

A New Deal to Reward Kindness in a Forgotten Profession

A report on pay and working conditions in domiciliary care

'I work two shifts each day; 7am start until the end of the lunch calls which is about 2pm on the rota, but I'm often not home until 3pm. My second shift starts at 3.30pm or 4pm and ends at 10.30pm or 11pm, but I will only be paid 10 or 11 hours pay for both shifts, when I have been working 15 or 16 hours with only a 30 or 60 minute break all day.'

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1. Introduction

Around one in ten people over the age of 65, and one in five aged over 85, receive some form of formal help or care in their own home. They often require help each day to prepare and eat food, take medicine, use the toilet, wash themselves, get dressed or undressed, and get in or out of bed.

In 2016-17, 1.3 million requests for formal help or care were made to local authorities by people aged over 65. As more and more of us live longer, and with other family members not always able to take on additional caring responsibilities, the number of such requests is likely to continue rising in the years ahead. Yet, as things stand, around 1.2 million older people are estimated to have unmet care needs.

Herein lies one of the most significant public policy challenges facing our generation. How can the country's resources be marshalled in such a way as to ensure the care needs among a growing population that lives longer into old age are fully met, and to prevent anybody falling through any cracks in our care services?

Whether it be on overall levels of funding, the means of financing and delivering care services, the links between the National Health Service and care services, the adequacy of individual care packages, the numbers of care packages that are available, or the numbers of people being trained and employed to administer care, Britain is a country mile away from meeting this challenge.

This report focuses on one particular aspect of the challenge – the pay and working conditions of people employed to administer care in people's homes – which, as will become apparent, reveals much about the current state of the care sector as a whole and the radical reforms that are needed urgently to safeguard the wellbeing of our population in the years ahead. The findings in this report also shed light on a vitally important segment of the labour market that underpins millions of people's living standards.

With support from UNISON, we gathered oral and written submissions from 98 people working in a range of care settings, with most administering

care in people's homes. Among the key findings that emerged from this evidence base were:

- A strong sense from most care workers that they love the profession and enjoy developing personal bonds with the people for whom they care, but that the present nature of the job often leaves them feeling isolated, demoralised, forgotten, and undervalued.
- Much of the uncertainty and risk stemming from the fluctuating numbers of people receiving care each week, as well as the intensity of care they require and the funding available to meet their needs, is borne by individual care workers in the form of low wages, zero-hours contracts, and unpredictable shifts.
- At the extreme end of the scale, care workers' pay is pushed below the level of the National Minimum Wage¹ or the National Living Wage² by factors such as the time spent travelling between the homes of each person requiring care during a particular shift being unpaid. Around a third of the care workers who contacted us reported that this had happened to them, while around half stated they were given no option but to work on a zero-hours contract. The impact of such practices on care workers' personal circumstances can be highly detrimental.
- Partly as a result of these conditions, there is a high turnover of care workers which all too often results in people receiving sub-optimal levels of care. One carer, who reported that between four and six colleagues leave each month, told us that they wonder, 'how this profession can ultimately continue without carers – as unless something alters in the terms and conditions of employment, this is the likely outcome'.
- Likewise, some care workers reported that they are given so many people to care for in one shift that they either have

¹ The legal minimum hourly rate for workers aged between 21 and 24, which is currently £7.38

² The legal minimum hourly rate for workers aged 25 and over, which is currently £7.83

to cut short each visit to make sure they arrive on time for their next one, or go a long way beyond their contracted hours (unpaid) to ensure each person's basic needs are met.

- The root causes of low pay, high turnover, and inadequate care are to be found in the current commissioning and funding models that govern the delivery of social care.

One care worker, in particular, encapsulated each of these findings in their submission:

'The best aspect of my job is the knowledge that what I do makes a real difference to the client, enabling them to continue living an independent life in the home that they love and have lived in for many years; the appreciation that most of the clients show and the relationship that builds between me and the client.

'The worst aspect of my job is when time restraints mean that I can't spend as much time as I would like to spend with each client. I feel that I am undervalued, that the work I do is underpaid and as I use my own car (I have already run one car into the ground) the short journeys are not good for the car or the fuel consumption [...]

'Although my new company are better than the last one I worked for, they still make mistakes with my pay. Holiday pay gets forgotten: one week I only received 1.5 days' pay as the other 2.5 days were taken as holiday and they forgot to pay me. I had to wait until the next week to get the money, so I couldn't pay my bills on time. I think it would be fairer to pay a better wage rather than pay per call, pay per shift, or hours covered as calls often overrun but we don't get paid extra. I often work into my lunch break to catch up because travel time is not included on my rota.

'I work two shifts each day; 7am start until the end of the lunch calls which is about 2pm on the rota, but I'm often not home until 3pm. My second shift starts at 3.30pm or 4pm and ends at 10.30pm or 11pm, but I will only be paid 10 or 11 hours pay for both shifts, when I have been working 15 or 16 hours with only a 30 or 60 minute break all day.'

While the remainder of this report drills deeper into each of these points, this testimony, along

with the 97 others we received, raises a broader question that we will seek to answer in our recommendations: how much value are we as a society prepared to place on the job of caring for older and vulnerable adults?

We begin with an analysis of those downward pressures that push the pay of too many care workers below the statutory minimum wage, followed by an examination of the use of zero-hours contracts. We then turn to the impact of these practices on carers' home lives as well as the quality of care people can expect to receive, before looking at the root causes – the funding and commissioning models – of these practices. In our concluding chapter, we propose a new deal with the aim of rewarding kindness in the delivery of care services.

2. Sub-Minimum Wages

Care workers' average wages tend to range from the legal minimum rates to around £10 an hour. However, a not insignificant number of care workers are paid less than the legal minimum.

The evidence we have received suggests that a failure to pay care workers for the time they spend travelling between the homes of each person they care for during a shift is the biggest single force that pushes their pay below the legal minimum.

According to the House of Commons Library, the time spent travelling between each visit must be included for the purposes of paying the National Minimum Wage or National Living Wage. If a care worker has two appointments in the morning and does not take any breaks, for example, they must be paid at least the legal minimum hourly rate for the time they spend at the appointments, plus the travel time between those appointments. While it is not unlawful for care workers to have their travel time between appointments unpaid, their total pay must average out at or above the legal minimum rate once travel time is factored in.

Some workers estimated in their submissions to us that unpaid travel time costs them between £60 and £100 per week in lost earnings, and that it can have the effect of reducing their pay to around £5 an hour.

Figure A – Reasons given by care workers for their reduced earnings

'Time between calls is not paid for, approximately 25 hours of travel [each week] is not paid'

'[I] could be out in total for six hours for three hours' work/pay'

'The visit is 30 minutes, it takes 15-20 minutes to get there, we are paid for 30 minutes'

'When it does fall below minimum wage it is because the total time I spent travelling between calls and actually in calls is not reflected in the paid time that has been allocated for the calls I go to [...] often if there arises a situation that falls outside the normal call routine it causes me to run over my allocated time for the call and I am not paid for that'

'I am supposed to be paid £8.50 an hour but I do not get paid for time travelling between calls and

sometimes have to walk for 15 to 20 minutes between calls. I don't know what the amounts work out as. I don't get paid for all the time I am at work, time between calls is classed as me not working despite the fact I am at work'

'It falls below the minimum wage because the rate paid includes travel time which can often be 30 minutes or more'

'No expenses paid – we pay for our own uniform and travel'

'[I am paid less than the minimum wage because] you go to a half hour call [for] which you are paid £4 and you don't get paid travel time'

Very few care workers who made contact with us believed that their wages covered all of their working time as well as the expenses incurred whilst working. Even where an allowance was made available to care workers using their car to travel from one visit to the next, it was often reported to be inadequate. In the words of one worker, 'it is a very poorly paid job, on a very low hourly rate with no effective mileage allowance paid for business use of private vehicles to cover client visits'.

Likewise, workers told us that they had had to pay for their uniforms or to attend week-long training sessions for no pay. In one extreme case, a care worker worked for a long time beyond the end of their shift, for no money, to obtain emergency supplies of food for a vulnerable person who would otherwise have been hungry.

Another reason for reduced earnings is when shifts are disrupted by emergency situations in which people who are due to receive care require an ambulance or hospital visit. We were told that, 'if 999 is called for a client I do not get paid for the extra time I have to spend [waiting with] the client', 'if three clients go to hospital [this] will drag you below [the minimum wage]', and 'not paid if [I] have to wait for paramedics'.

To compound matters, some workers struggle to find out how many hours they have been paid for, as they are made to access complex or opaque payslips through unreliable online systems.

3. Zero-Hours Contracts

Around a third of England's 815,000 care workers are on zero-hours contracts. According to the National Audit Office, that figure rises to more than half among workers who care for people in their own home.³

Workers reported to us that among the consequences of this arrangement are unpredictable shifts and volatile earnings, mainly due to cancelled visits or being called in at very short notice, as well as harsh penalties for turning down work because of illness or for family reasons. Workers often reported as well that they were not being offered the hours they wished to work – any flexibility was enjoyed exclusively by their employer.

Figure B – Experiences of workers on zero-hours contracts

'I am on a zero-hours contract. I asked for the hours 9am to 2pm, I only get 15 hours of work per week sometimes less, just before Xmas I only got 8 hours a week which had a big impact on me financially'

'[My shift] varies week to week, you can't plan anything as your rota is always different'

'There is no [shift] pattern and [I] can't plan anything at home'

'We can't be sick because we still have bills to pay, so not knowing your guaranteed hours every week is also added stress, it's just terrible'

'They're removing all my work for a whole week if I call in sick for one day, or for whatever the reason. Removing the work for a week is used as a deterrent and punishment. We have family, bills and travelling expenses etc.'

'I have available hours from 7am till 2pm which is 7 hours but most days I'm only given 3 and a half hours' work. Although £10 an hour sounds good a lot of the calls we do are 45 minutes which works out as £7.50 and you're quite often not given enough calls. Sometimes I'm only given 4 calls between 7am and 2pm, you don't get anything extra at Christmas when we are forced to work it if it's our available day to work. Pay us for our available hours, pay extra on bank holidays and

Christmas, treat us with respect and as human beings and not robots'

'I would prefer to be on a contract and also have a specific day off. You can't plan anything as you don't know what your rota is from one week to the next, so it would be better to be given a rota monthly rather than weekly. Being a single mum it's a struggle to organise childcare and home life plus work'

'We are often made to feel worthless, at the interview process [we] are promised fixed and guaranteed hours, but are then not given any work'

'My shifts are not in a pattern, they are all over the place – days, nights, weekends'

'You can look at your rota before and after midnight, or early in the morning. By the time you get to work the rota can change. Client may cancel and the office does not inform so you waste travel fare going there'

'Shifts are not allocated properly, you can have 2 calls for example in the morning then have a gap for like 3 hours, then 2 calls again [...] only do 4 or 5 hours a day which is cheap yet they promised 40 hours a week which is not happening at all'

'They sent me rotas in the early hours of the morning [...] wage packet is peanuts at the end of the month. Never ever know [the] amount of hours you're gonna get. Supposed to be weekly rota, but hasn't happened. Go to bed at 9pm or 10pm with one rota, wake up next morning completely different. Call the office and we're fobbed off. They give you five minutes' travel time, but it takes you 20 minutes. They squeeze all clients in, it's not practical. If we're available for five hours but only given three hours' work they should pay us the other two hours'

There are some cases in which care workers gain flexibility, which they value, by being on a zero-hours contract. However, this tends to be outweighed by the different forms of insecurity that are brought into play by such contracts. One worker told us, for example, that, 'Best – flexibility, can choose hours. Worst – [they] take away work when sick. Phone in sick at 8am, if 9am start. Whole week's work taken off me if sick on

³ National Audit Office, *The adult social care workforce in England* (February 2018): pp. 33-34

one day. One girl had a funeral, called to say she had bereavement. Whole week's work removed'. Likewise, in the words of another worker, 'flexibility when needed, but there are more bad aspects – not getting paid [the] same amount each month'.

The reverse face of this flexibility also becomes apparent for people in receipt of care. As one worker put it to us, 'clients [are] taken off [us] at different times. Clients [are] taken off existing carers and given to new ones. [I've] been working with a client for so long, they depend on you, then all of a sudden [they're] taken off. [The provider] blames it on the template or computer'. Similarly, '[I had a] regular client taken off rota and given to another care worker with no apparent reason (this is stressful for the client)'.

Among many questions stemming from this evidence, is whether the ubiquitous use of zero-hours contracts genuinely represents a most efficient use of the care workforce which results in people receiving an optimum level of care.

Moreover, the submissions in Figure C give an insight into the impact of these working arrangements on care workers' home lives.

Figure C – Care workers' home lives

'Very early start, very late finish, 14 hour day, what family life?'

'Work-life balance is bad, family and marital responsibilities are also severely disrupted'

'My work patterns tend to be split over the day and I am always busiest at meal times. This means I am often not home to make meals for my family'

'Double shifts a day otherwise I cannot survive financially. No family or social life. The pay does not reflect the very long and stressful hours we work, being caught up in traffic, often being the first responder who goes in to a client to find they had a stroke, cardiac arrests or hurt themselves badly during a fall. No counselling is available. Community care is the forgotten profession, bearing in mind that carers keep the elderly out of hospitals or care homes'

'I have worked shifts as long as 18 to 26 hours with a sleep in in between. I have no social life and not enough time to commit myself as a

volunteer. I keep taking the hours due to needing the money'

'I leave before 7am and finish at 5pm, some calls are later. Miss time with my child as I leave for work before she goes to school. Partner left because of my unsociable hours'

'One night I didn't get home till 10.30 and had to be up at 5.30 to start at 7am the next morning, I hardly saw my family which caused upset to my youngest daughter and conflict between me and my husband'

'[Shift] changes daily, during the day, causes immense pressure on my home life'

'I just survive. Payment should be a correct remuneration for this hard job physically and mentally. When you do in a row 13 hour shifts for 4 days you are completely drained'

4. Quality of Patient Care

Official guidance issued by the Government recommends that typical care visits should last for a minimum of 30 minutes, and that care should be administered without its quality or the patient's dignity being compromised.

The evidence we received, however, suggests that it is not always possible for care workers to meet these guidelines. Rather, it seems as though some care providers try to meet this 30-minute threshold simply by scheduling in no time at all for care workers to travel between appointments. It was reported to us that some providers compress a large number of visits into as short a period as possible, making it difficult for care workers to administer the appropriate level of care during each visit if they are to be on time for the next one.

The comments included within Figure D give an indication of how difficult it can be to meet patients' needs within a given shift.

Figure D – The impact of present arrangements on patient care

'Very often only 15 minute calls in which one cannot give proper care and one is under extreme pressure all the time'

'We regularly have 22-24 calls a day ranging from 15 minutes to 45 minutes. Some call times have to be rushed as [the] office have squeezed extra calls in'

'8 calls per shift, some 15 mins, not enough time to interact'

'The worst is having too many clients and not being able to spend more time with them'

'24 clients in a day. Feel you are rushing'

'Clients can tell you're unhappy'

'I work as quickly as I can and don't seem to get any time to properly interact with service users. I have to rush when doing domiciliary care work thus making the level of care inadequate as rushing leads to mistakes and accidents. If there was an incident due to being rushed I feel I would have no cover or support from my employer and my livelihood would be in jeopardy'

'Some clients have 30 mins yet they need more time. I end up going over my allocated time but I

don't get paid for it or at times I need to rush while providing care so that I can make it to the next client, but it depends'

'Rushing to finish calls to get to the next call. Hate rushing. 15 minute calls not long enough to give proper care. Pay does not reflect responsibility'

'Employees are expected to finish a call and then start a second call simultaneously, even though it could be 5 miles away'

'The times between clients have been significantly reduced. You are somehow expected to give personal care, make breakfast, wash dishes, empty commode, assist medication and find time to communicate with the clients in 30 mins. Absolutely ridiculous. I think it is unfair and unreasonable to expect carers to provide quality care in half an hour and then to be paid peanuts. Also to finish one client 10:30 and get to the next one 15/20mins down the road for 10:35'

'Not enough travelling time given so have to leave early before allocated time of visit'

'Lady with full blown dementia. 30 mins a day for shower, breakfast, medication, make her bed. Half an hour for all that is crazy'

'The quality of care is compromised as you are constantly clock watching to get to the next call, no traveling time between calls'

'We are expected to sometimes carry out personal care that should be done in an hour, and given half hour to complete which means rushing to try and avoid being late for next client. Travel time unreal for travelling between clients'

'The main problem is that not enough time is allocated to each call. I like to work thoroughly, not quickly! Also there is no time allocated for travelling between calls and some of my calls are 10 miles apart'

'I find that in a half an hour visit I don't get enough time to travel from one service user to another. This can be especially difficult if the visits are a 15 minute drive away and it's at a busy period of the day as I prefer to actually stay the full half an hour at all my clients. I often find that I am working over in my own time. A lot of care workers I find are only in the service user's home, if they're lucky, for 10 minutes. I know that care

takes longer than 10 minutes so the service users don't always get the full care they require'

'I am on a zero-hours contact doing homecare and I am often expected to fit more calls into the time I have to do them so have to cut calls short to manage them all'

'Sometimes the company believes you've got a time machine; doesn't allow for travelling time [...] care companies are short of staff because they treat their staff accordingly and such poor working conditions'

'Often, when carers have too many hours they feel pressure to finish calls as soon as possible in order to keep on time. All our calls are listed back to back so there is no travel time factored in to our schedules. This can be stressful and can lead to carers not doing as good a job and also to carers not delivering a high standard of person centred care'

'Some calls are for 15 minutes. The duty of care is poor so we stay in till task is complete with no extra pay. They can give us 14 calls a day. Satisfying when we leave clients are happy. Very bad pay. Not enough travelling time only allowed 15 minutes to get to each call'

'23 house calls in 7 hours, no break. Have to cut call times. Headache, tired. Unfair to clients and staff. Most people spend all day alone waiting for us and when we get there late they are not happy – added pressure as we are expected to be in and out as fast as possible. No time for conversations. All care agencies should be monitored, rotas should have restrictions and time must be given to allow to go from one place to another [...] the quality of care would greatly improve if we weren't forced to cut calls short then thrash the car speeding to the next call. It's silly, dangerous and only the companies gain from it'

'I worked in domiciliary care and had 52 calls back to back, expected to be done in 12 hours, so no extra pay for the worker; just 12 hours and having to face people's families shouting because you're late. I understand but was no fault of mine. Stressful isn't the word. And the worst about it was rushing in and out of the homes doing what needed to be done and move on – no time for a chat which some people live for as we are the only people some get to see in their whole day. It's wrong on so many levels and so sad. The

impact is people will receive poor care and not the care they deserve'

The Government does not hold information on how many local authorities are commissioning 15 minute visits, or the number of people whose care package consists of a 15 minute visit, although the Care Act 2014 is clear that commissioning services without properly considering the impact on people's wellbeing is unacceptable.

5. Commissioning and Funding

Concerns were raised with us around the commissioning model used by local authorities which, in effect, necessitates low wages, overloaded shifts, and the use of zero-hours contracts by care providers.

The Government's official guidance says that local authorities should commission care services on the basis of providers paying their workers at least the legal minimum wage and meeting certain standards of care for their clients.

However, care workers suggested to us that cuts in local authority budgets have resulted in care contracts being awarded to providers on the basis of very low prices, and as large a number of visits being squeezed into as short a time as possible, often at the expense of decent standards in pay, working conditions, and care. There is, in effect, a race to the bottom.

Among the comments we received were, 'in recent years the council have cut back on their funding of social care. As a result the companies providing the care, and the carers, have been pressured to do more work in less time resulting in more problems for clients and having to go to hospital more. The carers are getting more stress and getting burnt out. We need better pay and more time with clients', and, 'they need to change. My employers make millions on treating me and my colleagues like doormats and have no interest in the welfare of the service users in their care. They provide little or no support. The council is uninterested in anything apart from finances and just wants to cut back where they can'.

Indeed, the National Audit Office has found that four fifths of local authorities are paying fees to providers that are below the benchmark costs of care. Its analysis found that only 18 per cent of local authorities were paying an average fee for homecare that was at or above the UK Homecare Association's recommended minimum sustainable prices for homecare of £16.70 per hour in 2016-17, a rate that the Government, in the guidance to the Care Act 2014, suggests local authorities should look to meet. In 2016-17, local authorities

paid an average cost of £15.52 per hour for homecare.⁴

Similarly, we hold significant concerns over the enforcement of the official guidance around standards of care, pay, and working conditions. A study commissioned by the Director of Labour Market Enforcement has concluded that, 'the current licensing scheme is not addressing issues around pay and working conditions', and, 'the treatment and pay of individual carers [...] are not adequately monitored given the current climate'.⁵

In the light of the evidence we have received, we conclude that the Government's wish for commissioning arrangements to deliver personalised care, as well as for the legal minimum wage to be paid in relation to travel time, is suffering at the hands of inadequate enforcement and funding. We endorse the National Audit Office's recommendation for the Government to produce, and then robustly enforce, a national workforce strategy which addresses the major challenges currently facing the care workforce.

⁴ National Audit Office, *The adult social care workforce in England* (February 2018): p. 10

⁵ Dr Amy Humphris and Dr Maria Koumenta, *Regulating the Three Cs: A report on how to regulate labour suppliers in Care, Cleaning and Construction* (May 2018)

6. Recommendations

The time is long overdue for statutory minimum standards to underpin patient care as well as the pay and working conditions of care workers. For this to happen, and justice to be gained for people administering and in receipt of care, the funding and commissioning arrangements for social care require immediate strengthening.

We recommend that local authorities be given a statutory duty and accompanying resources to implement a Fair Price Commissioning Policy that holds out the possibility of a better deal for people in receipt of care as well as the care workers themselves.

We recommend also that the Director of Labour Market Enforcement forges a new partnership between the Care Quality Commission (CQC) and Her Majesty's Revenue and Customs with the objective of enforcing a Fair Price Commissioning Policy across the country.

A study commissioned by the Director of Labour Market Enforcement recently advocated regulatory moves along these lines, with an additional recommendation for any non-compliance to result in warnings and improvement deadlines which may then trigger penalties and the withdrawal of licences.⁶

A Fair Price Commissioning Policy, and crucially its robust enforcement, would ensure contracts are awarded only on the basis that:

- care workers must be paid no less than the statutory minimum wage per hour for the whole of each shift, including the time taken to travel between each visit and any equipment or training costs incurred on the job.
- the duration of each care visit must be determined by individual need, rather than an arbitrary time limit, and fully reflect the time it is likely to take care workers to travel to and from each visit.
- the use of zero-hours contracts must be kept to a minimum, with workers being given a choice of contracts after their first

three months of working with a certain care provider.⁷

- continuity of care must be guaranteed where possible for every patient, if this is what they wish to have.
- care providers that are known to award sub-minimum rates of pay and impose substandard working conditions must not be permitted to bid for contracts.
- pay slips that are accessible and concise must be produced for every worker, making clear the amount of time they have worked, including travel time, and the amount of money they have been paid during set periods.
- care workers must not be unfairly penalised for periods of sickness or family emergencies.

We believe that additional moves should be made over time to:

- establish trustworthy procedures for following up care workers' concerns about their clients' wellbeing as well as their own working conditions.
- facilitate adequate training opportunities at no cost to care workers.
- adopt hourly rates of pay that fall no lower than the Living Wage as defined by the Living Wage Foundation.⁸
- ensure care workers are covered by an occupational sick pay scheme.

The reform programme we have outlined here will of course require an additional contribution from taxpayers – the House of Commons Library has identified a care funding gap of £1.5 billion that will need to be bridged by 2020 just to ensure immediate needs are being met by existing services.

We recommend that the National Insurance system be reformed along progressive lines to finance a first-class national health and social care service which both meets our country's needs for the next generation and, by incorporating the new

⁶ Dr Amy Humphris and Dr Maria Koumenta, *Regulating the Three Cs: A report on how to regulate labour suppliers in Care, Cleaning and Construction* (May 2018)

⁷ This policy has recently been adopted by the Welsh Government

⁸ £10.20 in London and £8.75 across the rest of the country

deal we have proposed in this report, restores justice to this vitally important segment of the labour market.

This report was published on 1 October 2018. The document can be accessed online at www.frankfield.co.uk
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