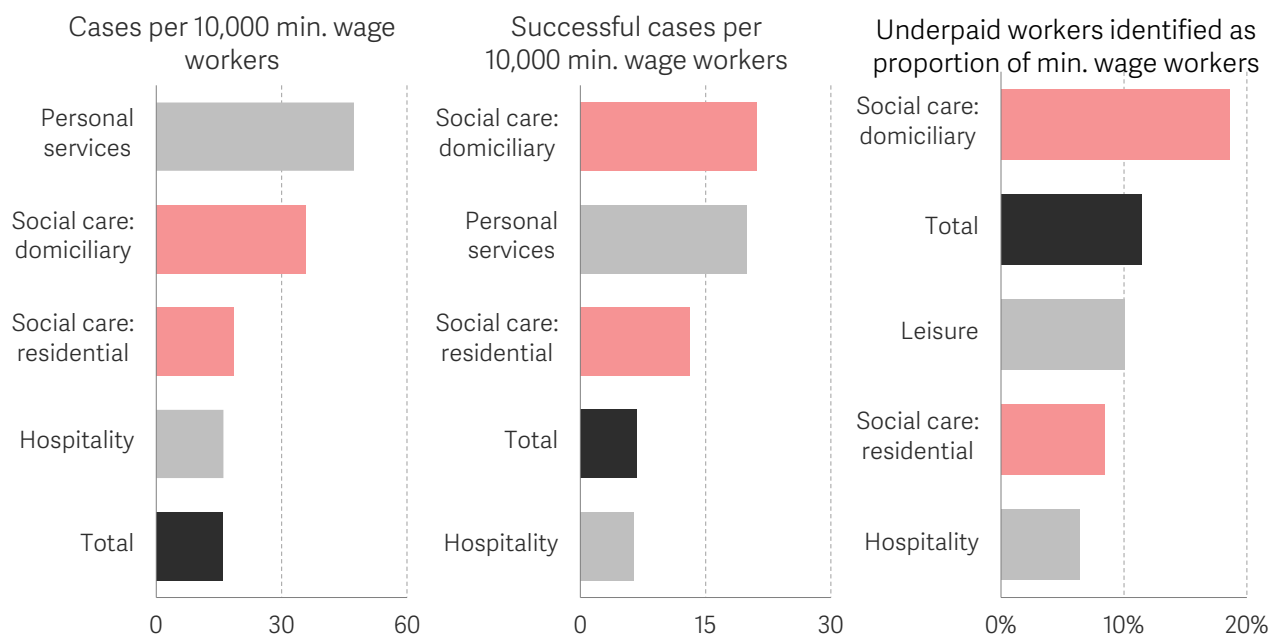
But where do domiciliary care workers actually fall on this graph? We can combine separate estimates of hourly pay (from ASHE – which we assume to relate to contact time only), and of typical travel time (from the Home Care Association) to give us an indicative picture, which suggests many domiciliary care workers are at high risk of falling on the wrong side of the minimum wage line in Figure 12. The Home Care Association estimates that, in 2021, workers spent an average of 12 minutes traveling per hour of contact time (equal to 20.3 per cent of contact time).²³ That is the dashed yellow line plotted on the graph. The dashed purple lines show the estimate, from ASHE, of domiciliary workers’ pay at the median (£11.07) and at the 25th percentile (£10.09). If those pay estimates do indeed represent contact time pay only, then workers with that pay would, if spending an average amount of time traveling between visits, be earning well below the minimum wage. A worker with average travel time and an hourly rate at the 25th percentile would end up with average hourly pay of just £8.38, 12 per cent (£1.12 an hour) below the adult minimum wage. Even a domiciliary worker with median pay would, with average travel time, end up with average hourly pay of £9.20, 3 per cent (30p) below the adult minimum wage.

²³ Jane Townson, *Homecare Association Minimum Price for Homecare 2022-2023*, December 2021.

The risk of minimum wage underpayment in the social care sector – especially among domiciliary workers – is well known, including by the Low Pay Commission (who have a monitoring role) and by HMRC (who have an enforcement role). Figure 13 sets out some key metrics from HMRC annual reports, including the number of minimum wage underpayment cases raised, the number of successful cases, and the number of workers identified as underpaid. In each case, the count is expressed relative to the number of workers earning at or below the minimum wage in 2022 (as estimated in ASHE, which, again, will understate the number of minimum wage workers in domiciliary care). Alongside the data for residential and domiciliary care, the figure presents the total, and data for two other low-paid sectors – hospitality and personal services. It is clear that social care, and particularly the domiciliary care sector, has a relatively large number of minimum wage underpayment cases, and of successful cases, than other sectors.

FIGURE 13: Social care – especially the domiciliary sector – attracts higher levels of minimum wage enforcement activity from HMRC than other sectors

HMRC minimum wage enforcement activity in select sectors, 2016-20: UK



NOTES: The denominator is the number of workers earning at or below the age-specific minimum wage in 2022 as estimated in Annual Survey of Hours and Earnings. As highlighted in this report, ASHE does not record travel time, and as such, ASHE will understate the number of domiciliary care workers paid at or below the minimum wage.

SOURCE: HMRC, Minimum wage enforcement and compliance report, various; BEIS, Final Government evidence to Low Pay Commission, various; and for denominator, RF analysis of ONS, Annual Survey of Hours and Earnings.

Most striking is the large number (19 per cent) of workers identified as underpaid through HMRC’s enforcement activity as a proportion of the workers estimated to be paid at or below the minimum wage in 2022. At risk of labouring the point, however, the high proportion of workers identified as underpaid through enforcement activity (where

travel time is taken into account) relative to the number of estimated minimum wage workers (where travel time is not taken into account) is likely an indication that the ASHE underestimates the number of minimum wage workers in domiciliary care.

Work arrangements are often informal and insecure in the personal assistant part of the care sector

The second issue we highlight as an ugly feature of working in social care are the insecure or informal working arrangements experienced by some workers in the personal assistant (PA) part of the sector ('personal assistant' is the term normally used to describe care workers who are employed directly by the person they are providing care to). As set out in Box 1 at the start of this report, PAs are a relatively small part of the care sector – according to Skills for Care, 10 per cent of direct care jobs in England in 2021-22 were funded through 'Direct payments' (where the local authority gives the care user the funding to hire support directly rather than through an agency), giving an estimate of 120,000 PA filled jobs, and 100,000 PAs (some do more than one job). There will additionally be some PAs working for entirely privately funded clients, but this number is, according to Skills for Care, unknown.²⁴

There are lots of positive aspects of working as a PA. The PAs we spoke to described building close bonds with their clients, and the opportunity to make a significant positive impact on someone's life. Likewise, some of the workers we spoke to relished the flexibility and autonomy involved in their work – this came through even more strongly than with the domiciliary worker group. Additionally, PA jobs are typically better paid than residential and domiciliary care jobs. One worker in our focus group was paid £15 per hour, another was paid £20 per hour; both are well above median employee hourly pay across the economy as a whole in 2022, let alone typical rates of pay in the care sector.

I've never worked with anyone that wasn't so grateful that I was there. One disabled lady, I'm the first PA she's ever had. Even on her bad days, she'll always say how grateful she is.

Personal assistant

My job involved looking after one person, and we have total freedom to deal with the day as we choose. Those are great, fun days.

Personal assistant.

Data collected by Skills for Care confirm the many positive aspects of these jobs. In the latest survey, from the start of 2022, turnover rates among PAs were half the level of other care workers (18 per cent compared to 35 per cent), PAs tend to be more experienced

²⁴ All figures in this paragraph are from: Skills for Care, [Individual employers in receipt of Personal Health Budgets employing personal assistants report](#), March 2022. Note the 120,000 figure relates to the number of filled jobs (i.e. it excludes vacancies).

(with 9.9 years' experience in the sector on average – versus 7.7 among other care workers), and rates of pay are higher (average basic hourly pay was 7 per cent higher).²⁵ But alongside these positives are concerning levels of insecurity, with, for example, employment arrangements typically offering no protection in the instance of clients being hospitalised or passing away. As one of our PAs in our focus groups put it:

There's no sick pay, no holiday pay, if I do not work I do not get paid. So it is the job security. My clients could die tomorrow and then I'm screwed.

Personal assistant.

Academics at King's College London undertook detailed interviews with 105 PAs in 2019. They found that many were happy with their job, but also faced poor employment conditions.²⁶ In their sample almost half had no employment contract; half said they would not continue to be paid if their clients was hospitalised; only one-in-five said they would receive sick pay if they were too ill to work; four-in-ten said they received no paid holiday; and four-in-ten said they sometimes or often did unpaid overtime. One participant in our PA focus group spoke about her especially precarious existence where she was paid an hourly rate of just £6 per hour, and who was herself suffering from cancer.

When I'm having my chemo I do not get paid, no. But they do send me round some food.

Personal assistant.

In general, although there are clear benefits to working as a PA, there are significant drawbacks, in the shape of employment relationships which are often informal and insecure. According to Skills for Care, only a minority of Direct Payment-funded PAs are self-employed (9 per cent), but the study mentioned above suggests that may give a false impression of the formality of the arrangements of the majority – even if 'employed' rather than 'self-employed', it appears many will nevertheless lack the basic protections of an employment relationship (such as sick pay and holiday pay). This may be related to the nature of the relationship – it must be hard to assert employment rights when it means demanding things from the person you are supposed to be caring for.

Social care workers' bargaining power is constrained for both positive and negative reasons

So why do social care workers put up with the many bad and sometimes ugly aspects of their jobs? To begin, it is clear that the strong commitment to, and satisfaction many

²⁵ Skills for Care, [Individual employers in receipt of Personal Health Budgets employing personal assistants report](#), March 2022.

²⁶ J Woolham et al, [The employment conditions of social care personal assistants in England](#), October 2019.

get from, the job weakens their bargaining position. The idea of putting extra effort into work was expressed by many of our focus group participants, a number of whom spoke about how they would always try to do what was right by their clients, even if this meant spending more time with them, or doing tasks they had not been asked to.

That person's upset, I'm not going to leave her, I'm going to comfort her.

Domiciliary care worker.

I see it as a vocation, it is not just about the money.

Personal assistant.

But there may also be less benign reasons why social care workers are prepared to put up with a great deal. In economics jargon, workers can be attached to their jobs if they lack similarly attractive 'outside options', meaning there are not alternative jobs which the worker would consider moving to. This could be for reasons of pay or suitability in terms of a worker's skills and experiences. But it can also be that a worker places a high value on some non-pay amenities in their job. The classic example for low-paid women is the need to find a job which offers hours and shifts which fit around their own caring responsibilities. This was an important aspect of social care for many in our focus groups which they did not think they could find elsewhere.

I've got two children ...There are not other jobs which would work for me. There are not many 9 to 3 jobs, and with the childcare it is not worth it to do full days. This job works around me and my husband and the girls.

Domiciliary care worker.

The shifts allow you to be with your family - do three twelve-hour shifts – to get an extra day off it is worth it.

Residential care worker.

I do night shifts – not because I like nights but I've got young kids at home and dad works days so it just works that way.

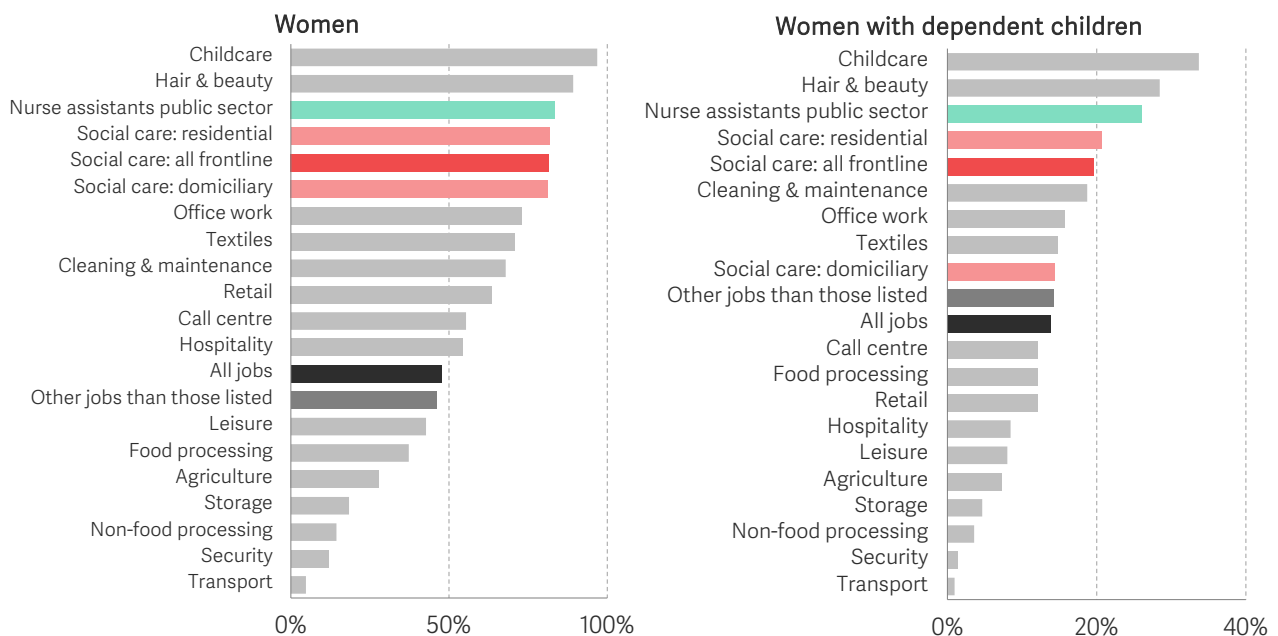
Residential care worker.

The profile of the care workforce does point to this form of 'negative attachment' being a bigger issue than in other low-paid sectors – frontline carers are overwhelmingly women. As set out in Figure 14, averaging across 2019-22, women comprise more than four fifths (82 per cent) of the frontline care workforce, only behind childcare (97 per cent), hair and beauty (89 per cent) and public sector nursing assistants (83 per cent) among the low-paid sectors listed (for comparison, women form 48 per cent of the workforce economy-

wide). More specifically, as also set out in Figure 14, care workers are relatively likely, compared to other low-paid workers, to be mothers with dependent children. This applies to 20 per cent of frontline care workers (more in residential than domiciliary care, where the workforce is similarly female but skews slightly older), compared to 14 per cent in the economy as a whole. Again, only childcare, hair and beauty and nursing assistants in the public sector have a higher proportion of mothers.

FIGURE 14: Social care workers are of a different profile than other low-paid workers – they are older and overwhelmingly female

Proportion of workers who are women, and the proportion who are women with dependent children, by job category: UK, 2019-2022



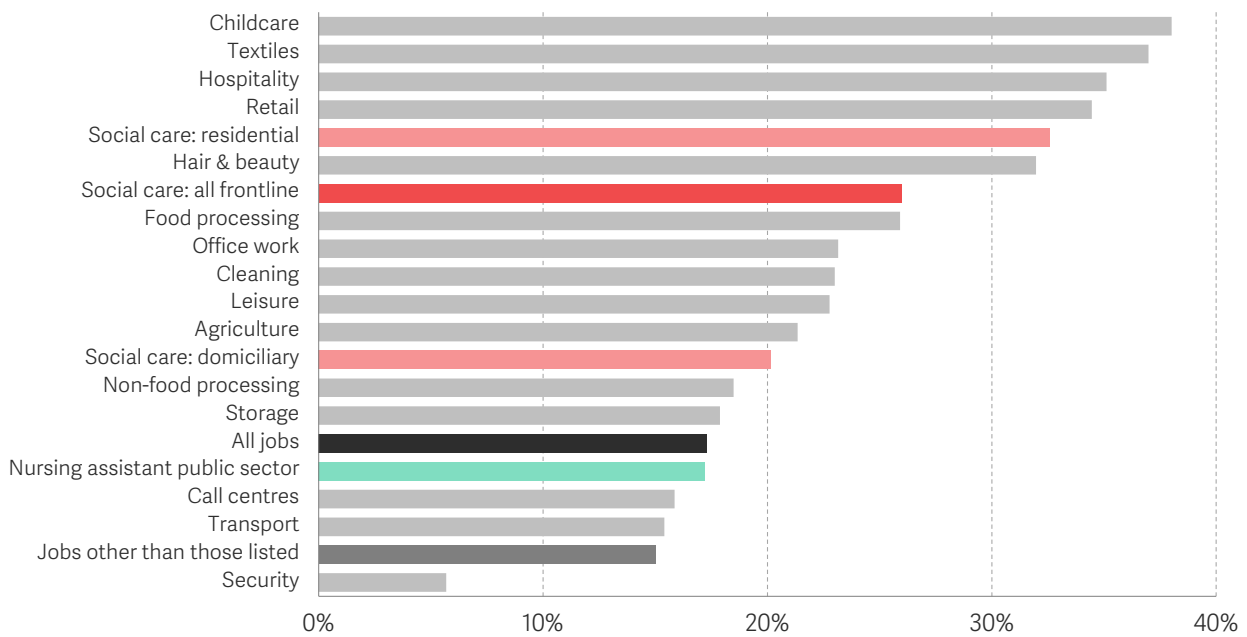
NOTES: Job categories are all low-paid jobs (apart from the ‘all’ and ‘other’ categories) and are based on the Low Pay Commission’s categorisation of low-paid jobs, and frontline care is defined based on Migration Advisory Committee approach – see Annex for details.

SOURCE: RF analysis of ONS, Labour Force Survey.

As well as needing shifts at certain hours of the day, workers who need to fit work around caring responsibilities may depend more than other workers on finding work which is close to home. We tested this idea by looking at the distances between workers’ home and workplace postcodes, which are available in ONS’s Annual Survey of Hours and Earnings dataset. Figure 15 sets out the proportion of workers who in 2022 lived less than two kilometres away from their workplace. It is certainly not a perfect measure of proximity, as some workplace postcodes will relate to headquarters rather than the local workplace location, and domiciliary workers by definition will be traveling to their clients’ homes rather than the place where their employer (normally a care agency) is based (and

this is why domiciliary workers are shown with a hatched bar).²⁷ But the analysis shows that a third (33 per cent) of residential workers live within 2 kilometres of their workplace. This proportion is higher (though not significantly so) only among low-paid workers in the childcare, textiles, hospitality and retail sectors. The economy wide rate is 17 per cent – half that of residential care workers.

FIGURE 15: Social care workers tend to live close to work, and those who need this level of proximity may have limited outside options



Proportion of workers whose home and work postcodes are within 2km of one another: GB, 2022

NOTES: Job categories are all low-paid jobs (apart from the ‘all’ and ‘other’ categories) and are based on the Low Pay Commission’s categorisation of low-paid jobs, and frontline care is defined based on Migration Advisory Committee approach; see Annex for details.
SOURCE: RF analysis of ONS, Annual Survey of Hours and Earnings.

Finally, social care does not have the institutions or structures in place which might drive up pay and standards in the absence of individual worker power. At 20 per cent, rates of union membership are relatively low among frontline care workers, as they are across the economy more generally (they are higher, at 41 per cent, among the minority who are employed by a public sector employer, and lower, at 15 per cent, among the majority in the private sector).²⁸ Added to this is the fact that the social care marketplace is highly fragmented with many small providers (there are more than 14,000 provider organisations

²⁷ It’s also worth noting that recent methodological work on the Annual Survey of Hours and Earnings has found that workplace location is subject to measurement error, coming from ONS’s use of pre-filled workplace addresses on paper questionnaires. See: D Whittard et al, *Exploring the workplace location problem in the Annual Survey of Hours and Earnings*, January 2022.

²⁸ These figures are based on analysis of the ONS’s Labour Force Survey, 2019-21. Frontline care workers are defined in the way they are throughout this report – see the Annex.

in England), and the fact that there is no collective body representing workers at the sector level.²⁹

Voluntary action to raise standards by some local authorities is laudable, but national-level policy intervention is needed to drive up standards in the social care sector

If social care workers' power is constrained for these various reasons, then policy needs to step in and ensure that the sector provides good jobs. Some local authority areas have already voluntarily raised the rate of pay for frontline social care workers – even without any additional funding from government. This includes the 51 local authorities who have signed up to Unison's 'Ethical Care' charter, which commits them to commissioning care provision through contracts which include paying the real Living Wage, and paying domiciliary workers for their travel time.³⁰ These local authorities should be highly commended for taking this step, especially given the steep cuts to funding that they will have experienced; this decision will have made a clear difference to the care workers in those areas.

But laudable though this action is, it is clear that voluntary action cannot be relied on to deliver wholesale improvements in pay and conditions across the board. First, because many areas will not sign up. And, second, because it is not clear that conditions are very different in the areas which have signed up. Figure 16 plots the distribution of pay and vacancy rates among direct care roles in English local authorities, and it shows that the distributions are broadly similar. This may be because signatories have come more from places where the market is already pushed up rates of pay, such as in London, or because local authorities are limited in their ability to enforce these aspects of their contracts with providers.³¹

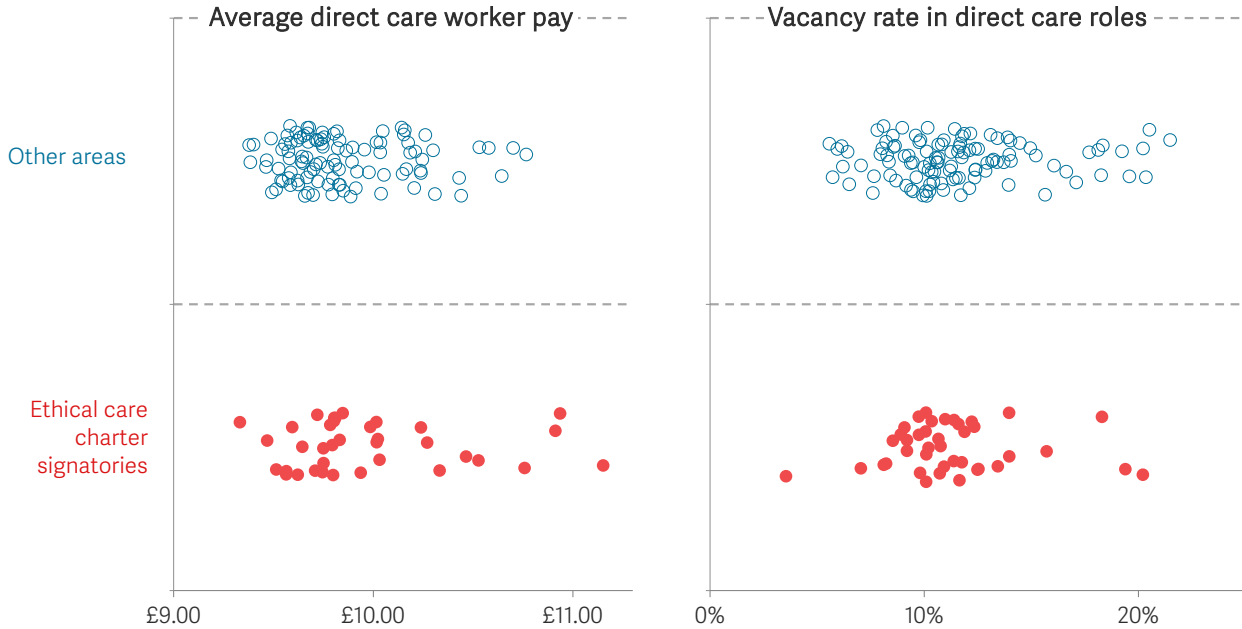
²⁹ N Curry & C Oung, *Fractured and forgotten? The social care provider market in England*, Nuffield Trust, April 2021.

³⁰ Unison, *Councils that have adopted the Ethical Care Charter*, accessed 9 Jan 2023.

³¹ These challenges were discussed in a detailed study on the impact of Unison's ethical care charters: M Jonson, J Rubery & M Egan, *Raising the bar? The impact of the UNISON ethical care campaign in UK domiciliary care*, August 2021.

FIGURE 16: Average pay and vacancy rates in the local areas where the council has committed to paying care workers the real Living Wage are similar to other areas

Vacancy rate among ‘direct care’ jobs, and average hourly pay among direct care jobs, by English local authorities: England, 2021/22



NOTES: Data points are local authorities. Pay and vacancy rates relate to ‘direct care’ jobs. Pay is measured by workplace location. Data from other nations are not shown because Skills for Care data was used, and they only cover England. Direct care worker average hourly pay is a weighted average (based on number of jobs) of average hourly pay in the independent and local authority sectors.
 SOURCE: RF analysis of Skills for Care, Workforce Estimates, 2021/22. List of councils signed up to Unison’s ethical care charter from Unison’s [website](#).

That being said, we do not show this chart to pour cold water on the commendable efforts of those campaigning for local authorities to take action to raise standards in the care sector. Rather, it is intended to show that we cannot rely on voluntary action to deliver the wholesale improvements in pay and conditions needed in the sector. National-level, sector-wide changes are needed.

A higher sector-specific wage floor is needed to tackle staff shortages and lower the likelihood of minimum wage underpayment

It could be a very good job, if it wasn't for the pay. ... We're so undervalued.

Domiciliary care worker

The most important problems which the care workers we spoke to raised – pay and understaffing, and the effects of the latter on workloads and safety – would all be helped by a higher rate of pay in the sector. But what should this be?

We have argued previously that minimum pay in the social sector should rise to the real Living Wage (RLW).³² There is of course an important moral case for raising pay to the RLW – it is the hourly pay rate which means workers can afford a minimum acceptable standard of living. And the RLW has the attraction of being a clear benchmark. But the RLW may no longer be a sufficiently high benchmark to resolve staffing problems in the care sector, and to deal with minimum wage underpayment risks. In 2022, only one-in-five frontline care workers (21 per cent) were earning below the RLW; when we first made this recommendation back in 2015, close to half (46 per cent) were, and so raising the social care wage floor to the RLW would have been a more significant intervention on pay than now.³³

The Migration Advisory Committee have recently argued that the Government should set a higher rate of pay in the social care sector “at least” £1 above the National Living Wage (NLW) so as to resolve the staffing problems in care, adding that “a more substantial premium to be needed to properly address the crisis in social care recruitment and retention”.³⁴ In April, the NLW will rise to £10.42, meaning that were the MAC’s advice being followed, then minimum pay in the sector should rise to at least £11.42 an hour, or 52p higher than the current UK RLW of £10.90. We agree with MAC that action is needed here, but we think there is a case for going further, and setting minimum pay in the sector at £2 above the adult minimum wage. This would be £11.50 now (based on the April 2022 NLW of £9.50), rising to £12.42 in April 2023 (the NLW is rising to £10.42). Such a rate would materially improve rates of pay in the sector, lifting pay above its current median, meaning more than half of frontline care workers would see their pay improve (in fact according to the Labour Force Survey, 69 per cent of frontline care workers earned below £11.50 in 2022), and putting clear water between the care sector and the rates of pay offered in other low-paid job categories.

A sector wage floor of £2 above the NLW is also attractive because it would meaningfully reduce the risk of minimum wage underpayment. It would be roughly 20 per cent above the minimum wage, meaning that a domiciliary worker spending 20 per cent of their time traveling (the average for the sector) would end up with average pay at roughly the minimum wage.

Raising pay in social care would, of course, require significant additional funding. Drawing on earlier calculations, we think it would mean increasing gross public expenditure on

³² L Gardiner, *As if we cared: the costs and benefits of a living wage for social care workers*, March 2015.

³³ This change has happened because a fast-rising minimum wage has narrowed the gap between the wage floor and the UK RLW, from 21 per cent in April 2015 to 4 per cent in April 2022. Note that since 2016 the minimum wage uprating has happened in April, whereas the RLW is announced in November, so the gap between the minimum wage and the RLW is now smaller in April-October than November-March. The point that the gap has shrunk stands whichever point of the year is used, however.

³⁴ Migration Advisory Committee, *Migration Advisory Committee: annual report, 2022*, December 2022.

social care by 8 per cent, and by 4 per cent if counting net expenditure (i.e. allowing for the fact that higher pay would mean higher tax receipts and lower benefit spending).^{35 36}

Beyond a funding requirement, our proposal raises some practical questions. First, we note that the extra funding alone would not be sufficient; the imposition of a higher sector minimum pay is important. That is because there is no ring-fence around social care spending, meaning there is no guarantee that extra local government funding would be spent on social care, nor in turn any guarantee that care providers would raise pay if awarded more generous contracts. (This of course raises bigger questions about the adequacy of local authority funding settlements, and whether social care spending should be subject to local discretion, both questions beyond the scope of this paper.)

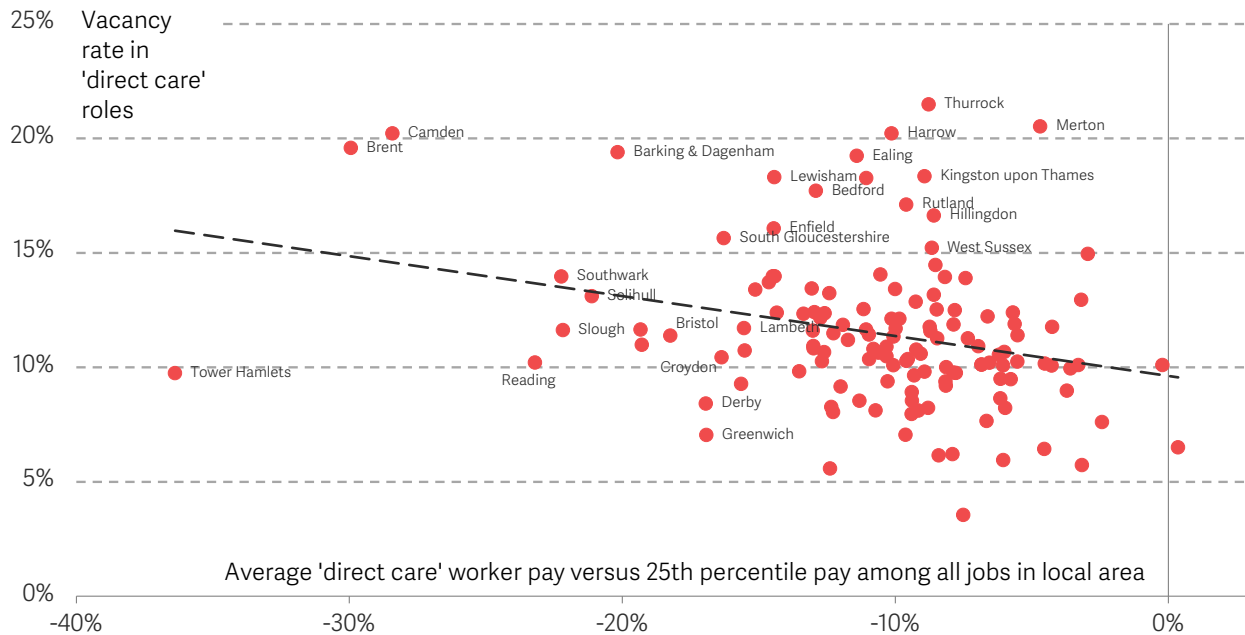
Another point is that a minimum rate of pay would have a much bigger impact in some areas than others. Figure 17 shows that there is a negative relationship across English local authorities between the strength of social care pay relative to the local labour market and vacancy rates for direct care workers. So, our proposal of a higher sector pay minimum would not be a cure-all everywhere. In London, for example, median hourly pay among frontline care workers in 2022 was £11.31, meaning our proposal of a minimum rate of £11.50 (£2 above the current minimum wage) would have little impact. This suggests that there may be a role for even higher minimums (and associated funding settlements) in areas where local wages are higher.

³⁵ In 2015, we published in-depth analysis setting out the cost of eradicating minimum wage underpayment, and raising minimum social care pay to the RLW. We estimated that the gross cost of raising pay to the RLW would have been £2.3 billion in 2013-14, of which £1.4 billion would be borne by the state (with half recouped through tax receipts and/or lower benefit spending). Proportionally, this would have meant increasing gross public expenditure on social care by 8 per cent, and by 4 per cent if counting net expenditure (expenditure was £17.2 billion in 2013/14. Source: NHS Digital, [Personal Social Services: Expenditure and Unit Costs, England - 2013-14, Provisional release](#), September 2014). The spending impact of our pay proposal today would be similar, because a wage floor of £2 above the minimum is similarly ambitious as a wage floor at the RLW would have been then. In 2013-14 (the year in which we based our calculations in our 2015 paper), the RLW was 21 per cent above the minimum wage (the minimum wage was updated to £6.31 in October 2013 and RLW was set at £7.65 in November 2013); our minimum wage plus £2 proposal would entail a care-wage floor 19 per cent above the minimum wage.

³⁶ We do not make claims for where this additional funding should come from, other than to readily acknowledge that improving pay and job quality comes with a cost – higher spending and taxation if in the public sector, and higher prices if in the private sector. In short, we believe these are costs worth paying, but we will develop this argument in forthcoming papers on labour market policy in our Economy 2030 Inquiry.

FIGURE 17: Vacancy rates for care workers are higher in the areas where pay is less competitive relative to local wages

Vacancy rate among 'direct care' jobs, and average hourly pay among direct care jobs compared to p25 hourly pay, by local authority: England, 2021/22



NOTES: Data points are local authorities. Pay is measured by workplace location. Data from other nations are not shown because Skills for Care data was used, and they only cover England. Direct care worker average hourly pay is a weighted average (based on number of jobs) of average hourly pay in the independent and local authority sectors.
 SOURCE: RF analysis of ONS, Annual Survey of Hours and Earnings, April 2022, via Nomis, and Skills for Care, Workforce Estimates, 2021/22.

A higher sector minimum wage would reduce the risk of unlawful underpayment, but stronger enforcement is also required

As well as tackling recruitment and retention, a higher sector minimum wage would reduce the risk of domiciliary workers being paid below the minimum wage. But alongside this, it is critical to ensure that care workers are paid for their travel time. Doing so would significantly reduce the risk of minimum wage underpayment (for the reason of travel time, at least). Care agencies might complain that this arrangement would be open to abuse if workers self-reported their travel time. One solution would be to calculate travel time on the basis of the distance between jobs, with an appropriate formula based on typical travel speeds in the area and at the time of day. There may also be technological solutions (i.e. tracking travel time via an app on workers' phones) which would achieve the same. A less attractive solution might be to insist that any non-contact time between a worker's first and last visit of the day be considered travel time. Although this this would have the positive effect of encouraging agencies to avoid scheduling appointments with large gaps, it would radically change how the sector is organised, and might remove some of the flexibility (in terms of fitting visits around other commitments) that some

domiciliary care workers might enjoy. Either way, paying for travel time is part of Unison's Ethical Care charters, which 51 local authorities are using – so any practical hurdles are clearly surmountable.

But while systematic changes to funding and pay are the most important responses to minimum wage underpayment, there is still more that we could do to tackle the problem within the current system. First of all, travel time – and therefore domiciliary workers' actual pay – should be properly measured. Providers should be required to collect data on their workers' travel time, and to provide this to workers (as standard) and enforcement agencies (on request). Workers' payslips should include, for the pay period, contact hours, travel hours, and gross pay, and the implied average rate of pay, so that the worker can easily see check that this is minimum wage compliant.

For enforcement agencies, these three pieces of data should be considered mandatory reporting requirements, and the minimum records needed for an employer to be minimum wage compliant. HMRC's manuals state that an employer is "legally required to keep sufficient records to show that they are meeting their National Minimum Wage obligations", but acknowledges that the law "does not stipulate exactly what type of records must be kept".³⁷ In practice, our conversations with HMRC and sector experts said that agencies tend to use their visit rotas as proof, leaving HMRC to wade through these to calculate average rates of pay themselves. We believe that the approach should be tightened. Either the law could require that travel time data is explicitly collected (thereby strengthening HMRC's hand in its investigations), or the HMRC could tell care agencies that this is the standard of data reporting they export, and consider exploratory investigations and prosecutions where agencies do not meet this requirement. And local authorities could insist on this as part of their commissioning, even if they using Unison's charter (i.e. even if they are not requiring that travel time be paid for).

Collecting additional data may sound burdensome for a sector already under pressure, but without this data providers cannot know that their workers are paid above the minimum wage, leaving themselves vulnerable to enforcement action and penalties, and leaving workers vulnerable to underpayment.

A minimum set of employment standards for personal assistants is required

Our research also suggests a third and final area for intervention, so as to improve the employment conditions enjoyed by the personal assistant (PA) workforce, given that this part of the social care sector is characterised by lots of informal and insecure employment relationships. Critically, state-funded PAs should be employed as

³⁷ HMRC, *National Minimum Wage Manual*, section NMWM12020 - Records, evidence, powers and offences: records, April 2016.

'employees' or at least 'workers' rather than hired as self-employed contractors, and local authorities should encourage the use of employment contracts, and the provision of statutory minimum employment protections. Arguably, PAs should already be properly classed as employees given the nature of their work; the specifics of each relationship will vary, but the criteria of 'employee' work (such as control over how their work is done; a requirement to work regularly; a requirement to do a minimum number of hours; and the inability to send a substitute) would apply to many.³⁸

This in turn would confer a set of employment rights: for 'workers', this would include minimum wage and holiday pay entitlements, and if 'employees', additionally, maternity leave and sick pay entitlements.³⁹ But even where (as in the majority of cases) PAs are 'employed' rather than 'self-employed', the evidence suggests some still lack the associated entitlements and protections, including holiday pay and sick pay. One area where PAs are especially vulnerable is when it comes to notice periods and income protection if their client is hospitalised or passes away. In essence, PAs' contracts should include a notice period. If they are hired as an 'employee' this would be something they would be entitled to (the statutory minimum notice period for redundancy for employees is one week plus a week for every year of service after two years) but this does not appear to happen in practice.⁴⁰ Again therefore, this appears to be a matter of ensuring the use of employment contracts and that all parties understand the protections this involves.

Of course, for some Direct Payment recipients, the additional responsibilities that come with being an employer (rather than a hirer of a self-employed contractor) would be burdensome, and local authorities would have to ensure those individuals were able to access advice and support, starting with simple things like the provision of boiler-plate employment contracts. We are not advocating for enforcement action against employers of PAs, not least because we are of course by definition talking about a vulnerable group. But instead we believe more could be done through local authorities' support role to ensure that Direct Payment recipients use employment contracts when hiring PAs and that they and their carers understand the protections and entitlements that this entails.

³⁸ These criteria are set out in: Department for Business, Energy & Industrial Strategy, *Employment status and rights: support for individuals*, July 2022. To further illustrate this point that personal assistants should not be treated as self-employed, we undertook HMRC's employment status test as if we were a personal assistant, and with tweaks to some answers the tool either have a result of 'employed' or, with tweaks to some answers, 'not able to make a determination' – never self-employed. This was done for illustrative purposes - admittedly, the test for self-employed status in tax law is not the same as in wider employment law. HMC's tool is available at: <https://www.tax.service.gov.uk/check-employment-status-for-tax/disclaimer>. Accessed January 2023. This argument that personal assistants should in many cases properly be classed as employees may particularly apply to personal assistant job which involve 'sleep-ins'. See M McCammond, *Introductory agencies and 'self-employed' live-in carers*, September 2021.

³⁹ Department for Business, Energy & Industrial Strategy, *Employment status and rights: checklist for employers and other engagers*, July 2022.

⁴⁰ Skills for Care estimate that in 2021-22 personal assistants in England had on average been in their role for 3.6 years, so this is a material consideration. Skills for Care, *The state of the adult social care sector and workforce in England*, October 2022.

Conclusion

Social care jobs are here to stay – no technology or productivity improvement will ever remove the need for large numbers of workers delivering care to people that need it. If we aim to improve work in general (as we should), care is as good a place to start as any. But we should particularly want care jobs to be good jobs. For one, the importance of the work and our dependence on it gives us a moral imperative to improve working conditions in the sector. This is compounded by the fact that, as we set out in this paper, care workers are in general highly attached to their jobs and care about their work, and therefore put up with more than they would if they were just doing the job for the money. A second reason comes from the fact that care is a sector where the state has a direct impact on how the work is organised, given its role in funding and regulating the sector. A third and important reason for improving care work is that improving the quality of work in the sector would surely have a positive impact on the quality of care provided to clients, who are by their nature some of the most vulnerable in society.

There is no way to strip social care of all its challenging aspects; looking after the elderly and disabled will always involve difficult or even upsetting tasks. And the part of the job that makes it rewarding for many – the close personal connections with clients, and difference made to their lives – inevitably brings with it emotional distress when clients become poorly or pass away. But many of the bad and ugly aspects of working in the sector that we have discussed in this note are not inherent to care work – they are the result of how we fund and organise the sector. They are problems that we can and should address. We have outlined some important areas for policy makers to change.

Encouragingly, most of the care workers we spoke to felt that care jobs could be good jobs, but only if action was taken to address the negative aspects of the job. We think the above set of policy recommendations would go some way to improving the quality of work in the social care sector, and making the sector a more attractive place to work would also help resolve the current staffing shortages. In future papers, we will expand the thinking here to consider how minimum wage and employment regulation policies, and reforms to labour market institutions, can jointly act to improve the quality of work in the UK across the board.

Annex: Measuring the social care workforce

There is no universally-accepted way of defining or measuring the size of the social care workforce. Skills for Care publish detailed estimates based on surveys of social care providers, but these only cover England. For UK-wide estimates, it is possible to use the Labour Force Survey (or similar household surveys), and the ONS also produces a 'Workforce Jobs' dataset. When using these datasets it is necessary to define the social care workforce through some combination of industry (SIC) and occupation (SOC) codes, but no combination can perfectly reproduce the estimates produced by Skills for Care.

For the jobs data shown in Figure 1, from the ONS's Workforce Jobs dataset, social care has been defined as encompassing SIC 'divisions' 87 and 88, which relate to residential and domiciliary care respectively. In the majority of this report we use the ONS's Labour Force Survey (LFS) and Annual Survey of Hours and Earnings (ASHE) for our analysis. We generally focus on frontline social care workers (i.e. we exclude workers in management roles). To do so we follow the definition used by the Migration Advisory Committee in their 2021 report.⁴¹ This includes as frontline carers workers who are either in a frontline caring occupation (regardless of sector), or nurses and nursing assistants who work in the social care sector. The SIC and SOC codes for this are set out in Table 1 below.

In many charts in this briefing note we break down frontline care jobs into residential and domiciliary categories. We cannot pick out PAs using the variables available in the LFS or ASHE. There are some frontline care workers who are in a care occupation but not in either the residential or domiciliary care sectors; these workers are who are therefore not included in these sector sub-categories – but they are included in our 'social care – all frontline' category. In the 2022 LFS datasets frontline care workers who were in a care occupation but not in the care sector comprised 32 per cent of all frontline care workers.

⁴¹ Migration Advisory Committee, *Adult Social Care and Immigration: A Report from the Migration Advisory Committee*, April 2022.

TABLE 1: The occupation and industry codes used to define frontline social care work and other low-paid job categories in the Labour Force Survey and the Annual Survey of Hours and Earnings

	Sectors: 2007 SIC codes	Occupations: 2010 SOC codes
Frontline care workers: based on Migration Advisory Committee definition.		
Frontline adult social care worker. Care worker or senior care workers (any sector), or nurse/nursing auxiliary occupation in care sector. Sector-subcategories only include workers within the residential or domiciliary care sectors.	Residential: 87.1, 87.2, 87.3 Domiciliary: 88.1	Care workers: 6145 Senior care workers: 6146 Nurses: 2231 Nursing auxiliaries: 6141
Low-paid job categories: based on Low Pay Commission categories Note: jobs included are those that meet both industry and occupation codes.		
Hospitality	Divisions: 55, 56	5434, 5435, 9272, 9273, 9274
Childcare	Classes: 8510, 8819	6121, 6122, 6123, 9244
Office work		4129, 4133, 4216, 7213, 9219
Leisure, travel, sport	Divisions: 92, 93	3413, 3441, 3443, 6131, 6139, 6211, 6212, 6219, 9275, 9279
Transport		5231, 8135, 8212, 8214
Retail	Divisions: 45, 47 Classes: 7722, 9521, 9522, 9523, 9524, 9525, 9529	1254, 5443, 7111, 7112, 7114, 7115, 7123, 7124, 7125, 7130, 7219, 9251, 9259
Storage		9260
Cleaning & maintenance	Divisions: 81 Classes: 9601	6231, 6232, 6240, 9132, 9231, 9233, 9234, 9235, 9236, 9239
Hair & beauty	Classes: 9602, 9604	6221, 6222
Security & enforcement	Classes: 8010	7122, 9241, 9242
Textiles	Divisions: 13, 14	5411, 5414, 5419, 8113, 8137

Non-food processing		8112, 8115, 8116, 8119, 8121, 8125, 8127, 8131, 8134, 8139, 9120, 9139
Food processing	Divisions: 10	5431, 5432, 5433, 8111, 9134
Agriculture	Divisions: 1,3	5112, 5113, 5114, 5119, 9111, 9119
Call centres		7113, 7211
Additional job categories used		
Nursing assistant in public sector and NOT in social care sector	Sectors other than: 87.1, 87.2, 87.3, 88.1. Plus public sector filter.	6141

NOTES: Where necessary, equivalent codes were found for earlier industry classifications, and for earlier and later occupation classifications. However, the majority of the analysis of ASHE and LFS were based on years where both SIC 2007 and SIC 2010 codes are available.

SOURCE: Migration Advisory Committee (see table C.4 in Migration Advisory Committee, [Adult Social Care and Immigration: A Report from the Migration Advisory Committee](#), April 2022); Low Pay Commission (see table A3.1 in Low Pay Commission, [National Minimum Wage Low Pay Commission Report 2021](#), December 2021).

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