

# PSSRU

Personal Social Services Research Unit

University of  
**Kent**

## **Worker voices in the social care sector**

*Case studies and summary report*

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## Disclaimer

This report represents independent research that was commissioned by the Director of Labour Market Enforcement in February 2020, to inform his Annual Strategy 2020/21.

Fieldwork took place in March 2020, during the very early stages of the COVID-19 pandemic and prior to its full impact on the labour market. Nevertheless, issues raised in this research continue to be pertinent and provide an important insight into worker voices in this sector.

The views and opinions expressed in this report are those of the authors, and do not necessarily reflect the official views, policy or position of the Director or any agency of HM Government.



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## Introduction

In February 2020, the Personal Social Services Research Unit (PSSRU) was commissioned by the Director of Labour Market Enforcement (DLME) to deliver worker voices case studies from the social care sector to inform the evidence base for the Director's Strategy for 2020/21. This research, alongside three complementary studies on the agriculture, construction, and hand car wash sectors, capture the stories and perspectives of workers in sectors identified as at risk of exploitation.

The study adopted a qualitative approach to highlight the motivations, experience and future plans of a small, but diverse, sample of 11 care workers in England. It was not intended to be representative; it set out to present an in-depth account of workers' experiences of the social care sector.

The first part of the report presents the 11 case studies and the second part provides an overview of the methods and the conduct of the study and highlights key findings and common themes that emerged from the case studies.

## Background to social care sector

Adult social care is a large and diverse sector with over 1.6 million jobs and 1.49 million workers, the majority of whom (75%) are in direct care roles (Skills for Care, 2019).<sup>1</sup> It is estimated that the sector contributes £38.5 billion to the English economy and it provides six per cent of total employment (ICF, 2018).<sup>2</sup> Around 18,500 organisations and 39,000 establishments are involved in the provision of social care in England. In addition, around 74,000 individuals requiring care employ their own staff (personal assistant, PA) using direct payments (Skills for Care, 2019).

The main users of adult social care are older people, people with disabilities, and people with mental health problems (National Audit Office, 2018).<sup>3</sup>

The majority (91%) of the workforce in the sector were employed on a permanent contract, 48% worked on a full-time basis, and 24% were on a zero-hours contract (43% in domiciliary care). The

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<sup>1</sup> Skills for Care (2019). *The size and structure of the adult social care sector and workforce report in England, 2019*. Leeds. Available at: [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure) [last accessed: 21/04/2020]

<sup>2</sup> ICF (2018). The economic value of adult social care in England, 2018. Skills for Care: Leeds. Available: <https://www.skillsforcare.org.uk/Documents/About/sfcd/Economic-value-of-the-adult-social-care-sector-England.pdf> [last accessed: 20/04/2020]

<sup>3</sup> National Audit Office (2018). Adult social care at a glance. Available: <https://www.nao.org.uk/report/adult-social-care-at-a-glance/>

sector had high turnover (32.2%) and vacancy rates (7.8%).<sup>4</sup> The mean hourly pay of direct care workers was £8.52 in the independent sector and £10.89 in local authority provision in 2018/19 (Skills for Care, 2019).<sup>5</sup>

The Care Quality Commission (CQC) is the body responsible for the regulation, registration, and inspection of social care services to ensure that they meet fundamental standards of quality and safety. However, employment standards and workers' rights are not part of the CQC's fundamental standards and some social care services can operate outside its regulatory framework (e.g. introductory agencies, self-employed 'micro-providers' etc.)

Some common types of social care services that are referenced in the report<sup>6</sup> are:

- Residential care: where personal care (e.g. help to carry out tasks of daily living) and accommodation are provided together (with or without nursing care).
- Community care services:
  - Domiciliary/home care is when people are supported in their own home. The intensity of the service can vary from daily/occasional short visits to 24-hour continuous care (such as live-in care).
  - Supported living service is when accommodation and care/support are provided separately. This is typically for disabled people and aims to promote independence.
  - Day services: provide day activities and support with personal care.
- Respite care is temporary care provided to relieve family caregivers and can be organised on a residential or community basis.
- Sleep-in shifts can take place in different types of care. Sleep-ins involve a worker being required to spend the night at the care site, during which they can sleep, but they must be available for work if needed.

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<sup>4</sup> Total employee turnover was estimated at 29% (ONS, 2019). Available: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/adhocs/10685employeeturnoverlevelsandratesbyindustrysectionukjanuary2017todecember2018>.

The vacancy rate for all jobs was around 2.7% in the same period (ONS, 2020). Available: <https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/vacanciesbyindustryvac02> [last accessed: 26/04/2020].

<sup>5</sup> Skills for Care (2019) *The size and structure of the adult social care sector and workforce report in England, 2019*. Leeds. Available at: [www.skillsforcare.org.uk/sizeandstructure](http://www.skillsforcare.org.uk/sizeandstructure) [last accessed: 21/04/2020]

<sup>6</sup> For a more comprehensive overview of the adult social care system and the list of social care services see: National Audit Office (2018). *Adult social care at a glance*. Available: <https://www.nao.org.uk/report/adult-social-care-at-a-glance/>; pp. 4-7. [last accessed: 20/04/2020]

# Case studies

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## Alma

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Female

Aged in her 50s

EU national

Self-employed live-in carer

Alma moved to the UK in 2019 to be with her partner whom she met whilst on holiday in London; her grown-up daughter also lives in England. Alma is a very experienced care worker and has a degree in a related discipline. She had worked in social care in her country for a number of years prior to moving to the UK.

She started looking for work after she arrived in the UK. She briefly worked as an hourly-paid carer for below the London living wage but then decided to register with a live-in introductory agency because the pay seemed much better. She went for an interview and was offered the opportunity to register as a live-in carer with the company. She had to become self-employed as requested by the company. Her friends told her about the process and helped her set up, the agency did not provide any help or support. There was no training, only a short induction session and she had to pay and wait for her DBS check to arrive before her first placement.

Alma has had about eight placements with the agency in the last six months. Before a placement with a new client, she would get a description of their care and support needs, but she often found these to be inaccurate *“a lot of the time, things have changed since they wrote these”*.

Alma says the agency offers a bonus for difficult placements or remote areas. For example, she received £600/week for a placement in Scotland plus an extra bonus of £110 as a driver with her own car. No other contribution towards her travel expenses was paid. A “difficult placement” (i.e. care recipients with particularly high or complex needs) would earn a bonus of £45 per week. Although in principle, self-employed live-in carers can turn down placements, Alma is convinced the agency would penalise them by not offering placements in the future.

She raised concerns about financial abuse and neglect of some of her clients with the agency; however, *“the agency would not listen. They don’t care about the carer, they don’t care about the customer, they only care about earning money.”*

Alma recalled an incident when she had a disagreement with her client’s spouse – who also lived in the house – about her daily break. They did not want her to take her daily break, but she pointed out that she was entitled to it and she wanted to take it. This happened the day before she was due to finish her placement. The client’s partner rang the agency and told them they did not want her there anymore, although they agreed that she was looking after the client very well. Alma was still on her break when she got an email saying that her placement date has changed and was ending that day. She immediately phoned the agency, who informed her that her placement has been terminated by the client, and she should only return to collect her things and leave immediately. The agency rang her the following day to *“have a talk with me about what happened but they also said I have done nothing wrong, the family just did not like it that you had a disagreement.”* Alma was also told that she would not be paid because she did not complete her placement, which left her in a difficult



financial situation. *“I say to them you cannot do that [not pay me]. How can you sit in your office and do that? You get your money every month. How can I pay my bills if I lose my job?”* She thinks that the problem was that the family normally has a Romanian private carer [who was on holiday when this happened], and they are used to her never taking any breaks and *“that was a big difference”*. The private carer has been with the family for two years, *“she lives there all the time”*, and gets paid £500 per week.

Alma says the family *“had no right to fire me like that and I should have got my money. This would be unlawful in my country.”* However, she does not know where and how to complain in the UK.

Alma is disappointed in *“how people are treated”* in the UK social care system and she is considering quitting the sector and moving back home.

## Angelica

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Female

Aged in her 50s

British national

Self-employed domiciliary carer

Works with a private client and via an online introductory agency in London

Angelica lives in London with her husband. She is originally from the Philippines and came to the UK as a private carer from Singapore on a domestic carer visa in 1995. She was travelling back and forth with her client for four years, spending six months in the UK and six months in Singapore. She got married and settled permanently in the UK. She is a qualified health-care professional from the Philippines, but she primarily worked in office-based jobs in the UK.

In 2016, she left her job and decided to return to social care because she wanted more flexibility and to spend more time with her family in the Philippines. For the past three years, she has been working with a private client, supporting her in her own home. They met via word of mouth recommendation/personal introduction by someone who worked for the same family.

The client's family lives nearby, and Angelica is required to report to the client's daughter regularly. For the first year, she had to do this daily but now it is less regular, only when Angelica needs to share important information. The daughter decided to install a camera in her mother's flat a few years ago. It is a studio flat, so the camera covers everything except the toilet. The daughter can monitor a live camera remotely from her phone. She says it is just for protection for her mother: Angelica is only there in the afternoon, and when she is not there and her mother does not answer the phone, she gets worried. At first Angelica was taken aback but then accepted it: *"she's my employer, she does what she wanted to do, I've got nothing to hide, I can continue my job or leave"*. She decided to stay in her job but she adds: *"at the back of my mind I know there is a camera there"*. She did not get information about the camera, what it records and how (e.g. whether any of it stored, who else can view it etc.)

Two years ago, she registered with an on-line introductory care agency as well. The agency was recommended in a carers group on social media. For now, Angelica is satisfied with her status as a self-employed carer because she can keep more of the money and has more flexibility and control over the hours she works. This is important because her husband is also self-employed [he does not work in care]. Angelica found it quite easy to set up as self-employed because her husband helped her with advice and support.

She describes being self-employed as very different from working for a company. Although she needs to put in more time and effort to finding clients and setting up work – which is unpaid – this seemed to suit her for now because she felt she is able to choose her hours, and has more control over her schedule and the people she works with.

When she started working for the agency, she paid for her own DBS certificate and training, and she was required to set up a public liability insurance policy that the agency recommended. Angelica has never had any disputes or occasions when she needed insurance or the agency to mediate between

her and the client, so she is unsure about the level of protection the agency offers for the carer workers.

The agency sends emails to registered care workers about jobs that meet their criteria (e.g. location, type of care etc.). This has a basic description of the client and the tasks, and the rate of pay, which varies according to the regularity of the job, slightly higher for one-off visits. Care workers can express an interest in the job; their details are forwarded to the client, who then can contact them to arrange to meet for an introduction or a more formal interview. Care workers need to send regular reports to the agency about their work with the clients.

Work is hourly paid via the agency; however, Angelica is responsible for negotiating any additional expenses. Travel time and expenses are usually not paid, but she can add any overtime to the weekly digital timesheet. If a job is cancelled at short notice, there is no compensation for the care workers. Angelica says that *"the platform shows how much the agency takes, so it's quite transparent"*, which she likes.

Angelica recalled an experience when she agreed to drive the client in exchange for petrol money that the client *"found expensive"* and was reluctant to pay her. She turned to the agency for advice who suggested that next time she agrees about payment with the client in advance. Since then she has never used her car with this client and instead they take public transport or taxi. She recalls that she also told the client *"maybe if you are not happy, you can go back to the agency and ask them to provide a new carer"*. In the end, the client paid her. The sum was five pounds but *"if you work with the elderly, even a penny is important and I understand that"*.

Angelica is unsure if the agency does any checks or care assessments on the clients, and whether they inspect their homes where the carers are required to work. The job description shows the client's needs and a brief description of the tasks, as given by the clients or their carers. These are often not very detailed or specific. Angelica recalls a recent case when she had to turn down a job because of the *"state of things in the client's home is not a very good work environment. They wanted me to start as soon as possible but I had to decline."* The agency did not ask why: *"you don't need to tell the agency why you decline a job, so other carers will not know about that. I was expecting that call from the agency, that they'd ask me how I got on but no, they never contacted me about that."*

To conclude, Angelica says that *"at the moment I am happy where I am"* but she is concerned about the availability of jobs via the platform, which seems to have declined recently.

## Barbora

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Female

Aged in her 30s

EU national

Employed by a large private provider with a zero-hours contract

Works in a residential unit for autistic people

Barbora lives in the South West with her husband and young child. She studied social work at university before she moved to the UK in 2010 from an EU country in Eastern Europe. At the beginning, she worked in catering and then applied for a support worker position with a large national social care provider that operates over 100 homes across the country. She said *“they accepted me even without experience; they gave me an opportunity and I started from there, I built up my confidence and experience”*. She has been with this company for about six years and they have supported her to complete her NVQ Level 3 in Health and Social Care.

She works as a support worker with autistic people, some of whom also have mental health needs, in a small residential unit. After a few years, she was promoted to be senior support worker, but now she works there as a bank support worker mainly at weekends. Last year she started a new job as a learning assistant with people with learning disabilities in an educational setting. She says that her new job is better in that she has regular hours and time off during the school holidays.

Barbora feels safe at work, because although some of the residents are physically challenging, there is always someone else who can and should be expected to help. Comparing the two jobs, education is better paid, the hours are more regular, and the tasks are easier. However, the training is poorer and the staff are not adequately prepared to deal with challenging students.

When she started as a support worker, her contract was for 20 hours per week but she regularly worked extra hours. When she was promoted, her hours went up to 32. Any overtime was paid at the same rate. Her annual leave was calculated based on her contracted hours, which was a disadvantage because this meant she had fewer days paid holiday. In addition, her pay was not the same every month because her hours fluctuated.

Her shifts varied and she recalls that they usually did not get much notice, sometimes only a couple of days. The only guarantee was that every second weekend was off, but other than that, they had to be available to work any time. Although, if there are particular days people cannot work, management try to be accommodating. Support workers are also allowed to swap shifts if agreed within the team. Barbora says that annual leave can be difficult because only two people are allowed to be off at the same time, so any leave must be planned and requested well in advance. Support workers are not allowed any annual leave over the Christmas holidays.

When Barbora was promoted to senior support worker, her working conditions stayed the same but she had more responsibilities and a little more pay, *“about a few more pence per hour”*. *“We were paid minimum wage and for senior support workers they added like 20p on top. Even deputy managers earn like an extra pound per hour but they have a lot more responsibilities. Being a senior support worker is not financially attractive, and there are a lot of extra responsibilities.”*

Barbora's provider does not have a uniform at work but there is a dress code, which is quite strict, and some colleagues complained that they had to buy new clothes when they started working. *"But because this is not a uniform, we don't get any support."*

She now has a zero-hour contract with the company because she is bank staff, although she works regular hours. *"This works well for me, it was my choice."*

There are three shifts: day shift from 8am to 5pm; evening shift from 5pm to 10pm; and the night shift from 10pm to 8am. At night, there is one waking night staff and one sleep-in staff. Barbora says *"I picked up a few of the waking night shifts but not regularly, normally they have night staff but if we are short, support workers would be asked to do it as well."* Waking nights are hourly paid and sleep-ins are paid at a flat rate of £30. During a sleep-in shift, staff sometimes need to get up at night, especially for medication, because most of the night staff are not medication-trained. If this happens, sleep-in staff are paid the hourly rate for the time they awake and are working, on top of the flat rate. Support workers are expected to do one sleep-in a week and it could be any night, *"and you only find out which night when you get the rota"*. The sleep-in does not count as part of one's hours but it is linked to an evening and a day shift. *"You work 5pm to 10pm, then do the sleep-in, and then work from 8am to 5pm."*

The service has regular team meetings, once a month, and *"they always ask what could be done better. They pay is the biggest issue, every year they give a rise of a few pennies but it's still very low."*

The payslip is online and Barbora says she always makes sure she checks it carefully because there are often errors; the hours are not recorded or added up correctly. *"I always write down my hours and check the pay. I don't work a lot of hours and I know exactly how much I should be paid. If they make a mistake, you have to wait until next payday to get paid. Sometimes it's a big difference. For example, this month they owe me around £200. They say it was not written up properly in their system. These things shouldn't happen, I think. I always tell my colleagues to check their payslips but I'm not sure if they all do it."*

Barbora has never had any disputes with her company but she is aware of some colleagues who had, although she is not sure what happened. *"There is a whistleblowing policy at work and there is a phone number we can call and talk to management or raise concerns with the service manager."*

She says she likes working for the company because *"they gave me an opportunity when I didn't have experience and it's very local to me. Another advantage is that I know the house and the clients. I also like the flexibility. I think I will stay where I am, especially now with a young child. I'm happy where I am, I think I'm a good support worker and that's what I always wanted to do, to help people. I just hope that the working conditions will change and the pay will go up across the field. It's not just our company, it's nearly everywhere."*

## Ben

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Male

In his 30s

EU national

Employed by a large private provider with a fixed-hours contract

Works in a supported living service for people with learning disabilities and autism

Ben came to the UK from an EU country in 2014 to do a PhD. He started working in social care in the final year of his studies when his scholarship ran out; *“Social care was something I was interested in because it was related to my studies.”* His first job was in a college supporting young people with complex needs. After about a year, he moved to another city and registered with two employment agencies: one was a large national agency and the other was a smaller local company. He mainly worked in adult learning disability and mental health services.

The two agencies worked very differently. The national agency was not very proactive, he had to call them when he wanted to work and if he rang in the afternoon, there were usually no jobs left. The other agency was more hands-on; they would call and ask him to cover certain shifts. *“If you said no, they would stop giving you shifts. But as long as you were saying yes, this agency was better because they had work.”* Even though he had a zero-hours contract, the agency could become *“pushy”* and use emotional pressure. According to Ben, *“it’s only zero hours when it suits them”*. He recalls an occasion when he turned down a job because he was unwell. When the agency heard traffic noise and found out that he was outside, they said *“What’s that, are you somewhere out? I thought you’d be staying at home if you are unwell.”*

The agency rarely provided information in advance about the setting or the service user he would be working with. In his words:

*“When you are sent to a service, upon arrival you are told who you will be working with. Usually, the person you are working with is the most difficult client that no one wants to work with. Sometimes they just gave you the person’s file – 200 pages of different documents of different importance – and you have to read it before the person wakes up, which might be half an hour, or less, or sometimes more.”*

This could also result in risks to personal safety and health. Once Ben was assigned to work with a service user who had an active bacterial infection, but the service failed to inform him and provide adequate personal protective equipment.

The agencies usually tried to send him to locations that he agreed to cover, but sometimes services were difficult to reach. Typically, it took him about an hour to get to his placement, and he was not paid for his travel time or expenses.

One of the agencies used to send him to his current company, which he liked and thought it might be a good company to work for. They are a large provider and had vacancies locally. He applied for a job and started working as a full-time support worker in 2018. When he got an academic job in 2019, he kept his support worker job but reduced his hours.

He has a permanent fixed-hours contract. When he reduced his hours from full time, his supervisor suggested that he could go on the bank. Ben did not want to do that, and the company agreed to reduce his hours instead. He works 16 hours and does one sleep-in per week. He always works on the same days and he starts at 5pm, works until 11pm, then he sleeps and starts again at 8am, and finishes work at 6pm.

He is hourly paid for the waking hours and gets a flat rate for the night. The rate is much better (£45) than what he used to get from the employment agency, which was £25 per night. Some services where the agency sent him interpreted sleeping nights quite broadly, for example one service claimed that waking up every three hours to check on a client's catheter was a sleeping night because he could go back to bed.

He is a trade union member and said he would turn to them if had any disputes with his employer. However, he has never had any problems and he is not aware of anyone else at work who had, either.

He likes his job because he enjoys working with the service users and feels he can make a positive difference in their lives. *"On balance, it's a good place to work."* He is unsure about his future in social care. He would like to secure a more permanent academic job but feels he has more job security in social care and thus he is planning to stay for now.

## Gloria

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Female

In her 40s

British national (naturalised)

Works with a respite care provider with a zero-hours contract and as a self-employed domiciliary carer with an introductory platform

Gloria started working in social care in 2014. She works for two companies: a respite care company and an on-line introductory agency for domiciliary carers. Her main job is with the respite care provider where she works with different groups including children, teenagers, and adults, supporting them in their own homes. She sometimes has spare time so she decided to look for another job that she can do with flexibility and turn down shifts when she is too busy or not available.

She has a zero-hours contract in her main job and she can choose when she works. She has some regular clients and can work some long days, e.g. from 7am to 10pm. She can choose which jobs she wants to do and turn down clients that are too far away. She is not paid for travel time, but she is paid mileage if she has to travel between clients. She is not required to wear a uniform. Her company does training: on-line and hands-on training in the office. For each client she gets a risk assessment, information about their support needs, and care plan.

Gloria has been registered with the online introductory agency for nearly five years. She currently has a regular client on the weekends, and sometimes she has another client who requires her for three hours on a weekday afternoon. She is paid an hourly flat rate, which is set and collected by the agency.

She is self-employed, this is required by the agency. She is responsible for her own DBS, training, national insurance, and taxes:

*“The agency doesn’t really support you in setting up, they just tell you that you need to be self-employed, and then when it comes to tax calculations, they don’t really help. It was only last year that they got a company to help with the tax calculations. This has a charge of £150 for the tax year. Before that you were on your own. They do not even get you a form, and they do not give you any guidelines to help you do the tax.”*

The agency makes her pay liability insurance, even though this is not a legal requirement.

*“They are deducting money from my weekly pay and nobody told me about it, until I called them to ask. They said, ‘oh, sorry we noticed that you don’t have any insurance and it’s mandatory that anyone working with us have an insurance’. And I answered, first of all you didn’t tell me that I had to have an insurance and from the employment law in this country, it is not compulsory. Even to date I’m still having issues with them. It is fine, if I need to have an insurance but insurance needs to be personalised, there is no generalised insurance. The agency has an agreement with an insurance company and they take money for each shift. Because I only do a few hours, this is quite a large chunk and on top of that I still have to calculate and pay my tax. Car insurance is different, it’s a legal requirement to have business insurance to drive clients.”*



When she accepts a new job, she needs to find out about the client because there is very limited information from the agency. *"I don't think the agency meets all clients one on one before they take them."*

If she has complaints or disputes, like with the insurance, she calls the office and asks them to point her to the right individual or policies. She likes working in social care and she is planning to stay in the sector for the foreseeable future but hopes that pay and conditions will improve.

## Jen

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Female

In her 60s

British national (UK-born)

Self-employed live-in carer, works via an introductory agency

Originally from the UK, Jen came back from South Africa to earn some money to send home in 2010. *“In South Africa everybody knows that in order to earn money to send back home for any reason, living-in care in the UK is good.”* She did her training with a large live-in care company and worked with them as a self-employed care worker for two years. She then decided to leave because *“pay was lower than what other agencies were paying, although their training was good and they always had work”*.

Jen moved to another agency in 2013 and she spent a period working as a private carer abroad. She then came back to the UK and now works as a self-employed live-in carer via an introductory agency. Even though she is self-employed, her terms and rates are set by the agency and she has very little say over these:

*“They are in charge who you work with, they call you once a month or more often for a phone check-up, they do spot checks, they come in to the house and they look around, they ask about fire alarms, hazards, and things like that. Why can they call it working for myself, when it’s everything to do with them. We have to write reports to them, whatever has happened in the day, what they [clients] have eaten, what they have done. Every single night it has to be done and sent to the agency. They do the care plan, they send somebody to write exactly what going to happen with the client, how they must be looked after. All you do is whatever they permit you to do.”*

She has never turned down a client so she is unsure how the agency would react. *“The trouble is that carers are so desperate for work that they are prepared to do it for a low pay. Many live-in carers have no choice.”*

She is on a rota of six weeks on, six weeks off with the agency. She has limited say over the length of her placement. Every client is different, and some clients are more demanding than others.

*“I couldn’t do more than six weeks with my current client. With my last one [private client], I worked non-stop, but because I had a day off every week, I didn’t need time off. That one day, I used to go back to my place, put my feet up, read a book, and come back refreshed. Now I’m here for six weeks, this is my third week and I am tired. The client insists on being up by 8am but he will not go to bed before 11pm. That is a long day and I have to force myself to stay awake that late.”*

The client has a bell they carry around and call Jen if they need anything. There are days when she cannot get her daily 2-hour break, but she feels there is no point in complaining because nobody will listen.

*“If I tell the agency, they will tell them that they are very naughty and mustn’t do that. They would phone them up and say something but I don’t know what it’s going to do, it’s not going to help our relationship. Because I believe in swings and roundabouts, give and take.”*

She sometimes has to wake up at night to attend to her client. This is largely unpaid: *“They say you can charge £6 after an hour at night, once you’ve been working for an hour. And it makes me so cross, I don’t even bother to claim it. It’s offensive.”*

She has never had any difficulty with getting payment for live-in care, but she heard of carers who had. *“I’m not sure who I would turn to for help in this country but I would find out. It wouldn’t take me long to find out. If it did happen, don’t worry, I would find out.”* She once took an employment agency abroad to court when they failed to pay her. Although she won the case, she did not get her pay and decided to move.

She likes working in care and she considers herself “lucky” to be able to work.

*“I’m in my late 60s and a lot of people can’t work at my age. So I’m lucky and I’m grateful for the job. I wouldn’t do it if I didn’t like it but I do feel resentful sometimes about the way they expect more and more and more. I really do feel something needs to change.”*

## Kimberley

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Female

In her 40s

Non-UK, non-EU national

Self-employed live-in care with private clients

Kimberley came to the UK with an ancestral visa in 2014. She wanted a job with accommodation and her aunt told her about live-in care. She looked it up and *“the way they promoted it – free food and accommodation – made it sound like a great opportunity.”* She had some previous experience as a nanny, so she decided to give it a try. She has had six jobs as a live-in carer in the last 2 years, and is currently self-employed with private clients.

Kimberley first worked with an agency as a PAYE employee. After a four-day training – which was *“pretty good and covered hoisting”* – she went to her first client straight away. She recalls her first client was extremely demanding; *“he was timing me to make sure I could do the jobs faster”*. She was paid £85 per day and food was provided. Her second client was a couple who needed less support, but she was also paid less: £65 per day. She quit after the third client and moved to another agency. Here she had a zero hours contract, but the agency *“would make the contract work for them and I couldn’t say no to shifts”*. After a while, she left and moved to another agency.

Each time she changed agencies Kimberley had to complete introductory training with the new company. Training is usually free and companies often provide accommodation for participants. Kimberley says companies get payment to train people, but

*“[T]hey don’t prepare you for the reality of job, how lonely it is and often you are treated as a slave. This job is not only physically but also mentally exhausting. They expect you to work during the day and if needed during the night and then sleep in your 3-hour break. You are not expected to have a life, you are there for them, and that’s that. There is no pay increase in this line of work, you can be in this job for 10 years and still get paid the same amount of money.”*

In 2017, Kimberley started working for an introductory agency – where she did not need to complete any training – and became self-employed *“because that is how they work”*. She thinks this is bogus self-employment: *“they dictate your wages, they dictate your work, they dictate everything.”*

*“Introductory agencies say that the client hires you and you are accountable to the client. Then we get paid via the agency, that takes a percentage. A variation of this is when the carer is paid directly by the family and they also pay a weekly fee to the agency. The agency would not allow you to leave a client without a replacement, found by the agency. This can take a time – days or in some cases weeks.”*

Sometimes families and agencies put pressure on live-in carers to stay with clients who might be displaying inappropriate or severely challenging behaviour. *“They like carers who just go in and do the job, and if it’s not working out, they just put someone else in. If there are any issues, agencies will just throw you out and get a new carer in who is more malleable.”* She heard of carers so scared of leaving a job and not being paid that they stay with potentially abusive clients.

According to Kimberly, exploitation is widespread in the sector; those who do not speak English as their first language are particularly vulnerable. She is aware of an agency that hires Polish women and pays them £50 per day. *“They get the worst clients. I know a girl who has PTSD [post-traumatic stress disorder] from her experience and she reported them to HMRC but nothing happened.”* She mentions another agency that *“mainly hires Filipinos because they are willing to put up with more than what I [native English speaker] would be willing.”* She also heard of some people being paid in cash, which *“gives clients and agencies so much power and leverage over them”*.

Pay varies widely in the sector. She once spoke to an agency that justified low payment saying that *“this is how much they can afford to pay because the clients are funded by the local authority and there are people out there who are willing to do it for this much money”*. She says: *“live-in care should be regulated and a minimum standard rate set for each type of care, such as companionship, dementia, complex care etc.”* There should also be clear guidance on expenses. *“Many agencies do not want to pay you food allowance or they only give you £35 per week. That is not enough if you have only got a Waitrose and you have to buy everything because there are no cooking facilities or the conditions are inadequate.”*

According to Kimberley, this is why many live-in carers leave introductory agencies and decide to *“go private”*. Although, she adds, this has its potential risks and challenges, especially if one is not aware of their rights and the legislation. She once took a private client to the employment tribunal – *“I was PAYE, thank goodness”* – for unfair dismissal after a dispute over sick leave. She hired a lawyer and they settled out of court with the family.

Kimberley is now self-employed and she has been working with a private client for eight months, whom she found via a social media advert. *“I get a lot of say when I get my breaks and I am treated really well. I get food, I get my two-hour break, I can leave the house during my break if I want to, sometimes someone comes in and I get a 4-hour break, and I can go for a long walk or go to the cinema. Everything’s good, it’s how it should be.”*

## Mary

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Female

British national (naturalised)

Self-employed live-in carer, working with introductory agencies and agency care worker with a zero-hours contract

Mary moved to the UK in the early 2000s to study at a university and soon started working part-time as a care worker in a registered care home. Over the years, she had various jobs but care was her main source of income until 2007, when she set up a charity to support vulnerable women in the community. In 2018, she decided to return to social care due to financial difficulties and registered with a live-in care agency. Mary says the agency introduces self-employed live-in carers and “*leaves them at the mercy of the client’s family or relatives*”. Most of the time there is very limited information and support as the carer has to navigate complex relationships and provide solutions without any credit or financial gain accruing to the carer.

During Mary’s time with the agency she worked with six clients, some of these were short term (e.g. one-off placements for two to three weeks), while others she supported long-term (over six months). She then registered with another introductory agency that, alongside live-in work, also offered short-term jobs that she took while on break from her long-term clients.

The work pattern with these agencies was eight to 10 weeks on, living with the client, followed by two weeks off-time. A live-in carer’s typical working time consists of 10 hours “being on duty” with the client, daily 2-hour break, when they should be able to leave the house, and the rest of the day being ‘on call’ to assist the client as and when needed. Mary’s contracts were with the agencies, not directly with the client. Her agencies did not cover travel expenses to and from clients; this had to be negotiated with clients (and their family) by the carer. This could be especially problematic for placements that were remote and short-term.

Similarly, food allowance had to be negotiated with the client (or their family), the agency did not set any requirements. No families were willing to provide food allowance and they would always say the carer could eat “*as part of the household*” but then be “*mean and rude*” to an extent that Mary would be uncomfortable to eat or would not eat. In her words “*after all, who wants to be insulted or cursed for food which they would actually have worked for?*” Occasionally the food allowance is said to be part of the weekly food budget for the client that Mary has to manage.

In 2019 Mary registered with another live-in agency (Agency 3). Her first assignment with them was 100 miles away and it was meant to be a three-week trial before it becomes ongoing. No travel allowance was given and when the client was hospitalised, Mary had to use her own car for daily visits. The placement was terminated after just a week and Mary received no reimbursement. Following this, the agency offered her a placement closer to her home, where she lives with her grown-up daughter. When she took on the client – known to be ‘*challenging*’ – the agency promised that better pay and working conditions would be negotiated but this has not happened so far.

She thinks it is hard to negotiate better pay and conditions in the live-in sector as carers are often bidding for jobs but, even though they are self-employed, their pay is often negotiated and paid by

agencies. One of the agencies Mary worked for charged clients a weekly fee of £850 and paid the self-employed care workers £500 and ignored feedback that care workers should be paid more for particularly challenging clients. Another agency Mary worked for collected an £825 weekly fee, of which £700 were passed on to the care worker, according to Mary the demands on her were such that she often worked more than the required 10 hours per day and slept fewer hours, earning less than £6 per hour. Her third agency took a percentage of the fee paid by the client, Mary says this was 20%. Despite being 'introductory' agencies, they continue to take part of the carers' pay as long as the client is registered with them.

Mary feels that the agency's priority is keeping clients happy, often at the expense of the live-in carers who are seen as disposable and offered very little support. Despite limited contractual obligations – two weeks' notice for the carer to terminate the placement or if the situation is particularly difficult, ask to be replaced as soon as possible – Mary would find it difficult to walk out on a vulnerable person because this is against her own professional integrity. At the same time, her placement can be terminated at short notice.

Another difficult aspect of live-in care are the emotional and physical boundaries. The current client's family requires regular updates via a WhatsApp group and the carer is copied into these even during her off time. In previous placements, she also found herself negotiating difficult relationships and conflicts within families without support from the agencies. She describes this as "live-in carers are kicked around like a football" by the different parties involved in an individual's care and support. The physical boundaries are also difficult, the room where she sleeps in her current client's house can only be locked from the inside and during the day, the client often wanders in and moves her things.

Breaks and night calls are another challenge. All the agencies Mary has worked with stipulate that the carer must respond to night calls twice a night without additional pay.

Mary is also registered with an employment agency that supplies staff to a number of care providers that operate nursing homes, care homes, dementia units, and services for people with learning disabilities. Working via an employment agency provides additional income and helps her bridge gaps in her income between live-in placements. She has a zero-hours contract. Mary had to buy uniforms for all the agencies under the main agency, sold by their supplier at a "*special low price*". The agency charges workers for training and does not pay for travel/use of own car (wear and tear, insurance premium, mileage).

Despite the difficulties and challenges, Mary is planning to stay in social care while figuring out her next steps because she likes working with and supporting people.

## Stacey

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Female

In her 40s

British national (UK-born)

Domiciliary care worker, works for a private provider with a zero-hours contract

Stacey started working in social care when she left college in 2000. Her first job was in a care home. She had a friend that worked in a care home and she seemed to enjoy it, so Stacey thought she would give it a go.

The care home was a family owned business with lots of people with complex needs, such as advanced dementia and Alzheimer's. Although she did like working there, she did not like the way some residents were treated by the care staff: *"I don't think the care was really up to standard."* She worked there for six years.

When she left the care home, she went to a domiciliary care company based in a nearby city. They had mainly elderly clients, but also some younger people with physical disabilities. After some time, she moved up to working in the office; she was scheduling, writing care plans, doing assessments for new service users and having care workers in for their reviews. When she had children, they wanted her to stay on full-time. She did not want this and decided to leave. She moved to a new company, where she is working now. Her children are still young and Stacey works around her husband's schedule and they both look after their children. She found this job via a former colleague who had moved to this company. When Stacey was looking for a job, she spoke to her former colleague who arranged for her to have an interview. Her current company is a relatively small, family-run provider.

Stacey carries out domiciliary care for about 20 hours a week and is 'on call' every other weekend. During the week, she generally works evenings and one long day. When she works an evening, she starts at about 5pm and finishes around 9:30pm, and usually has to visit seven or eight people. If she is doing a double shift, she starts at around 7 am and finishes around 9pm or 9:30pm. She generally has a break for about an hour to an hour and a half in the middle of the day. Her visits generally last half an hour, occasionally there is a 15-minute visit, but these shorter visits are only for giving medication to clients. In the mornings the visits are a bit longer, usually about 45 minutes to an hour, to get people up and ready for the day. When she is on call, she is answering the out-of-hours phone and queries from care workers, service users, and families. *"I'm not supposed to go but just lately it has got quite bad, I've been getting called out."*

She is a driver and drives her own car. She has to have business insurance, which is more expensive but the company does not cover the difference. She is not paid for travel time but the company does pay her calculated mileage. If she does shopping trips for clients, she has to record the mileage and claim it at the end of the month. The distance between clients depends on the area. In the city, they are all very close to each other, about 5-10 minutes. In some of the outer areas, it is sometimes a 25-minute drive between clients.

She receives the rota on her mobile phone a week in advance. This also tells her the hours, the clients, and, if there are any double-handed visits, who the other care worker will be. When she



arrives for a visit, she has to check in on the client's phone and sign out when she leaves. This is required by the local authority that funds the majority of their clients. She also has to scan the bar code in the client's care plan on her mobile phone upon arrival and when she leaves. This is for her company to monitor care workers.

Care workers do not pay for DBS checks, training and uniforms to start with, but if they leave within three months, they have to pay. Each care worker gets two tunics (uniform) free but if they want additional sets, they have pay for it. Those who work full time usually end up buying more tunics.

Stacey is on a zero-hours contract. Her hourly pay is a set rate in the week and it is somewhat higher – time and a third – at the weekend. People who work in the city centre are paid a bit more *“because nobody wants to work there and they are trying to encourage people. The traffic is awful there and there is never anywhere to park and it can be an absolute headache.”* People who work in the city on a regular basis get a parking permit.

On-call can be the whole weekend – Friday evening, all day Saturday and Sunday, and Monday morning. This is paid at a flat rate of £260. If the weekend is split and she does half of it (i.e. one full day and either the Friday evening or Monday morning) she gets paid £120. *“The thing that gets me is that if you only do one day and one morning, it's not even half of what you'd get for the whole weekend.”* If she has to go out while on call, she is paid for the work and gets the full rate for the on-call shift.

At the end of each month, Stacey gets an email from the company containing a breakdown of every single visit she has done over the month and telling her exactly the time she spent with the client to the minute and how much she was paid for each visit. *“If we stay five minutes less, we get paid five minutes less, if we stay five minutes over, we get paid five minutes over.”* She also gets a payslip that gives her the total pay for the visits combined. Her mileage is listed separately and if she has done anything extra, like on-call, she will have that listed separately as well.

She gets paid annual leave based on her hours in the previous months. She needs to give two weeks' notice for annual leave but the company does not like more than two people off at the same time. There is no company sick pay but she can get statutory sick pay.

She thinks her working conditions are safe. The company does regular risk assessments.

*“If you've got any concerns and you record them, they do act upon it and get somebody out. The management is very good, you can raise concerns with them, they will come out and meet you, and go through with you and help you. If it's something missing, you need more equipment or someone's condition has deteriorated, they will contact the relevant people and get the right equipment. They are very good with that aspect.”*

There is a high turnover, many people leave, some go to other companies and a lot of them go to care homes. Some of the people do not cope very well with travelling. The company used to employ people to cover a certain area but if somebody went off sick in a different area, they struggled to find cover because people refused to travel. Recently the company changed this, and new care workers have to agree to cover any area.

*“Now people are being sent here, there and everywhere, and they are getting fed up of travelling so much. You don't get paid to get to your first visit from home and you don't get paid to get back home after you finish work. So if you have to go a long way, you are using a lot of petrol you are not being paid for.”*

Another reason why people might be leaving according to Stacey is pressure from management to work extra hours.

*“There are constant phone calls, they would call you at 6:30 in the morning to ask you if you could go to work that day. They know that my children are young and they are at nursery between half past 8 and half past 11 and I get phone calls at 6 o’clock in that morning asking me if I could work that morning. They know full well that I can’t because I’ve got the children but they will keep persisting and it will be ‘oh, can’t you get somebody to look after them’ and ‘can’t you do this, can’t you do that’. So you do feel quite pressured sometimes. I think they should get agency workers in whenever they are really stuck for staff, but they do not want to pay the extra rates.”*

The only problem Stacey has ever had with the company was about annual leave:

*“You request a holiday and they refuse it because there are too many people off. Your holiday runs between April and April so you have to take all of your annual leave by the end of March. Last year I had about five days left and I said ‘I’m not going to be awkward and demand certain days, if you could just schedule me off when you’re able to make the time’ and they didn’t. It got to the end of March and they said to me ‘Well, you didn’t take the holiday so you’ll lose it’. I thought ‘well, it’s not really fair, is it?’ So we had a bit of a wrangle over it but they did agree to pay in the end. They didn’t want to but it didn’t escalate. I don’t know of anybody who ever escalated things because people just tend to leave if they have got a problem. The trouble with the care industry, domiciliary care, is it’s so easy to go and get another job. If people are having trouble with one company and it’s not being resolved easily, they just go somewhere else.”*

Stacey likes working in care: *“I love the people I go in to see, it makes you feel nice that you are actually helping somebody. They look forward to seeing you and you get quite a good relationship with most of them. It’s very rewarding.”* She is planning to stay in social care but once her children go to school, she would like to try to get back in the office because the hours are less unsociable.

## Susan

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Female

In her 40s

British national (naturalised)

Works as a personal assistant (PA) for an individual employer with a zero-hours contract

Susan came to the United Kingdom from an African country with an ancestral visa over 20 years ago and started her first care job as a live-in carer in a tiny village when she was just 21 years old. A friend of hers suggested that it would be easy to get work in care. She did not have any training for it, and she found it very hard. Her first client had severe dementia and could become violent at times.

She then went back to her country but when the economy crashed, she returned to the UK. Because she had already worked in care, it was easy to find a job in live-in care via agencies. *“The attraction was that you were not paying rent and you could move between the two countries, I could see my family and then come back to do care work again until I had money to live for a few months and then I went back home again.”* She did this for a few years but she *“got really tired of this and tried living in [her country] again but it didn’t work.”* So on and off she was moving back and forth between the two countries for about 15 years.

While in the UK, she has worked with a few live-in care agencies. She recalls one particular experience when she worked with a client who had severe dementia and psychosis. The client’s family were concerned about the client being sectioned and asked Susan to contact them rather than emergency services. One night there was a particularly bad incident, the client and Susan stayed up the whole night and the client was very unsettled but could be managed at home. The following day the new carer came in to replace Susan as her shift ended. They got very upset because Susan had not called the emergency services. They complained to the agency about Susan, who was dismissed without notice. Susan then moved to another agency that was recommended because *“they cared a bit more about the carers”*. She did not even have to go for an interview, just sent her CRB (pre-DBS) check, filled in a form online, *“and that was it”*. She became self-employed – this was required by the agency – and was paid directly by the clients, who also paid a fee to the agency. There were some cases of slow payment but there were no major problems. As a live-in carer, Susan would get a day (12 hours) paid time-off every other week. She recalls most agencies worked like that back then.

She found that none of the live-in care agencies she worked with were particularly supportive around safeguarding concerns. *“When I saw abuse and I reported it, I felt that agencies just shut that down. I also reported when I had concerns about the family and the agency said I must not talk about that and made me feel like I’ve done something inappropriate by reporting coercive abuse between a couple I was looking after. I reported other carers when they were abusive and I don’t know what happened to that.”*

Training was rare, and care workers had to pay for them because they were classed as self-employed. When Susan’s placements were cancelled or ended at short notice, she had to call friends and couch surf until she found another placement or could return to her home country.

In her current job, Susan works as a personal assistant for a disabled person in a London borough. She is employed by the individual service user with direct payments from the local authority and has a zero-hours contract. She has been with her client for four years. She found this job via an online platform. *"I went to quite a few interviews, some of them were absolutely shocking. There was a place, when I got there I was told 'the client is a bit lecherous, so just ignore him'. But then the client was so inappropriately sexually aggressive that I could not stay and left the job. Then I found this PA position."* She lives close-by to her client so she does not have to pay for public transport, which is an advantage. She enjoys her job and feels appreciated by her employer, who is an individual receiving direct payments. She recalls that the job *"was really hard to begin with, I didn't realise that I had to get up in the middle of the night, I didn't realise I could go to bed so late, I didn't realise I had to take my own food. There were lots of these things that I wasn't aware of or I just wasn't listening."* Her shifts range from 24 to 72 hours long; 72 hours is the most she can do because the work is physically demanding and she suffers from back pain after years of care work; *"I spent so much money on my back."* There is equipment but the client's needs are very specific and complex; *"[The client's] routine is so precise that it took me two years to learn it. It was very stressful because the client is in pain all the time but when you get even a small routine wrong it really impacts on [the client]. So when I got that right, I was so proud of myself."*

A downside of working shifts is that her sleep pattern is *"totally messed up and it is really hard to reset it"* when she is not working. She works on set days and has got a fixed schedule, but *"the rest of the week, I'm trying to get my body clock right, but then I have to go back to work again. I'm always fighting my body clock."*

Susan is part of a team of carers who are directly employed and managed by the client. She is entitled to sick pay and annual leave. She is hourly paid, including nights. When the client goes into hospital, the team also supports them there and they are still paid to be there and help the nurses. All the other carers have been with the client for more than five years. *"People stay because the client is such a nice person. We are a good team, if somebody cancels, we get together and support each other, cover each other's shifts."* There is a WhatsApp group for PAs to keep each other informed, for example if somebody is running late. *"Sometimes I stay extra to wait for the other carer but I don't clock that."* Susan says that *"the client's home feels like a second home to me, there is a separate room for the carers, I'm really comfortable there and the bed there is more comfortable than my own bed."*

The client does the payroll because the local authority was often late paying the personal assistants. *"Since the client has taken over everybody gets paid on time. The client is very smart and one of the PAs supports them to do the payroll. We all have our duties."* The client and each PA keep account of who has covered how much, this is *"written down in a book and they tally them up and balance the hours."* She has never had any disputes with her employer about pay or any other issues.

Susan is happy about her job and thinks that her conditions of work are fair: *"this is a lovely position compared to the live-in care experience. I think doing live-in care work damaged my mental health, I still find it difficult to relax."* The only thing she would change about her working conditions is the pay, which is below the London Living Wage. She is planning to stay in social care because *"it is who I am now but I feel like I don't have much hope of earning any more money than I am because of the situation in social care. I am studying and I am hoping that in a few years' time I will have a job that is more 9 to 5 and I will continue what I am doing now".*

## Vicky

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Female

In her 40s

British national (UK born)

Works for a local authority social care support service

Employed with a fixed-hours and zero-hours contract

Vicky has been working in social care for more than 15 years, mostly with adults with learning disabilities. This is what she has always wanted to do since she was in primary school.

Her first job in social care was in a home for 10 people with learning disabilities run by a national charity, in the early 2000s. She was a support worker and worked shifts, including sleeping nights. She recalls that sleep-ins were paid at a flat rate of £25.

After about a year in this job, she responded to an advert in the local paper for a support worker in a nearby day centre run by the local authority (LA). She says that the job's proximity and the regular hours attracted her to the job: no weekend, bank holiday, or night shifts. She got the job and she has been with the same employer for nearly 17 years.

The day service was initially for adults with learning disabilities only, but a few years ago it merged with the elderly service due to budget cuts and savings. They also have to do all the transport for their clients now. There is a rota for driving the minibus and collecting people in the morning and dropping them off at the end of the day. During the day, there is a programme of activities, which can include one-to-one outings such as going swimming or shopping, or group activities like board games, music, crafts etc. Vicky also supports people according to their individual requirements to eat and drink, with personal care, and mobility.

Vicky works part-time and her hours can vary, but most often she works from 8:30 to 16:30, which is the standard day. She has a regular rota: she does three set days a week on a fixed hours contract and one day she works on a zero-hours contract. She says this has been her choice and she only does the extra work during term time. In the school holidays, she works her contracted hours only. There is a hiring freeze in the service now, so new starters are employed on a zero-hours contract. If somebody on fixed hours leave, they are being replaced with a zero-hours worker. The rate of pay for the zero-hours contract is the same as her contracted hours.

Until recently staff used to be able to get the equivalent of their working week paid leave to use if their children or somebody they care for were ill. This has been taken away – Vicky says even their line managers were not aware when this happened – although parents and carers can still get leave for up to four hours to attend hospital appointments. For team meetings or if staff get home late after dropping off clients, they can get 'time owing'. *"You cannot claim more pay but you can have TOIL [time off in lieu]. This usually works and you can take it as time off, it's meant to be within a month."*

The service has its own vehicle and they tend to use that to drive service users. However, there have been occasions when they had to transport clients in their own cars, so staff are asked to have

business insurance cover. When they drive service users in their own car, they can claim mileage for the trips.

When the service was undergoing reorganisation a couple of year ago, Vicky took some agency work and considered becoming self-employed. One of her contracts was temporary back then, and they were told that temporary contracts would be cut before the merger. *"My work was possibly going to be outsourced and you didn't know what was going to happen."* She did some work as a personal assistant but she found it did not work for her. She says it was difficult to find clients where it worked for both sides: the hours they wanted, their location, and it also seemed that she could not fit this in alongside her main job. In her words, *"it was too up in the air"*. She covered for a private carer who was away, but the client needed three hours a day, seven days a week and *"it was just too tricky"*. She also did some agency work, *"to top up her income"*. She registered with an employment agency and was sent to local care homes and children's homes.

She recalls that the reorganisation was very stressful, *"people did not know whether they were going to have a job and the service lost a lot of people through that. People just wanted certainty and left. A lot of them did stay in care."*

In the end, the local authority closed a few local centres but they kept the provision in house. There are fewer activities for clients – this is due to lower staff ratios – and people are required to work across settings, but Vicky is OK with this. Another challenge was getting used to driving the minivan and moving wheelchairs into the vehicle. They did not get any training before they had to start doing this, only later. She recalls *"there were many staff who were concerned that they might have never driven a minibus before and it was very much, 'you signed your contract, you have to do this'. I was OK but some people were really worried about it and it was very much 'if you work here, that's what you do'."*

She once had a dispute at work a few years ago, when a previous manager tried to get her to accept a change in her contract from open ended to fixed-term. She has been a member of a trade union and she turned to them for help. They advised her on how to respond. *"It was all a bit unpleasant, but it meant that they couldn't force me to change it like that."* She is still in the union and would turn to them for advice should she need it in the future. Her current team leader is *"fair and realistic"* and she could talk to them if she had concerns.

Vicky likes working in care but she is concerned that some of the *"person-centredness"* and ethos around *"choice and quality of life"* has been eroded by cuts. She would like to have more opportunities for activities to get people out in the community. She is planning to stay in social care and hoping to stay in her current job because her hours are good around children. She also feels that she has *"a better employer than others, from talking to other people"*.

# Summary report

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## Methods

The study adopted a qualitative focused approach to understand the motivations, experiences and future plans of a small, but diverse, sample of eleven care workers in England. This section provides a brief overview of the study protocol including data collection instruments, recruitment, data collection procedures, and analysis. The study received ethical approval from the School and Research Centres Ethics Panel of the University of Kent School of Social Policy, Sociology, and Social Research on March 2, 2020 (SCREA ID 254).

### *Instruments*

The study information pack<sup>7</sup> containing a Participant Information Sheet, Consent Form, Participant Characteristics Questionnaire, and the topic guide was drafted by the project team based on the topics identified in the tender specification. The information pack was reviewed by the Office for the Director of Labour Market Enforcement (ODLME) and a lay research advisor from PSSRU's Public Involvement and Engagement group, and peer-reviewed by the SRC Ethics Panel. The interview guide focused on the following topics:

- How the worker first got into social care;
- Working conditions and what work is like day to day;
- Awareness and understanding of employment rights and whether they encountered any labour violations themselves or among their colleagues;
- How they view their future in the sector.

### *Recruitment*

The tender document set out a sampling grid to ensure relevant categories of the large and diverse social care workforce were captured. Our approach to recruitment was two-fold: on the one hand, we directly contacted individuals who had previously expressed an interest in research participation and who fit specific categories. On the other hand, we posted open calls for participants on social media (Twitter and closed Facebook groups). We did not recruit participants via employers.

All potential participants who contacted us or responded to our email received the participation information sheet and the consent form alongside a brief explanation of the study. If they decided they wanted to go ahead, a suitable date/location was arranged for an interview.

### *Data collection*

Interviews took place between 6<sup>th</sup> and 20<sup>th</sup> March 2020. Before each interview, the researcher gave a brief overview of the study, checked whether the participant had read and understood the

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<sup>7</sup> This is available upon request from the second author.



information sheet, and answered any questions related to the study. This was followed by the completion of the consent form; in cases when the participant had returned the consent form by email, consent was confirmed again before the interview.

Five out of 11 interviews were conducted face to face in a public location (café or pub), three interviews were conducted by mobile phone, and three interviews took place via a video link (GoToMeeting or Zoom). Interviews lasted between 30 and 90 minutes, most were approximately 45 minutes.

### ***COVID-19 impact on field work***

Recruitment and data collection took place in the period between 2<sup>nd</sup> and 20<sup>th</sup> March, which coincided with the early stages of the COVID-19 pandemic in the UK and before the lockdown was introduced on 23<sup>rd</sup> March 2020. The pandemic had some, albeit minor, impact on recruitment and data collection, 'social distancing' and the increased awareness of some social care workers about the need to protect elderly and vulnerable service users from exposure to the virus might have prevented some people to come forward to our calls. Furthermore, three interviews that were already scheduled to take place face to face were rearranged for mobile phone (n=2) or Zoom (n=1), which might have had an impact on the depth and richness of the data.

### ***Data management and analysis***

All but one interview was audio recorded with participants' consent. One individual did not wish to be recorded; therefore, their case summary was based on the interviewer's notes during the conversation.

Audio files from the interviews were downloaded to a university laptop/server and transcribed (non-verbatim and anonymised) by the research team. From the transcript, a 1-2 page case summary was prepared and returned to the participant for comments and approval. Some participants suggested minor changes (e.g. to clarify timelines and details) that were accepted prior to completion.

## Findings

### *Participants' profiles*

Eleven interviews were conducted for the study. Table 1 gives an overview of the main characteristics of participants.

**Table 1: Overview of participant characteristics**

Participant*	Age	Care-related qualification	Sector	Client group	Nationality
Mary	Not stated	Yes	Live-in	Elderly	British
			Agency	Any (mostly elderly)	
Angelica	50s	No	Home care	Elderly	British
Jen	60s	Yes	Live-in	Elderly	British
Kimberley	40s	Yes	Live-in	Elderly	Non-UK Non-EU
Susan	40s	No	Personal assistant	Working age adults with physical disabilities	British
Barbora	30s	Yes	Residential care	Autism and mental health	EU
Vicky	40s	Yes	Day care	Elderly and working age adults with disabilities	British
Gloria	40s	Yes	Agency	Any	British
			Home care	Elderly	
Stacey	30s	Yes	Home care	Elderly	British
Alma	50s	No	Live-in	Elderly	EU
Ben	30s	Yes	Supported living	Learning disabilities, autism	EU

\* These are not participants' real names.

Based on the commissioning brief, we planned seven interviews but made the decision to include additional participants who came forward wanting to share their experiences about working in the

sector.<sup>8</sup> This also meant that some segments – live-in care and on-line introductory platforms – are overrepresented in the sample. However, such over-representation might allow greater insight into a small but emerging segment of social care that is potentially vulnerable to employment violations.

Four out of the seven British nationals were born abroad and became British citizens after they moved to the UK. Participants' age ranged from mid-30s to early 60s, four people had caring responsibilities for children under 10 years. They were based or working at various locations in the country: London, South East, West, North West, and North. There was one male participant in our sample.

Four participants had at least NVQ Level 3 social care qualifications (one participant had Level 4), and three participants had a Care Certificate. A number of participants had other qualifications and degrees (six participants had a BA degree and one had a PhD).

### *Entry to the sector*

Most participants we interviewed (n=8) have been working in the sector for over five years, and some for over 10 or 20 years, sometimes with gaps. Four people have worked in other sectors (health and education) between periods of working in social care. There was one participant, who has been working in social care in the UK for less than one year, although she migrated in 2019 and used to work in care in her home country. At least five participants started working in social care before the age of 25 (according to the Adult Social Care Workforce Data Set (2019) this corresponded to 25% in the overall social care workforce).<sup>9</sup>

Few participants changed jobs or employers in the past two years: those working in live-in care or via introductory and employment agencies being more likely to move.

In terms of motivation and why they got into social care, two broad themes (and their intersection) emerged:

1. wanting to help people;
2. ease of finding (flexible) employment in the sector; and

Some participants talked about the additional attractiveness of live-in care: not having to arrange their own accommodation and the possibility to save money by living with the client for extended periods. Participants identified employment opportunities themselves, some had support and advice from friends.

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<sup>8</sup> Travel budget saved by interviewing participants remotely was reallocated to purchase gift vouchers (incentives) for participants. Each participant received a high street or online gift voucher worth £40.

<sup>9</sup> Adult Social Care Workforce Data Set (2019). Skills for Care. Available at: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Data-and-publications.aspx> [last accessed: 05/05/2020].

## *Work arrangements and conditions*

Sector and role commitment was generally high among participants and directly linked to motivations to join the sector in the first place. They talked extensively about the positive aspects of working in social care such as supporting people to live a better life and looking after people. Participants derived satisfaction and a sense of personal achievement from supporting or looking after people well and being a good care worker. Most of the interviewees described being a care worker as part of their identity and were planning to stay in the sector. In contrast, sector and job satisfaction were generally low due to working conditions and most importantly low pay.

Table 2 provides an overview of the main types of employment status and contractual arrangements in our sample. At the time of the interview, six participants were self-employed with five of them working via a so-called 'introductory agency' that matches clients with self-employed care workers. Two other participants also worked via an employment agency that employs care workers (on a zero-hours contract) and hires them out to care providers. Five participants were directly employed by either a care provider company, a local authority, or an individual receiving direct payments from a local authority. Four participants have recently changed their work status.

All employees had a written contract; self-employed care workers had a written agreement with the introductory agency and in some cases with the client/client's family to set out additional conditions (e.g. food and travel allowance, use of own vehicle etc.). Although this is potentially useful for avoiding disputes between the client and the care worker, agencies do not seem to provide support for self-employed carers to enforce the terms of such agreements.

In relation to self-employment in live-in care, one participant (Kimberley) remarked that many agencies offer bogus self-employment: *"they dictate your wages, they dictate your work, they dictate everything."* This was echoed by Jen: *"they [the agency] are in charge who you work with. [...] All you do is whatever they permit you to do."*

With the exception of live-in carers, all participants had some core or regular hours, often on set days, with the possibility or requirement to be available to cover extra shifts. Some interviewees accepted this and noted that this flexibility would work both ways, and they could have at least some say over their rota. Others commented that zero-hours contracts were "zero hours" only when it suited employers/companies (Ben, Kimberley).

Three participants worked night shifts on a regular basis: two did sleep-in shifts in autism/learning disability services for which they were paid a flat rate. For a sleep-in shift, a worker is required to spend the night (sleep) on site but be available for work if needed. The third participant – a personal assistant – was paid the full hourly rate for day and night at the client's home.

One domiciliary carer (Stacey) highlighted that travel time was not paid and her company instead pays mileage for care workers who use their own car, which was perceived as common practice in the sector.

Workers in our study were paid at least the statutory Living Wage (the minimum wage for those 25-years and older), but few reached the level of the non-statutory living wage.<sup>10</sup> Most participants highlighted low pay as one of the most important issues in the sector. Susan's case is a clear illustration: she is a personal assistant who is employed by an individual using local authority direct payments in London. She is paid the statutory national living wage, which is more than two pounds below the London Living Wage, and she struggles to make ends meet.

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<sup>10</sup> The statutory national living wage is the minimum wage for workers aged over 25 (in 2020/21 £8.72 per hour, with no London Weighting). The non-statutory Living Wage is calculated by the Living Wage Foundation and it is £9.30 per hour (£10.75 in London). <https://www.livingwage.org.uk/what-real-living-wage>

**Table 2: Overview of work status and contractual arrangements of participants**

Participant	Work status	Employer	Type of contract	Working time	Pay frequency	Pay	Recent work status
Mary	Self-employed via introductory agency		Agreement with agency	Full-time	Weekly by agency	Set weekly rate	n.a.
	Employee	Empl. agency	Zero-hours permanent		Weekly (PAYE)	Hourly	
Angelica	Self-employed with private client		No contract with client	Part-time	Weekly	Set hourly rate;	employee
	Self-employed via introductory agency		Agreement with agency			Flexible hourly rate	
Jen	Self-employed via introductory agency		Agreement with agency	Full-time	Weekly by agency	Set weekly rate	n.a.
Kimberley	Self-employed, private		Agreement with client	Full-time	Varies, mostly weekly by client	Flexible weekly rate	Employee; Self-employed with agency
Susan	Employee	Individual employer	Fixed-hours permanent	Part-time	Monthly (PAYE)	Hourly	Self-employed with agency
Barbora	Employee	Private provider	Zero-hours permanent	Part-time	Monthly (PAYE)	Hourly; Flat rate for sleep in	n.a.
Vicky	Employee	Local authority	Fixed hours and zero hours permanent	Part-time	Monthly (PAYE)	Hourly	n.a.
Gloria	Employee	Empl. agency	Zero-hours permanent;	Part-time	unclear	Hourly	n.a.
	Self-employed via introductory agency		Agreement with agency		Weekly via agency		
Stacey	Employee	Private provider	Zero-hours permanent	Part-time	Monthly (PAYE)	Hourly; Flat rate for on-call weekend	n.a.
Alma	Self-employed via introductory agency		Agreement with agency	Full-time	Weekly via agency	Set weekly rate	n.a.
Ben	Employee	Charity	Fixed hours, permanent	Part-time	Monthly (PAYE)	Hourly; Flat rate for sleep-in	Agency employee

## Work-related expenses

Participants talked about a range of compulsory work-related expenses that could affect pay and might mean that some workers take home less than the statutory national minimum/living wage:

- *Uniform*: some participants had to purchase their own uniform and we came across practices that forced agency workers to buy multiple uniforms for each company to which the agency supplied staff (Mary). There were agencies and companies that provided up to two sets of uniform free of charge but additional sets had to be paid for by the carer (Vicky, Stacey). Care workers in mental health and disability services (including agency workers) typically did not require a uniform; however, some companies prescribe a strict dress code that required additional purchases by the worker (Barbora).
- *Use of own car* for domiciliary and live-in care workers: Participants who use their private vehicle to drive between clients or transport clients were required to have the appropriate car insurance cover. This is more costly than a private insurance but participants were not compensated for the price difference.
- *Food allowance*: opinion on food allowance differs among live-in carers participating in this study. Some argued that they should be entitled to a flat rate allowance (paid in cash/tax-free) for them to buy food for themselves, separately from the client's food arrangements (Kimberley, Mary). For some, such allowances were paid at around £30/week but it was suggested that this was not enough and should be at least £40/week – or as a minimum take into account the availability of local supply (as Kimberley noted; “£35 is not too helpful if you've only got a Waitrose and you've got to buy everything because there aren't cooking facilities”). Other participants, however, preferred to have access to food and adequate budget to arrange for both their own and the client's nutritional needs without the need for separate food orders or shopping trips (Alma, Jen). Whilst this is down to personal preferences and needs, it highlights the question of what should be considered a reasonable personal spending allowance for live-in carers.
- *Travel expenses*: participants highlighted that some introductory agencies ask their clients to cover the live-in carer's travel to/from the placement (Jen); however, this was not standard practice and some live-in carers in the study spoke about the high cost of travel between clients (Mary, Alma). Self-employed live-in carers are typically paid a weekly flat-rate that is set or negotiated by the agency, and this meant that those taking on short or remote assignments are disproportionately affected if they have to pay for their own travel. Live-in carers, including workers who are self-employed, often felt under pressure to accept placements because they fear they would be penalised by the agency and not offered work if they turn down assignments (Jen, Kimberley).
- *DBS checks*: agency workers (and self-employed care workers) indicated that they usually had to pay for their own DBS checks, meaning there is an initial outlay cost for those seeking employment in the sector.<sup>11</sup> However, most participants commented on the usefulness of the

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<sup>11</sup> The cost of an enhanced [DBS check is £40 at the time of writing \(April 2020\)](#).

DBS Update Service that allows individuals and organisations to show or check their status for £13/year.

- *Public liability insurance*: although this is not mandatory, participants indicated that some introductory agencies automatically enrol self-employed carers in public liability insurance cover and deduct this cost from their weekly rate. One participant (Gloria) – who worked only a few hours per week via the introductory agency – found this practice unfair as she felt it affected her income disproportionately.

### *Hours and working time in live-in care:*

Findings from other research by the authors<sup>12</sup> indicate that common practice for arranging live-in care involves carers spending two to eight weeks with their client – usually without any days off – and have one to three weeks off. A typical working day appeared to be structured as 10 hours working time, with a two-hour break – when the live-in carer should be able to leave the house (though, if the client cannot be left alone, then appropriate cover needs to be arranged) – and 12 hours of ‘rest time’ when the carer is on-call but not allowed to leave the client’s home.

Findings from this sample resonate with such research where participants raised various issues in relation to hours and working time in live-in care. In particular, participants were specifically concerned about:

- *How hours are calculated*: in a practical live-in situation, 10 hours working time and 12 hours ‘rest time’ were not necessarily divided into large blocks across the day. Particularly, rest time was often fragmented if the client goes to bed late and wakes up early in the morning. For example, Jen spoke about her client, who “insists on being up by 8am but he will not go to bed before 11pm”.
- *Waking nights*: the interviews indicated that introductory agencies instruct live-in carers that two/three night calls (when the care worker needs to get up and attend to the client) are already included in their fee set by the agency and thus do not require additional payment. If the client needs more than that, the care worker is advised to either claim additional hours, negotiate a higher rate via the agency, or ask whoever is paying for the service (the client, the clients family, a clinical commissioning group,<sup>13</sup> or local authority) to pay for a second live-in carer or another suitable arrangement. Although a number of participants raised the issue of inadequate rest time and night calls, they all commented that agencies are reluctant to negotiate additional cover or fees because they are more concerned about losing clients than care workers. One participant (Jen) commented that the additional rate her agency set for night working (£6 per hour) is so low it feels “offensive” and she does not “even bother to claim it”.

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<sup>12</sup> Sustainable Care: Migrant labour in the UK home care sector: a sustainable wellbeing analysis  
<https://www.pssru.ac.uk/project-pages/sustainable-care/>

<sup>13</sup> Some people with long-term complex health needs qualify for ‘NHS continuing healthcare’, which is free social care arranged and funded by the NHS via local clinical commissioning groups.



### *Availability and access to training*

Some participants, who are directly employed or on permanent contracts, indicated they had access to training on a variety of topics related to their job (e.g. health and safety, medication, first aid etc.). Some participants (n=4) have even been supported by their employer to undertake an NVQ Level 3 or 4 certificate in social care.

Although those working via employment agencies had access to training, one participant (Mary) reported that they had to pay for this. Another participant (Ben) commented that whilst training was 'free', it was unpaid time and travel expenses to and from the training venue also had to be paid by the worker.

Those who were self-employed had to arrange and pay for their training (an exception is the introductory training for live-in care workers that was offered free of charge). Respondents also reported that self-employed care workers are sometimes permitted to work with no training or supervision, which can raise concerns with regard to the quality of care.

Some live-in carers (Kimberley, Jen) talked about companies (and some introductory agencies) requiring prospective care workers to attend a residential introductory training lasting several days (unpaid, accommodation provided but not food). Although often recognised as useful by care workers, these training courses are not always accepted by other agencies and must be repeated when the care worker registers with a new agency. Completion of an introductory training does not guarantee an offer of placement. Kimberley suggested that some companies are training more people than they can give work to, which creates excess capacity that is used to keep fees and rates down.

### *Awareness and understanding of employment rights*

Based on our interviews, there seems to be some awareness and understanding of employment rights amongst those who are directly employed. However, employment practices and statuses are increasingly diverse in the sector, including the use of self-employed workers and online platforms with implications for rights and employment protections.

The employees we interviewed had some awareness of who to turn to in case of violations (Barbora, Stacey, Ben), but only a few participants (Stacey, Vicky, Kimberley) spoke about specific incidents in relation to their labour rights and how these were resolved. Only two participants we interviewed were trade union members (Vicky, Ben), and one spoke about the help they got from their union at a time of dispute (Vicky).

Participants generally expressed low confidence in the enforcement of employment rights in disputes with employers and some highlighted that quitting and changing jobs was often an easier way to 'resolve' violations, and said it was a common practice in the sector (Stacey, Kimberley).

Some self-employed interviewees had a general understanding of how to protect themselves and their clients in the context of their caring relationship (e.g. agree any extra payments in advance or document decisions), but had less or even no awareness of the (limited) employment rights and protections available to them.

## Conclusion

This study aimed to understand the motivations, experiences and future plans of a small, but diverse, sample of 11 care workers in England. It was intended as an insight into the lived experiences of workers in different segments of the sector rather than a representative picture of working conditions.

Our interviews have highlighted some poor working conditions and questionable employment practices faced by these care workers. It seems these practices may be used to get maximum flexibility from the workforce at the lowest possible cost without offering protection or, in many cases, even a living wage.<sup>14</sup> However, the small sample and over-representation of live-in carers for this project should be noted. Live-in care is a somewhat atypical area of social care and according to our participants largely un/under regulated.

The use of self-employment and introductory platforms in the care sector without adequate safeguards and regulation is concerning. While some of the care workers we interviewed are genuinely self-employed now (e.g. Kimberley, Angelica), their previous experiences (Kimberley) and the account of other participants suggest that bogus self-employment might be a significant problem in the sector, particularly in live-in care, facilitated by online platforms and introductory agencies. Some of these platforms and agencies operate outside the regulatory framework of social care: they are not registered with the Care Quality Commission (CQC), although that in itself does not provide any guarantee against unlawful employment practices because workers' rights are not part of CQC's fundamental standards.<sup>15</sup>

Findings indicate some level of awareness of issues associated with working time, yet a lack of standard definition was clear. Care workers' accounts highlight that residential and supported living providers continue to offer flat-rate payments for 'sleep-ins' – when staff spend the night on site and are available to work if needed – and these shifts do not count towards their total hours.<sup>16</sup> The findings also suggest that domiciliary care is still predominantly commissioned and provided on a time-and-task basis,<sup>17</sup> which, in many cases, excludes time spent travelling between clients, and instead paid as 'calculated mileage' based on the distance between clients.

Participants perceived various 'compulsory expenses' to be commonly associated with working in care. For example, they talked about uniforms or dress codes, vehicles with appropriate insurance cover, and the cost of DBS and training for some self-employed workers. Considering the prevalence

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<sup>14</sup> As defined by the living wage foundation. As noted previously all workers were paid at least the statutory minimum wage (NLW).

<sup>15</sup> Available at: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards> [last accessed: 05/05/2020].

<sup>16</sup> Sleep-in night shifts are the subject of an on-going court case (Royal Mencap Society vs C. Tomlinson-Blake). For a detailed overview see: <http://www.bailii.org/ew/cases/EWCA/Civ/2018/1641.html> [last accessed: 26/04/2020].

<sup>17</sup> In time-and-task commissioning providers are paid to carry out certain activities in an allocated time for a set rate of payment. An alternative approach to this is outcomes-based commissioning. See e.g. Jefferson, L. et al. (2018). Home care in England: views from commissioners and providers. The King's Fund. Available: <https://www.kingsfund.org.uk/sites/default/files/2018-12/Home-care-in-England-report.pdf> [last accessed: 20/04/2020].

of low pay in the sector,<sup>18</sup> the impact of these on take-home pay is likely to be significant and further work should be done to understand this issue in more detail.

As a final reflection, social care as a sector is somewhat different from other low-pay sectors and those addressed in the other three reports. Social care is mostly publicly funded – by local authorities and to a lesser extent the NHS – and there has been a significant downward pressure on costs due to spending cuts and demographic changes in recent years.<sup>19</sup> Therefore, going forward a more holistic approach is needed to understand to what extent funding and commissioning practices, as well as market dynamics contribute to labour violations and unlawful employment practices in the sector. This could lead to better regulation and improve the effectiveness of targeted enforcement.

Although it was not part of the study, the writing of this report coincided with the COVID-19 pandemic. The increased pressures on the health and care system highlighted some key areas where the rights and protection of social care workers are particularly weak, such as employment status, sick pay, and health and safety.<sup>20</sup> One of the live-in carers we interviewed has been unable to get work since the end of March because of the new rules the introductory agency brought in to minimise change of carers. She had already left her client and was due to start with a new client when this was announced. Her new placement was cancelled because the previous live-in carer stayed with the client. Another live-in carer we interviewed has not been able to take her planned time-off for the same reason and has been staying with her client for over 10 weeks. These further highlight the importance of stronger regulation and enforcement in the sector.

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<sup>18</sup> The mean hourly pay of direct care workers was £8.52 in the independent sector and £10.89 in local authority provision in 2018/19 (Skills for Care, 2019).

<sup>19</sup> See for example UKHCA's Minimum Price for Homecare for April 2020-March 2021. Available: <https://www.ukhca.co.uk/downloads.aspx?ID=434> and National Audit Office (2018). *Adult social care at a glance*. Available: <https://www.nao.org.uk/report/adult-social-care-at-a-glance/> [last accessed: 20/04/2020]

<sup>20</sup> Hayes, L., Tarrant, A., & Walters, H. (2020). Care and support workers' perceptions of health and safety issues in social care during the COVID-19 pandemic. University of Kent. Available: <https://media.www.kent.ac.uk/se/11148/CareworkersHealthandSafetyreport15042.pdf> [last accessed: 20/04/2020]