

The scale of very low-pay for care workers is much larger than previously anticipated and demands immediate attention

Jan 17 2012

As our population enjoy a longer life expectancy, it is clear that care work will evolve and play a larger role in our lives. [Shereen Hussein](#) illustrates the need for a guaranteed payment of the minimum wage to care workers if we are to protect both users and policies from dangerous risks.



There is evidence of growing needs for support care for older people and adults with long term conditions. Increased life expectancy, with longer years of ill health, combined with medical advances and reduced mortality rates associated with different illnesses mean more people will require care and assistance during their lives. Care is not necessarily limited to special settings and many people continue to live in their own homes while receiving care. Outside the family, the majority of day-to-day long-term care is provided by direct care workers. There are many policy ambitions that such staff should be qualified or have some training, especially those working with certain groups, such as older people with dementia.

With the policy of personalisation offering greater choices of care, new roles may involve supporting people to participate in wider society through employment and through greater engagement with local communities. Direct care workers are the backbone of the social care workforce, constituting 72 per cent of the workforce, which is equivalent to an estimated 1.2 million workers in England alone (Skills for Care 2010); and more than two million people the UK. This means the social care workforce comprises a considerable proportion of the total labour force in England (an estimated 29 million people are in employment in the UK, Office for National Statistics 2011).

While the importance of care work to our society is indisputable, the pay and status of the job are not. For example, the Low Pay Commission identified pay rates in this sector to be among the lowest in the UK in recent years (Low Pay Commission 2009, 2010, 2011). Furthermore, [pay rates are considerably lower within the private sector](#), which provides 75 per cent of social care services in England. However, the price of care services is greatly influenced by local government budgets. Many argue that the very nature of care and the type of people the care sector attracts contribute to such low pay; workers do not expect to be paid very well, they may prefer high job satisfaction, they have few qualifications, expect to work flexibly, and it is hard to put a price tag on such work. But, are job satisfaction and quality of care affected by low pay levels and difficult working conditions?

We examined the current situation, partly because the Low Pay Commission has highlighted care work as a risk sector for staff being paid under the national minimum wage. But calculating the exact hourly wage is a particularly complex process within the sector as many workers are employed on 'zero hours contracts' or 'real time accounts'; where travelling between clients or users is common but the time and cost of travelling are usually unpaid; and where some workers are unpaid or under-paid for 'sleep-ins' or similar.

For our research, we maximised the knowledge produced by different datasets and sources. We combined probabilities deduced from data provided about a large number of workers by employers, the National Minimum Data Set for Social Care, with estimates derived from a large national survey, the [Longitudinal Care Study survey](#), to adjust for unpaid hours of work and travel. We used a Bayesian model to include all the prior knowledge produced by the different Low Pay Commission studies and the Labour Force Survey to estimate the percentage and number of workers being paid under the minimum wage in the care sector. The analysis, reported the [Social](#)

Care Workforce Periodical, indicates that, with very conservative adjustments, from 156,673 to 219,241 direct care workers in the UK are likely to be paid under the national minimum wage.

From a policy perspective this presents considerable risks for workers and service users. While the government is concentrating on finding ways to fund the growing demand for social care, workers' wages and wellbeing have not been highly visible in these debates. There is a need to maintain and foster the best of this workforce and to highlight the importance and value of such workers in the current political debate. The issue is not about simply recruiting any possible person to fit any job; it is about having the 'right' workers who will be able to provide high quality and dignified care and support.

Our main recommendation is to take notice of the urgent need for detailed conversations about pay and working conditions in the care sector. Such dialogue needs to take place in the light of the growing need for long-term care, the increasing emphasis on direct payments and personalisation, and thus the shift of employment responsibilities to individual users and families. Such conversations need to take into account immigration policies and, of course, the current financial climate. Immigration policies are very relevant here, given that a large percentage of direct care work is undertaken by recent migrants, for example, 40 per cent of the care workforce in London are migrants; with three-quarters of migrants being from outside the European Union. Fundamentally though, the scale of very low-pay among direct care workers is much larger than previously anticipated and demands attention.

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