What about care work and in-work poverty? The case of care workers in the UK.

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What about care work and in-work poverty? The case of care workers in the UK Julie Prowse, Peter Prowse and Jereme Snook

The social care sector in the United Kingdom (UK) has experienced numerous changes over the last 30 years that culminated in the problems experienced during the COVID 19 pandemic of 2020. At the same time care workers are heralded as 'heroes' and essential workers. This accolade does not necessarily fit with the experience of care workers who for many years have been a neglected and ignored workforce. This chapter presents research examining the work and experiences of care workers employed in care homes in the social care sector across a single region. Initially a brief overview of the history of community care is presented to explain the context, this is followed by an outline of the research methods and the main findings and discussion.

The Rise of Mixed Care Provision

The history of social care in the UK is complex and to some extent mirrors the political persuasion of successive governments and the move towards a neoliberal stance. A post war consensus of political parties saw the role of the state as to directly provide social care and if necessary, to fund it (Farnham and Horton, 1996). The advent of Thatcherism in the 1980s marked a break in this cross-party consensus and a move to a more public and private mix in the provision of social care that continues now and will now be briefly outlined.

Throughout the 1980s a series of social care reviews were commissioned by the Conservative Government, with a particular remit to look at care funding. The Griffith's review (1988) of community care noted the fragmentation, at both local and central government level, for the responsibility for social care and that 'perverse' financial incentives had encouraged local authorities to place older people unnecessarily in residential care. Griffith's recommended that local authorities should be responsible for assessing local community care needs, setting priorities and objectives and arranging what was called 'packages of care'. The Government's response to the Griffith's (1988) report was included in the White Paper, *Caring for People* (1989) and the subsequent *Community Care Act* (DH, 1990). A key change was that Local

Authorities were no longer directly responsible for the provision of social care; rather they now commissioned care from a range of providers. Although a few local authorities continued to directly provide social care.

A series of further reforms of community care were implemented but the most recent is the Care Act (DH, 2014). This was intended to introduced reforms in the way social care is organised and delivered however this act has been delayed for over 6 years by successive Governments. On election to office the prime minster, Boris Johnson in his maiden speech promised to, 'fix the crisis in social care once and for all'. How this will be achieved is yet to be determined but illustrates the ongoing complexity of social care provision and the context in which care workers are working.

The Organisation of Social Care

Between 2009/10 and 2018/19 the number of people in England aged 65 and over grew by 21%, while the population aged 75–84 and 85 plus increased by 13.6% and 20.2% respectively (NHS Digital 2018:12). Consequently, this growth in an elderly population is reflected in the demand for adult social care. This service covers a wide range of activities and is designed to help people who are older or living with disability or physical or mental illness to live independently, stay well and safe (Kings Fund, 2019a). The provision of social care includes the following services; support in people's own homes (home care or 'domiciliary care'); support in day centres; care provided by care homes and nursing homes ('residential care'); 'reablement' services to help people regain independence; providing aids and adaptations for people's homes; providing information and advice; and providing support for family carers (Kings Fund, 2019a).

Funding for a person's social care comes from different sources and may be a payment by individuals, local authorities (based on needs assessment) or a mixture of the two. In practice the National Audit Office (2018) estimates that most social care is unpaid and provided in the home informally by friends and family, equating to £62–103 billion per year. This is followed by publicly funded care (£22bn) and self-funded often residential care (£11bn).

As a result of the Community Care Acts most adult social care services are provided by independent sector home care and residential care providers. These are mainly for-profit companies but also include some voluntary or charitable organisations and a few local authorities also provide care services directly themselves (Kings Fund, 2019a). In 2014, approximately 60 per cent of residential care home places were funded by local authorities. However, Laing Buisson (2019) note that austerity measures and tighter budgets have meant that local authorities negotiated lower fee levels, leading to on average a 5 per cent reduction in income over the period 2010 to 2016. The concern is that cost savings can only be achieved by changing care workers' wages or terms and conditions.

Social Care Workforce

The social care workforce is predominately employed by the private sector. Figures published in 2019 show the adult social care workforce is comprised of 1.49 million people, amounting to 1.62 million jobs (Oung at al., 2020). Some 840,000 people are employed as care workers, with this group providing the majority of direct client care (Skills for Care, 2019a). The qualifications required for a care worker are varied and historically many learned on the job with no formal qualifications. The introduction of the Care Certificate in 2015 by Skills for Care was intended to standardise training across the social care sector. However, only 38% of the total adult social care workforce had achieved or were working towards the Care Certificate and 62% had not started or were not engaged with the certificate (Skills for Care, 2019a).

Between 2009/10 and 2018/19, the number of jobs in the independent sector rose by 29.7% while, care staff directly employed by local authorities fell by 37.4%, due to them outsourcing adult social care services (Fenton et al, 2018). Approximately half of the adult social care workforce (48%) work on a full-time basis, 40% part-time and the remaining 12% were neither full nor part-time (workers without set hours) (Skills for Care, 2019a:29). The Living Wage Foundation (2019) launched a campaign targeted at 'living hours' work with the aim of tackling work insecurity. Their research found that one in six workers across all sectors were in insecure or low-paid work.

Pay in the social care sector

Historically social care is a low-pay sector and is an area the Low Pay Commission (LPC) focus on. Briefly the LPC was formed in 1997 with the remit to advise government on what rates the different minimum wages in the UK should be. Following its creation, the LPC recommended pay increases known then as the National Minimum Wage (NMW) for apprentices, workers aged under 18, 18-20 years, over 21. In November 2015, the Conservative government renamed the NMW the `National Living Wage` (NLW) and raised the full adult rate from over 21 to 25 years of age. This rate of pay is in contrast to the Real Living Wage (RLW) proposed by the Living Wage Foundation. The RLW is calculated on the cost of living and is voluntary (for a detailed discussion see Hann et al,2021). In practice this means different rates of pay are proposed. As an example, the NMW is £8.20, NLW £8.72 and RLW £9.20 . However only 26% of care workers were paid on or above the Real Living Wage (set by the Living Wage Foundation) in September 2012, but this figure has slowly fallen to around 10% in February 2019 (Skills for Care. 2019b).

Hourly pay rates for care workers are amongst the lowest 10 per cent of earners in the UK (Skills for Care, 2018). Data show that the median hourly rate for a care worker in the independent sector was £8.10 in February 2019 and there was a clear north-south divide, with the highest average hourly pay rates recorded in London (£8.50) and the South East (£8.40), and the lowest in the North West and the North East at £7.93 and £7.95 respectively. The average care worker was better off, in real terms, by 59p per hour in February 2019 than they were in September 2012 (8%) (Skills for Care, 2019b).

This issue of low pay was identified in the first Report of the Low Pay Commission (1998) and all subsequent reports to date (LPC: 1996-2019). Consequently, the LPC expressed concern that Government reductions in Local Authority funding following austerity measures would affect paying the national minimum wage to care workers (LPC, 2015:216). The LPC (2017) recommended to Government that low paid workers were awarded a 4% rise. However, to fund this pay rise some employers reduced workers hours and did not offer additional hours (ASH, 2018). Although the introduction of the national living wage resulted in an increase in average pay for care workers from £6.78 an hour to £7.89 in March 2018, in practice the

average hourly pay for care work is below the basic rate paid in most UK supermarkets (Kings Fund, 2019b). In order to meet the national living wage commitments, social care providers have had to hold down the overall pay bill in other ways. An increasing proportion of the workforce is now paid at or around that minimum level and the pay differential between care workers with less than 1 year of experience and those with more than 20 years of experience has reduced to just £ 0.15 an hour (Kings Fund, 2019b).

Data for 2017 shows that the average national weekly pay for care workers is £285, with pay disparities existing between women and men. Regionally, different areas also have an influence on low pay. For example, some sectors in the Yorkshire and Humberside, such as Sheffield, calculate that one in six employees are earning the lowest wage as set by the LPC national living wage (Clarke, 2017). Table 1 compares the earnings of care workers in Yorkshire and Humber by gender, employment status and shows that the average earnings, based on 35 hours working, is a weekly amount of £279 and for senior care workers £320. However, earnings are rising faster for male full-time and part-time workers compared to women.

Table 1: Yorkshire and Humberside Gross Weekly Pay Care Home Workers and Senior Care Workers in UK 2017

	Yorks and Humber All	Male	Female	All Full Time	All Part Time	Male Full Time	Male Part Time	Female Full Time	Female Part Time
Care Workers	56,000	9,000	47,000	27,000	29,000	6,000	3,000	21,000	25,000
Av. weekly Pay £	£279.10	£312.80	£272.50	£372.20	£192.80	£389.90	£195.20	£367.70	£192.50
Annual % rise	+8.3%	+18.7%	+5.9%	+7.2%	+5.5%	+10.8%	+29.5%	+6.2%	+2.7%
35 hrs/17.5	£7.97	£8.91	£7.77	£10.63	£11.07	£11.04	£11.15	£10.54	£11.00
Senior Care Home workers	6,000	1,000	5,000	4,000	2,000	1,000	1,000	3,000	1,000
Av. weekly Pay £	£320.50	£392.80	£308.80	£361.80	£173.00	£361.80	N/A	£362.50	£173.00
Annual % rise	-5.1%	+10.2%	-7.2%	-4.7%	-16.2%	-4.7%	N/A	-7.4	-16.2%

35 Hrs/17.5	£9.15	£8.93	£11.22	£10.33	£9.88	£10.33		£10.35	£9.88

(Source ASH, 2018)

Reasons for low pay in the Social Care

There are a number of reasons for why low pay persists in the social care sector which will now be considered. Acker (1990) suggests that gender segregation of work is an issues and requires a wider analysis of organisations and the comparative worth of the job hierarchies operating in them that leads to lower grades of work being dominated by women. This notion fits with the care sector where historically, care work is regarded as 'women's work'. Acker (2006:446) argues that inequality and stereotyping of jobs results in men's work being seen as a priority with managerial potential, while women are a, 'party of outsiders who do not belong'. As a consequence, what is termed 'inequality regimes' result in the creation of inequalities in work and wage settlements leading to lower levels of pay awarded to women across all occupations and roles (Acker, 2006:431). As women predominate in the care sector this results in this work being undervalued in terms of pay, job choice, and is regarded as a less economically valued workforce. One reason suggested for why low pay continues to persist in the care sector is the 'wage penalty' and gender bias. This refers to care workers receiving less pay than other occupational sectors based solely on the job they do and the low societal value (cost) placed on caring (England, 2002). Palmer and Eveline (2012) found that employers stereotyped women workers with children as the 'ideal' care workers. This stereotyping envisaged a care worker as a mother and second waged earner, who required little or no professional skills as these had been through caring for a family. Gender bias means that care work is paid 5-10 per cent less than male occupations even when levels of education, skill and working conditions are comparable (England, 2005: 382). In later studies, England (2010:153) found little cultural or institutional change in the care sector had occurred, with the devaluation of traditional female roles and occupations continuing and women still receiving less pay than male-dominated occupations. This is further compounded by social care work being under-valued by the public who have a poor understanding and negative perceptions of the sector and see the jobs as low status (Kings Fund, 2019b). Similarly, Becker (1985) argued gendered occupations, such as care work, are valued less in

society which reflects in lower pay. Crowding into certain occupations, less training, lower skills, lack of promotion opportunities, balancing caring commitments and the lower valuation and discrimination placed on women's work all account for lower pay (D`Arcy, 2018). Budig and Misra (2010) concur and argue cross-national inequality regimes place care work in the lowest paid global occupations. Mueller's (2019:19) study examined 20 European Union countries and found care home workers were over 80 per cent female and earned below the 50 per cent median.

Another explanation cited for low pay is the emotional attachment that develops between care workers and the client and is termed `fictional kinship` (Dodson and Zincavage, 2007). This phrase refers to the situation in which employers promote a `commodification of intimacy`, with a subculture developing in which the care worker becomes a substitute family until the client leaves (or dies) and the bond of kinship ceases known as `disenfranchised grief` (Doka, 1989 see also Folbre and Nelson, 2000). A consequence of this for care workers is the development of genuine emotional attachment to residents, job satisfaction and intrinsic reward, but leading potentially to unpaid labour and work exploitation. The examples cited included running errands, buying items for resident s, unpaid visits and making birthday cakes. Palmer and Eveline (2012:272) suggest that employers believe that care workers gain intrinsic rewards from their work and this includes emotional reward and recognition of the high quality of care delivered. However, despite this employers' ingrained perception of wider societal and cultural undervaluing of care reinforces low pay in the care sector and accounts for its persistence (Palmer and Eveline, 2012:272). Hebson et al, (2015) also suggest that low pay in the care sector is balanced by care workers' high levels of job satisfaction and that to some extent this can mitigate low pay.

To summarise, the evidence shows that care home workers are subject to gender bias and women are paid less wages in care homes and subject to a `wage penalty' compared to male-dominated occupations.

Research Methods

The aim of the research was to examine the work and experiences of care workers. A qualitative approach was adopted for the study and involved interviewing care workers working in residential care homes across one region in England. The fieldwork took place between 2016-17 with access to care workers initially facilitated by the General Municipal Boiler Makers Union (GMB). The GMB were undertaking a recruitment drive to encourage care workers to join the GMB and the researchers were invited to attend these sessions, to explain the research and recruit volunteers for the study. Care workers who were interested in participating contacted the researchers directly, with no managers aware of their participation. An information pack was sent out explaining the research aims, what consent and participation involved and an explanation that a respondent could withdraw from the study at any point, with a reassurance that their anonymity would be maintained. Care workers who agreed to be interviewed provided written consent. The project was approved by the University ethics committee.

In total 29 respondents agreed to participate and included two managers, a team leader, three-night managers, a senior care assistant and twenty-three care assistants from 15 different care homes (Table 2). Over a three-month period, telephone interviews were conducted and lasted between 30 minutes and an hour. This method suited care workers' shift patterns and ensured the interviews were private as they were conducted in respondents' own homes. All the care workers agreed to be recorded. Following transcribing of the tapes the major themes were identified using colour coding, then manually sorted, and categorised into main themes and sub-categories, with appropriate quotes to support them. These categories were continuously revised to ensure that all the significant issues had been captured. Using these techniques data saturation was achieved (Strauss and Corbin, 1998).

The following discussion presents the findings and is organised around the themes of care workers' roles and work, issues of pay and conditions and, their experience and knowledge of low pay and conditions. Initially the biographical data is presented.

Biographical Data

The 15 homes were all privately owned, registered care homes, that varied in size from 30 to 60 beds and provide long-term care for elderly resident s. The smaller homes tended to be owner managed, whilst the larger homes were part of a national chain of care homes. Seven

homes recognised unions, but overall union membership density was below 20 per cent. All the care workers were female, predominantly white (n=27) and aged between 18 to 70 years. Employment status varied from full time (n=18), part-time (n=10) and zero-hours (n=1), with no respondents reporting working in any other jobs. The average hours worked was 30 hours per week (see Table 2). Job titles varied from duty manager/nurse (N=2), night shift managers (N=3), night care assistants (n=5) care assistant (N=16), activities co-ordinator (N=1), cleaner (N=1), and kitchen assistant (N=1). Approximately ninety per cent of respondents had caring roles outside of work for children, parents, and grandparents.

The Nature of the Job

Care workers provided detailed descriptions of their job and the broad range of skills needed to meet the personal and social needs of residents, which changed as resident s became older, more dependent, and less mobile. All the care workers cited the needs of their residents as their main priority and that, 'You've got to want to do the job'. Respondents expressed a deep commitment and job satisfaction with caring for residents who were describes 'as family'. When asked, 'what would improve your work here?' the main factor identified was to improve their residents' care and was unanimously rated more important than a pay rise. Care workers noted:

> *I love caring and I do enjoy it, but I find it more and more frustrating. The biggest problem for me is not having enough staff because that…. If I have more staff, I have more time to do the care that I want to do and that's the biggest thing. [Night Care Assistant, Respondent 22].*

A care worker explained:

> *It's difficult because in 12 hours a day they are like your second family. You spend half of your life with them (residents). [Night Worker, Respondent 24].*

Comments included care workers acting as advocates for residents:

> *Care staff in our building have been there [for] years, we do not have a big turnover of staff. We will not have agency staff because they don't know our residents and it will affect their routine. Because people with dementia they're very fragile, so for people to turn around and say, "Well, leave," and you're only arguing your point for the resident's wellbeing is wrong. They won't listen to you. You've got nursing staff that don't listen to you, but they don't actually know the residents because they don't work with them, they just do paperwork, they don't understand" [Night Care Assistant, Respondent 23].*

Despite care workers' commitment to the job and the residents they were aware of how the nature of the work resulted in tensions and dissatisfaction. Increased care workers' fatigue was frequently mentioned due to the long shift hours and the physical and emotional demanding aspects of their work. Many cited being frustrated and wanting to see improvements but overwhelmed with the documentation required, resulting in less direct contact time with residents and, 'a lack of time to do the job properly'. Lack of staff was also mentioned as a key issue that not only impinged on the ability to provide care but to have breaks or get off work on time. One care manager, remarked if they had more staff:

> *I would able to let them take their time on their job, so they would hopefully feel better with their jobs which will then make me have more time to do my job properly' [Night Manager, Respondent 18].*

Broader recognition of their caring role and that 'it's actually a hard job' was also cited by many [n=24] who felt their work was not fully acknowledged or valued by the public. Care workers compared their work to other occupations and believed it was undervalued and they were underpaid and often 'just getting by':

> *I think people just look at us and think, "Oh, you know." Sometimes I think you think they're the lowest of the low that you are sometimes I think you find yourself, "I'm just a career." I don't think that people really understand what it entails, I don't think anybody does. I think for some people they think that caring means you go and sit with little old ladies and do their knitting, and chat about the Second World War and but that's not the nitty-gritty.[Night Care Assistant, Respondent, 22]*

However, care workers also realise they are exploited by employers:

> *They expect everything out there but don't give you nothing in return and then they always cut…the job that you do is a job that you can either do it or you can't. And because you care about the residents, they're using it as an excuse to me as blackmail. [Care Worker, Respondent, 28]*

Respondents' views about Pay and Conditions

As part of the study we asked care workers about their pay, working conditions and understanding of pay rate such as NLW. Care workers' experiences of work was shaped by a constant sense of job insecurity and low pay. Care homes were bought and sold by companies to either other companies or private owners, while local authorities transferred the care homes they managed and the staff to the new employers. Approximately 65 per cent of

respondents, in 14 different care homes, reported they had been transferred from local authority employment to private care homes and then these homes sold to new owners. This change had serious consequences for both their pay and conditions. All respondents previously employed by local authorities expressed concern about pay reductions following care home transfers and explained that following a review by the different care homes their pay and conditions were changed. As a result, the protected conditions or 'enhancements' that also included `special payments` were stopped. This meant that although basic hourly pay rates remained the same, additional pay in the form of overtime, night allowances, holiday entitlement, bank holiday rates were reduced to the statutory minima. Consequently, the pay and conditions for 17 respondents were affected and included night managers and deputy managers. These changes reduced overall pay rates, in some cases significantly, and one care managers explained, 'Well I am going to lose approximately £3,500 a year plus 5 days reduced holidays' [Night Manager, Respondent 4]. While another night care manager, [Respondent 10] identified the loss of pay enhancement was £63 per week for night allowance and double-time at weekends stated:

> *I mean it will make me feel less valued. I`ll be going in and doing the same job for less pay. It`ll affect my family life because my husband can`t work because he`s really poorly. I`m the breadwinner. I might have to sell the house and everything. It`s going to affect my life [Night Manager, Respondent 10].*

A care worker explained.

> *They're trying to get us onto their [new] contract. This is why we've got the union in. For 24 hours shift we were paid a single enhancement of £18.05. That's for working these shifts like 5-10pm. But they're cutting that out and, they're proposing to stop that. This means over a month that £18.05 [less] for me. I think all changes work out at nearly £2,000 a year. [Shift Care Assistant, Respondent 7].*

The researchers asked the newly employed care workers about their rates of pay and conditions compared with existing staff. Over the past 24 months, ten new staff had been recruited to the care homes but were on different contracts and not paid the 'enhancement' that previously employed local authority care workers had received. This was despite, new employees working the same shifts, performing the same job, new staff's roles were the same, but paid at a lower rate. Table 2 outlines the pay rates for additional hours, shifts and bank holidays and shows that 28 per cent actually received a reduction in their current rate

for working additional hours and 62 per cent paid the same rate for additional hours and a single respondent received an additional premia rates.

Low Pay and In work Poverty

Low pay was an issue that led to care workers leaving and a belief that their work was not valued, despite the national minimum wage. One respondent noted: *I actually earn the same amount now that I did 10 years ago [Care worker, Respondent 18].* Care workers indicated that their pay rates per hour were either exactly the same rate as the national living wage hourly rates in 2017 [£7.50] or lower for under 25-year olds. This may be explained by offering part-time contracts and restricting new female care workers to minima rates and reductions in terms and conditions for senior care female workers. The plight of under 25-year olds illustrates some of the anomalies this group of care workers face with regard to pay and in work poverty. Despite working the pay this care worker earned was insufficient and she explained:

> *Because I'm only 20, I get a lot less money, I'll say a lot less money. My [relation] works for the same company, as a cleaner but gets £7.50 and I'm a care assistant and I get, I think it's £6.70. But what I don't understand, obviously, it's because of different ages, but I live on my own as well, I also pay [bills] as well, so just because of different ages, like we have the same bills to pay – like me and my [relation], you know – same bills, but just because we're different ages, I get less money [Care Assistant, Respondent 26].*

Another respondent commented:

> *I know a couple that work [in the care home]. One works in the kitchen and one is in care [work] and they're hand-to-mouth every week. They're not making ends meet at all [Night Care Assistant, Respondent 24].*

A night care worker who started on a rate of £7-50 per hour in November 2016 and had experienced minimum pay rises stated, stated, "Whoever thinks people can live on £7.50 an hour obviously doesn't live in the real world". [Night Care Assistant, Respondent 23]. An issue identified even before TUPE was that the part-time workers in 15 of the private care homes were paid less after their guaranteed TUPE rate for any additional contractual time worked. As part of the transfer it was determined that pay rates for any additional hours worked was only at the national living wage rate of £7.50 and this was a lower rate than the council paid.

Changes in the ownership of the care homes resulted in staff not being replaced and led to a more stressful environment for care workers and ongoing changing conditions. All staff confirmed they were no longer eligible for a company sick pay scheme. Respondents also

reported they had been threatened with reductions in their pay rate, holiday pay and required to individually contribute more into their pension schemes, with many stating they could not afford this. There was a consensus that the image of care homes as being low paid and challenging work continued. Care workers compared their job with cleaners, and one noted:

> *The cleaners do four shifts a week, but they're only four hours shifts, and they get the same amount of money and it's a lot less work than we have to do and it's a lot easier work. Like, you know, ours is hard work going in and trying to treat these residents as humanely as possible. It's physical work and it's emotional work. And then I don't think that it's right the cleaners get the same amount of money as them. [Care Assistant, Respondent 26].*

Respondents' Knowledge of the Living Wage Rates

Responses to the question about whether care workers understood the living wage led to mixed results with some having an awareness, but many not being clear. As one noted, "I have heard of it, well it's like £7.21 and the rest, and that's what people need to earn an hour to live on". Respondents also referred to what hourly rate they could live on and 90 per cent estimated £10 per hour with no deductions. It must be noted that no respondents had knowledge of the voluntary real living wage rates (RLW) which at the time of the study was £8.75 per hour.

Care workers were asked if they knew what the legal hourly rate of pay was and only five could name the correct rate of the national living wage, while 24 said they trusted their employer to inform them of any increases in the national living wage. There was some scepticism about how the statutory increase in living wage was implemented and a respondent who knew about it stated:

> *When this new fellow took over the care home, the first thing he did was give us a rise. So, a lot of us we said, "Well, he's only giving us a rise because he's got to give a rise [by law]". And the younger people perhaps don't realise they think, "Oh, it's wonderful. He's giving us a rise", so immediately you're really pleased. But the older ones of us who know he's just doing it because in a few months' time he's got to do it (by law) [Care worker, Respondent 22].*

Opportunities to improve pay

Care workers were asked what opportunities were available to improve their pay. All stated being able to work full-time and for overtime to be paid. The ten care workers that were part time cited that they would have preferred to work full-time, but this was not available. Only one care worker who worked shifts on a weekly basis had chosen a zero-hours contract as this work pattern fitted with their caring commitments. All respondents were paid for one hour to undertake online training (often mandatory) at home but none mentioned training at work or as a means to more pay. The majority of care workers worked long shifts and had personal caring commitments and so were unable to do other jobs to make up their income. As one noted:

> *I'm really in a catch-22 situation. Even though I don't do very good financially, I'm always skint. I can't work more hours because I'm only able to earn a certain amount while I am my Nan's carer. [Domestic Cleaner, Respondent 25].*

Discussion

This study research provides an insight into the neglected area of care workers' work, pay and conditions. The classic explanations for low pay in the care sector argue that female dominated employment sectors suffer low pay, underdeveloped skill, and less mobility (D'Arcy, 2018). This study has highlighted wider issues and some key findings. Firstly, all care workers enjoy their job and caring for their residents but identified some key challenges. Secondly, care workers identified pay as an issue but stressed that more staff and more time to do the job are equally as important. Thirdly, there is a lack of clarity about the voluntary real living wage and what it is. Fourthly, long working hours and inadequate staffing levels were significant factors affecting care workers' roles. Fifthly, there are few opportunities to increase their pay and additional hours worked were not always paid at an overtime rate and wages had been eroded despite the NLW. Finally, job satisfaction can be enhanced by increasing staffing levels and recognition that pay rises will be a factor to attract and retain care workers.

The findings show that since 2016/17, there was a dual paid workforce in the different care homes studied. Staff transferring from local authority to private sector care homes were paid initially on protected local authority terms and conditions (TUPE). Overall, pay rates for ex-local authority care workers were higher and conditions such as additional rates for shifts, weekends, and bank holidays more beneficial. These conditions were changed to basic hourly

rates for working shifts, bank holidays and weekends, resulting in them earning lower rates of pay. In contrast, new care worker recruits after 2016 received National Living Wage rates or hourly rates just above the NLW hourly rates and were paid at a lower hourly rates than ex-local authority staff and received no premia rates for additional hours (shifts, weekend and bank holiday rates).

This research found the care workers with similar qualifications, training and experience working in the same care home received different rates of pay. This finding concurs with Burns et al (2016) who found employers were introducing cuts to services, increasing unpaid work, and reducing terms and conditions was leading to an increase in work poverty. Care workers expressed high levels of job satisfaction, despite low pay. This balance between job satisfaction and low(er) pay neglects the fact that, from this study evidence, care workers all expressed a trend towards increasing working poverty. This `race to the bottom` in gross pay means retaining staff at all levels will be a challenge and supports the thesis of inequality regimes in labour markets despite high turnover in the sector (Acker, 2006).

The majority of recently recruited care workers since 2016 preferred to work more hours but employers only offered part-time hours and additional hours at short notice to cover sickness. Recent employed workers since 2016 were only paid legal minima hourly rates for unsocial hours, weekends and terms and conditions. These workers all had previous work experience, training and qualifications yet were paid no additional grade premia. The junior managerial staff grades (night managers, deputy home managers) all reported significant reductions in terms and conditions, and all were established staff with 17-24 years' experience. Although this regional study identified no migrant workers employed and even fewer male workers, the turnover of ownership of care homes was a key factor for changes in terms and conditions and distinct market approach of private care homes selling and transferring ownership

Conclusion

This regional study identifies the trend towards increasing in work poverty for care workers is mainly due to the marketisation of adult social care and the increasing trend to reduce both labour security and pay premia rates. Care workers are predominantly women, working part-

time (but in this research not through choice) and balance caring commitments. This study outlines the effects of reducing terms and conditions in a single region and the lived experience of care workers and the increase in-work poverty. Care workers are dedicated to their residents and enjoy their job, but the value of the work is not recognised in their pay or by wider society

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Table 2: Staff Respondents in Care Homes

Ref	Role	Age	Gender	Hours	Contract	Hourly rate	Rate Above NLW £7.50 (%) per hour	Time in ASC Employment	Overtime Rate/Hourly Rate	Sick Pay Scheme	Holiday Pay	Reduced Terms/conditions	Care Home Reference	Size/ Type
1.	Care Assistant	59	F	24	Part-time	£8-00	6.0	36 years	Fell £7.65	Yes	6 weeks	Yes	A	40 Bed
2.	Care Assistant	50	F	36	Full-time	£7.64	1.8	1 year	£7.64	No	5 weeks	No	A	40 Bed
3.	Care Assistant	46	F	32-50	Full-time	£7-68	2.4	11 months	£7.68	No	5 weeks	No	C	40 Bed
4.	Night Manager	52	F	31.5	Full-time	£10-88	45	21 years	£10-88	No	5 weeks	Yes	C	40 Bed
5.	Deputy Care Home Manager	56	F	37.5	Full-time	£18-19**	142	17 years	None paid	Yes	6 weeks	-£3500	O	45 Bed
6.	Care Assistant/shift	42	F	36	Full-time	£8-20	9.3	12 years	£7.68	No	5 weeks	Yes	C	40 Bed
7.	Care Assistant	60	F	24	Part-time	£8-20	9.3	10 years	£7.50	No	5 weeks	-£2000	C	40 Bed
8.	Care Assistant	45-60	F	37	Full-time	£7-65	2.	2 years	£7.50	No	5 weeks	Yes	C	40 Bed
9.	Care Assistant	18	F	24-31	Part-time	£7-68	2.4	7 months	£7.50	No	5 weeks	Yes	C	40 Bed
10.	Night Manager	50	F	31.5	Part-time	£11-59	54.5	26 years	£9.28	No	4 weeks	Yes	B	50-60 Bed
11.	Care Assistant	46	F	24-31	Zero	£7-68	2.4	17 years	£7.68	No	5 weeks	No	D	40 Bed
12.	Care Assistant/Kitchen	56	F	37	Full-time	£7-99	6.5	36 years	£7.58	No	5 weeks	-£15.19	C	40 Bed
13.	Care Assistant	36	F	24	Part-time	£7-64	1.8	1.5 years	£7.64	No	4 weeks	No	D	40 Bed
14.	Care Assistant	45-65	F	37	Full-time	£7-65	2.	2 years	£7.65	No	28 days	No	E	50 Bed
15	Care Assistant	54	F	29	Full-time	£8-83	17.73	23 years	£7.60	No	4 weeks	-£3120	D	40 Bed

16	Care Assistant	54	F	30	Full-time	£7.64	1.8	18 months	£7.64	No	5 weeks	No	D	40 Bed
17.	Care Assistant	71	F	24-31	Part-time	£7-68	2.4	6.5 years	£7.68	No	5 weeks	No	F	50 Bed
18.	Night Manager	40-55	F	20	Part-time	£8-00	6.0	24 years	£8.00	No	5 weeks	No	F	50 Bed
19.	Care Assistant (Nights)	42	F	44	Full-time	£7-68	2.4	16 months	£7.68	No	5 weeks	No	F	50 Bed
20.	Care Assistant (Nights)	33	F	30-40	Full-time	£7-68	2.4	4 years	£7.68	No	4 weeks	No	F	50 Bed
21.	Nurse Manager	42	F	44-60	Full-time	£18.20**	142	13 years	None paid	No	5 weeks	No	F	50 Bed
22.	Care Assistant (Nights)	60	F	15	Part-time	£7-50	0	10 years	£7.50	No	5 weeks	No	G	40 Bed
23.	Care Assistant (Nights)	40-55	F	30	Full-time	£7-50	0	15.5 years	£7.50	No	5 weeks	No	H	40 Bed
24.	Care Assistant (Nights)	40-55	F	33	Full-time	£10-21	36	17 years	£10.21	No	5 weeks 2	No	I	50 Bed
25.	Domestic Cleaner	30-45	F	16	Part-time	£7-50	0	20 months	£7.50	No	5 weeks	No	J	40 Bed
26.	Care Assistant	20	F	33	Full-time	£6.70*	0	2 months	£6.70	No	5 weeks	No	Contractor K	40 Bed
27	Care Assistant	54	F	36	Full-time	£9.45	26	14 years	£9.45	Yes	5 weeks	No	Care support Co L	50 Bed
28	Care Team Leader	45	F	30	Full-time	£8-54	13.8	7 years	£17.08	Yes	5 weeks	No	Care support Company M	40 Bed
29	Care Assistant	30-55	F	22	Part-time	£7-50	0	6 years	£7.50	Yes	5 weeks	No	Care Home N	30 Bed
Avge		47.3		30.3		£8.80		11.3 years						

*Note Paid under 25 year rate.**Excluded from average as Senior Care Grades