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**'We don't do it for the money'... The scale and reasons of poverty-pay among
frontline long-term care workers in England**

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Abstract:

Demographic trends escalate the demands for formal long-term care (LTC) in the majority of the developed world; despite the LTC workforce being characterised by its very low wages, the actual scale of the severity is less well known. This article investigates the scale of poverty pay in the feminised LTC sector and attempts to understand the perceived reasons behind persisting low wages in the sector. The analysis makes use of large national workforce pay data and a longitudinal survey of care workers, as well as interviews with key stakeholders in the sector. The analysis suggests that there are at least between 10 to 13 percent of care workers whom are effectively being paid under the national minimum wage. Thematic qualitative analysis of 300 interviews with employers, care workers and service users highlight three key explanatory factors of low pay: the intrinsic nature of LTC work, the value of caring for older people and marketization and outsourcing of services.

Keywords: Hierarchical Bayesian models; In-work poverty; Mixed methodologies; Social care workforce; Wages

What is known about this topic:

- 1- The English LTC sector is characterised by poor pay
- 2- The sector has benefited from the introduction of the National Minimum Wage
- 3- The sector increasingly suffers from fragmentations of work and zero-hours contracting

What this paper adds:

- 1- The scale of poverty-pay defined as payment under the national minimum wage is much higher than previously known
- 2- Poor wages are explained by the intrinsic nature of the job and the value the society prescribe to caring for older people, where these factors help maintain the acceptance of poor wages as features of LTC work
- 3- Marketization and outsourcing are perceived to contribute to maintaining poverty pay of vulnerable LTC workers

'We don't do it for the money'... The scale and reasons of poverty-pay among frontline long term care workers in the England

Introduction:

Population ageing is increasing the demands for formal long-term care (LTC) exponentially. As people age, the number of those with complex needs who require assistance with daily living and health care support increases. Demographic trends are set to increase the need for LTC services in the England by as much as 60 per cent in the next two decades (Wittenberg et al., 2011). Reflecting rising demands, the British LTC workforce has grown despite the post economic crisis period resulting in a fall in actual LTC funding (Skills for Care [SfC], 2015).

LTC as an occupation remains between the boundaries of formal and informal work and continues a historical trend of being a low paying sector (Baines, 2004). The sector is also characterised by increasing precarious working arrangements and casualization of work associated with progressive LTC policies of privatisation and marketization of (Aronson and Neysmith, 2006; Simonazzi, 2009; McGann et al., 2016; Broadbent, 2013;). Marketization has evidentially increased the role of the private, for-profit, market sector through both outsourcing of services as well as financing users to use/buy such services. Several researchers observe the implications of the increased role of for-profit care providers since they operate in competitive markets. Here, cost reduction is set as a clear business goal with direct implications on levels of workers' wages (Aronson and Neysmith, 2006; Rubery et al., 2015).

Care provision relies heavily on the human input of workers, through hands-on support; provision of personal care; and practical and emotional support (Lopez, 2006). Wages form a significant part of care provision cost, with LTC having the highest share of turnover spent on labour costs of low-paying sectors (alongside childcare), at 61 per cent (Low Pay Commission [LPC], 2014). Within the context of historical low wages, some researchers argue that the LTC sector in the ENGLAND was one of the main beneficiaries of the introduction of National Minimum Wage (NMW) in 1999 (Dickens and Manning, 2004). It was estimated that nearly 40 per cent of workers in the sector were paid under the then newly introduced NMW. In spite of this, the LTC sector was, and remains, one of the lowest paying sectors in England with continued concerns over compliance with payment of the NMW (Metcalf, 2004; LPC, 2011; National Audit Office [NAO], 2016).

One definition of low paying jobs may relate to wages at the bare minimum, which is the NMW in the case of England (Shildrick et al., 2012). We use the incidences of wages being effectively below the NMW as a proxy of in-work poverty. Indeed, in-work poverty can and does occur when workers do receive their entitlements of the minimum wages but their wages are far below their living costs (Shildrick et al., 2012). The aim here, however, is to highlight the extreme level of poverty pay in the care sector, where most of the affected are women and are, for many reasons, likely to have limited alternative employment options (Bennette and Daly, 2014).

This article has two main aims: first to examine the extent of poverty-pay in the British feminised LTC workforce, and second to investigate the perceived reasons behind the persistent poor wages in the sector. The analysis focuses on the most vulnerable group of

this workforce, namely frontline care workers who provide hands on intimate, personal care to adults or older people in their own homes, care homes or in the community. The article starts by providing an overview of the British LTC workforce before presenting the quantitative and qualitative data used in the analysis. The findings are then presented and divided into two sections: the first relates to the scale of poverty-pay in the sector, and the second relates to perceived factors associated with the widespread of low wages as identified from the in-depth interviews.

Background and Significance

Long-term care provision and wages in England

The LTC sector is estimated to employ over two million people in the United Kingdom (SfC, 2015) with 1.4 million of these jobs involving hands-on provision of care ('frontline' jobs). These jobs are provided in different settings including the domiciliary (49 per cent), residential (38 per cent) and day and community (13 per cent) services (SfC, 2015). Among the 1.4 million jobs there are around 180,000 personal assistant jobs employed by direct payment recipients (service users who receive payments from their local authority to organise their own care). The frontline care workforce is predominantly female with an average of 85 per cent (SfC, 2015), while men account for up to a quarter of the workforce in certain settings and job roles, notably day care, support roles and management (Hussein et al., 2016). Migrants contribute significantly to the sector with 20 per cent of the LTC workforce estimated to be non-British (SfC, 2015). Men form a larger proportion of migrant workers (25%) when compared to British workers (17%) (Hussein and Christensen, 2017).

Within the English LTC sector, pay rates are significantly lower among for-profit employers, which provide 75 per cent of social care services in England (Gardiner and Hussein, 2015; Hussein and Manthorpe, 2014; SfC, 2015). Previous research into wages in the sector indicates two tier pay levels. Pay rates are considerably lower among frontline care workers (such as home care workers and care assistants) and ancillary staff (such as cooks and cleaners). Overall, the hourly pay rate of this group is on or near the NMW. The second tier relate to professional staff (such as social workers and nurses) and those in managerial and supervisory roles who earn relatively higher wages (Hussein 2010a and 2010b; Hussein and Manthorpe, 2014).

To understand the scale of poverty-pay, it is essential to establish what constitutes working time in LTC tasks and which of these should be legally paid for by employers. England LTC sector has increasingly been suffering from fragmented working-time arrangements (Rubery et al., 2015). Such fragmented nature of work poses a number of challenges in calculating the true payable 'duration' of work. For example, a worker may work a shift in the morning to assist during breakfast time in a care home, then remain 'on call' or take a 'break' while waiting for the next shift at lunch time. Her Majesty Revenue & Customs (HMRC) advice is such time of 'waiting' constitutes working time, however, this is not usually the case. Additionally, evidence suggests a considerable proportion of LTC employers in England do not account for travel time between home care visits, which is a legal entitlement for workers according to the HMRC (Rubery et al., 2011 and 2015; HMRC, 2013). In general, work time calculations appear to systematically under-estimate actual working time (Laing and Buisson, 2011), with most wages calculated based only on 'contact time' (UKHCA 2011). Such concerns were further magnified when the HMRC conducted a targeted-campaign of

social care employers, finding nearly 50 per cent of employers inspected non-compliant with NMW payment (HMRC, 2013).

While there are a number of previous estimates of the probability of under-payment of NMW available for the LTC sector in England, they mostly rely on datasets that are not sector specific, and in many situations, significantly under-estimate the true scale of poverty-pay in the sector. The most extreme estimate comes from the Office of National Statistics (ONS), with an estimated 0.8 per cent of the LTC workforce being paid under the NMW. In this analysis, we attempt to provide a more realistic estimate of underpayment of the NMW whilst taking into account all prior knowledge available. A Bayesian approach is most suitable to this situation, as it is the only approach that can formally account for previous research whilst modelling estimates obtained from new data sources in conjunction (Lynch and Western, 2004). Such inclusion of previous research is particularly important when dealing with policy sensitive matters such as non-compliance with the law as the case here.

Research Design and Methods:

The analysis presented here utilises data from two sources: the first is the National Minimum Data Set for Social Care (NMDS-SC) (Jan 2012), and the second relates to a study known as the Longitudinal Care Study (LoCS). The NMDS-SC provides pay data on a large sample of care workers (n=160,415) that is completed by the employers, however, these data are not confirmed by pay as you earn (PAYE) or any other human resource records and are subject to be affected by reporting errors. These data thus represent the perception of employers on workers' wages, making it impossible to establish their accuracy. Data from LoCS is used to adjust hourly pay rates obtained from the NMDS-SC to establish a more

realistic estimate of actual working time and corresponding wages. Qualitative interviews from LoCS are used to investigate the reasons of low pay in the sector.

The NMDS-SC is recognised as the main source of workforce information for the LTC sector in England. A review of available data sources to measure wages in the LTC sector had indicated the NMDS-SC to be the most suitable when compared to national workforce data, such as the Labour Force Survey (LFS) and Annual Survey of Hours and Earnings (ASHE), albeit with several constraints and caveats (Hussein, 2011).

LoCS adopted a longitudinal design with an aim to achieve a locally representative sample of LTC workers in four different parts of England across the statutory, voluntary and private sectors. Nested samples of frontline staff and employers/managers were drawn from care providers in these areas. Ethical approval was gained from King's College London and research governance agreement from the four participating local councils and was funded by the English Department of Health. The mixed-method design of LoCS included a repeated survey for frontline staff (n=1342) and repeated interviews with employers/managers (including registered managers, human resource managers and frontline managers, hereafter referred to as 'employers'), frontline staff and users and carers (n=300).

Participants to the interviews and survey were contacted either directly by the research team, after obtaining permission via their employers, or via a request for participation circulated by their employers. As care workers were mainly approached through their employers, there is a potential under-representation of personal assistance to users who are in receipt of personal budgets.

The staff survey of LoCS collected information on work history, working conditions and future plans. It included a series of pay-related questions, collecting information on pay levels, unpaid working hours during the past two weeks, additional shifts, travel time, and various payment rates. Interviews covered similar topics and took place in a convenient place to participants either at or outside of work. The current analysis uses the first two waves of LoCS (T1: 2010-11 and T2: 2012-13); a third wave of the survey and interviews are currently in progress.

Interviews were recorded with permission before being transcribed and reviewed. The interviews were thematically analysed, focusing on issues related to wages and pay through a process of familiarisation, themes' identification and coding then refining (Gomm et al. 2000). Data were coded and analysed thematically with the aid of NVivo software. Tables 1a and 1b provide breakdown of the interviewees' sample and Table 2 presents the profile of staff who complete the survey at the two time points.

*** Table 1a and 1b around here ***

*** Table 2 around here ***

Estimating the prevalence of underpayment of the NMW

To counter the effect of unreported work and travel time, we use NMDS-SC data in conjunction with information from LoCS survey with frontline LTC workers to obtain an adjusted hourly pay rate. We applied a hierarchical Bayesian (HB) approach, which allows us

to formally account for all previously available research and expert opinion when modelling the new estimates derived from the adjusted pay records (Lee and Sabavala, 1987). We have conducted six separate models with various specifications related to the perceived accuracy of prior knowledge (published research) in accordance to published studies' designs and sample size. These provided us with posterior distributions of the probability of underpayment of NMW given various model specifications. We implemented an iterative process of the hyper Metropolis-Hastings/Gibbs sampling algorithm in the R software environment.

Findings

The scale of under-payment of the NMW

Analysis of LoCS' in-depth interviews with employers confirms the practice of non-payment of travel time by many employers, highlighting the chronic low pay across the sector and inability to pay for the full working time.

INT: They [LTC frontline workers] see several clients during a day?

RES Yes.

INT Do they get paid for the time between seeing clients?

RES: No.

INT: Their travel between clients, do they get paid for that?

RES: They are paid for the time they see the client. They get to the client's place.

Between their travel no, they don't get paid for that.

(Registered Manager 1001010, T2)

Not only were LTC workers paid for contact time with clients, excluding travel or on-call time, the practice of just paying the NMW was consistent amongst most employers and at the two time points of the study

Yes. Carers [LTC workers], sadly, on minimum wage. Senior carers are on a little bit higher. Pay wise, it's not very good.

(Registered Manager 2115, T1)

This reinforces the importance of adjusting estimates of frontline care workers' hourly pay to account for some of the reported unpaid working time. The adjustments used here are based on 918 responses from frontline care workers who participated in LoCS, of whom just over half (54%) said they travel between clients or users as part of their job. Among these, 47 per cent said their travel time was completely unpaid with an average travel time between clients being 22.8 minutes. To account for potential over-reporting of unpaid travel time by workers, we used only a fifth of the reported extra-unpaid travel time for each worker. Moreover, participants of the survey were asked to indicate the number of additional shifts and hours they worked during the previous two weeks to the survey. They were then asked if these hours were paid at the same, above or less than their usual rate or were completely unpaid. In our calculations, we only included those who explicitly indicated that 'all' additional hours were unpaid. Participants indicated that, on average, they each worked an additional 131 unpaid minutes per week. Again, to account for possible over-reporting bias by workers, we only used a fifth of reported unpaid 'work' time per worker per week. These 'conservative' estimates of unpaid time (both unpaid working and traveling time) were used to adjust hourly pay obtained from the NMDS-SC.

Figure 1 shows the cumulative density function of hourly pay rates of frontline care workers as calculated directly from the NMDS-SC (plain) and the adjusted rate using our conservative estimates of additional unpaid time. The graph shows a clear, but slight, shift to the left (towards lower pay rates). Due to the original narrow pay distributions of frontline care workers, the observed slight shift in hourly pay rates affected a large number of workers.

**** Figure 1 around here ****

The results of the hierarchical Bayesian models estimating the prevalence of underpayment of the NMW including credible intervals based on various model specifications are listed in Table 3. Figure 2 provides visual representations of these distributions and indicates that, taking all prior knowledge together, it is with 95 per cent credibility that the prevalence of underpayment of NMW among frontline care workers is between 10 and 13 per cent.

**** Figure 2 around here ****

These probabilities are higher than other previous estimates (LPC, 2009, 2010, 2011, 2014), but the lower bound is close to that found in a smaller, earlier study (IFF Research, 2008). Based on the size of the workforce, these estimates imply that between 95,760 and 197,600 frontline workers are likely to be paid under the NMW. It is likely that when using a separate set of adjustments that are less conservative than the ones used in this analysis, the estimated number of affected care workers would be considerably higher.

With poverty-pay impacting on such large numbers of care workers, it is important to consider other characteristics of this workforce. Table 2 shows that over half of the participants in LoCS' survey received some form of welfare benefits at the time of survey; nearly 70 per cent of these suffered from long term health conditions, and a fifth provided unpaid caring responsibilities for a family member. Furthermore, a high percentage of them indicated that they find managing their finance difficult or very difficult. Thus, the implications of underpayment of the NMW could be considerable as it affects a particularly vulnerable group of workers.

Understanding the determinants of poverty-pay in the sector

The vast majority of those that participated in LoCS' interviews indicated that low pay is the norm in the British LTC sector, however the reasons underlying this 'fact' were mixed. A strong theme arising from the analysis was a perception that poor pay was a direct component of the nature of care work. Other determinants observed in the analysis were related to the value the wider society, and consequently the government, places on caring for older people; the impact of current LTC policies particularly marketization and outsourcing as well as the role of fiscal challenges and austerity levels on maintaining, and to some extent encouraging, very low wages in the sector.

The intrinsic nature of the job

The intrinsic nature of frontline care work is often cited in the literature as an explanatory factor for the acceptance of low wages and poor working conditions. These intrinsic justifications were expressed by many frontline LTC workers participating in the interviews, who repeatedly discussed level of pay as an unimportant element in their decision to work in

care. Here there was an implicit, and in some cases explicit, questions about the suitability of workers who challenge poor wages or ask for better pay to work in the sector by many employers. Some participating employers expressed views that those who do so might not be suitable to work in the sector as they may lack the right qualities of being LTC workers:

I think some staff shouldn't be working in this sort of field, because it's just. We don't do it for the money. It's a poorly paid job. You don't get a lot of thanks for what you do. It's a dirty job. Hard work mentally and physically and I don't think we are paid for that sort of level of commitment. We have to be committed. (Manager of a care home 1033001, T1)

The above argument was repeated by many participating employers reinforcing the acceptance of poor wages as a significant, and almost a prerequisite, element of working in the sector, thus challenging levels of pay may automatically highlights poor personality traits. Acknowledging the very low pay margins, some employers gave examples of non-monetary 'rewards' they offer workers; having said this, the majority of such rewards were the legal responsibility of employers to pay for, such as uniforms, lockers' keys and other items essential for the work. For this employer, the inability of finding enough LTC workers seemed puzzling as he justifies the many 'rewards' they offer workers:

We reward them in different ways [not increasing wages]. I pay for all their uniforms. They don't pay for anything like that at all. At the moment, in practice we can't get carers [care workers]. I don't know whether it's the pay. I don't know why or whether people just don't want to do that sort of job. I don't know. (Employer 2049, T1)

For frontline workers, the discussion about wages usually drifted towards highlighting other 'positive' characteristics of the work, such as the ability to work flexibly, as almost a pretext counter response to questions related to pay and wages. The quote below illustrates how some workers avoided the main question about pay, gravitating towards other benefits and rewards. It implied a level of unacceptability of discussing wages within the context of care work.

It [the pay] is so much less than what I used to earn. However, obviously anyone would want more. But the hours of work fit very well for me. And erm, the interaction that I get actually that means that I, one always wants more, but at the same time I enjoy what I am doing. It's okay. (Frontline staff 1099003, T2)

However, some LTC workers struggled to convincingly make this argument as wages were attached to strict roles of contact time, leaving very little margins for them to get enough pay if they have any unexpected circumstances including illness. LTC workers seemed to view these as problems related only to how payments are arranged rather than the levels of wages themselves:

INT: What do you think about your pay and conditions?

RESP: Well pay, conditions? Oh well I think maybe conditions, 'cause if we don't work, we don't get pay, I suppose a lot of firms like that ... Okay, yes I was supposed to be on duty today and I wasn't able to go to work, I was sick for whatever reason, then I wouldn't get pay, or if I was at work and I was taken ill a couple of hours after being at work, then I would only get paid for those two hours. (Frontline staff 1033009, T1)

Other workers, who did not conform to this 'norm' of associating care work to low pay and almost 'rejecting' any discussion around wages, expressed a shock to the pay level in the sector. Such views were especially observed among those who had worked in other occupations in the past and those who had other options, related to their skill set for example, of moving out of the sector:

I am actually going to become a bike mechanic, a bicycle mechanic, yes. I know there is no future in this job [care work], unfortunately, well from where we see it. It's just been privatised and the private companies pay £6.50, £7.50 an hour maximum, you just can't afford to live on that. You get paid more at [fast food chain]. (Frontline staff 1100001, T2)

Many care workers felt the impact of poverty pay when they considered the reality of living expenses. While there was a clear sense of frustration about wages and their wider implications on workers' daily lives set within a 'belief' of no real chance of improving wages in the sector.

No [I am not satisfied with the pay]. Compared with, I am earning a lot less now than when I left teaching 12 years ago. The pay is disgusting, really. Now, even if two people live together on that wage they still wouldn't get a mortgage. I am lucky. I paid for my house years ago. I don't have a mortgage and I have a nice house. (Frontline staff 1100002, T2)

Society and the value of LTC work

The reason behind persistent low wages in the sector was felt by some to be related to the acceptable norms of the society in terms of the value placed on LTC work. Many participants indicated that the majority of the wider society does not regard supporting the old, disabled and the weak as a 'career'. This theme was evident among a large number of employers and service users and reoccurred over time.

I haven't come across anywhere that pays a carer what they should be paid. I still don't feel it's ever really been recognised as a career. We pay minimum wage to people but not with much progress. (Registered Manager in a care village 2184, T2)

It is difficult to attract people to work in social care. Massively difficult, caring for someone should be one of the most highly paid things, completely. But, it's not respected at all, and it's incredibly important. People [society and government] making judgments on how much money is allocated, they don't realise, because they're not disabled, or they haven't got an elderly relative – they're heading that way too. It's going to happen to all of us. Either we're going to die or we're going to be old and vulnerable and needing help. (User/carer 110003, T2)

Some employers explicitly linked low wages to ageism and the value the society places on looking after older people:

Excuse me. I think there is ageism. I think there is under funding. It is real. Your biggest cost is staff, so you've got to cut the staffing cost. (Frontline manager 2099, T1)

Funding, outsourcing and marketization of care

Most employers participating in the study spoke about the impact of funding cuts on frontline care workers' pay and working conditions, while acknowledging that care work pay has always been very low. The amounts of pay increases that employers and frontline staff indicated were very marginal, with all wages governed by the NMW rate. At the same time, working conditions were becoming more difficult, particularly in relation to offering sick leave or paying for time spent 'in attendance' between calls or travel time.

I haven't got much to do with that [increasing wages]. I can juggle 5p, 10p here and there. (Registered Manager in a care home 1038001, T1)

We increased with the National Minimum. We need to meet the rates. Some times we pay 10p above the NMW. (Registered Manager, home care, 2262, T2)

These very marginal pay increases (5p or 10p above the NMW) were attributed to the austerity measures and progressive outsourcing and privatisation, combined with reduced levels of funding from local councils in recent years.

The business is getting more and more stringent for less and less money. At some point, it's all going to blow up, because there is a limit to what actually can be provided for the money they are paying. (General Manager of a nursing home 1021001, T1)

There was some scepticism, however, about the reality of the inability of the private sector to pay a decent wage. Some participants argued that many private LTC providers could afford paying better wages but they are keeping wages as minimum as possible to achieve their main goal of high profit margins:

I mean to hear our finance department and our line managers above us talk. They say it's all due to the recession. I think that is just a cop out. If they can afford to buy up new homes and open up new homes then surely they can afford, rather than open up the homes, employ, pay a different wage. (Frontline Manager 1063001, T2)

Discussion

Caring labour is often undervalued and characterised by poor wages and difficult working conditions (Razavi and Staab, 2010), however, the scale of extremely low pay that is below the 'minimum' statutory right level is less known. Based on a large national dataset adjusted with data from a large survey of frontline workers we highlight the significant severity of poverty-pay in the British LTC sector. The analysis shows that at least between 10 to 13 per cent of frontline LTC workers are likely to be paid under the NMW, their legal minimum right. These estimations are based on very conservative adjustments of unpaid work and travel time; consequently, It is likely that the true scale of poverty pay is much larger than presented here. In a cross-national comparison, Budig and Misra (2010) demonstrate significant variations in the level of earning of care workers across twelve developed countries. They show a 'care penalty' in most countries operating different LTC policies, however, England was not a country they covered in their study. This is set in a context of workforce that is mainly middle-aged women and has a significant proportion of migrants.

Data presented here also show that many of them experience financial difficulties and are in receipt of welfare benefits demonstrating low household incomes. The evidence presented here suggests that the British LTC work carries considerable wage penalties for many of its highly vulnerable workforce.

Several authors explain low wages in LTC by the intrinsic nature of care work itself and the characteristics of those who ascribe to this work (Duffy, Albelda and Hammonds, 2013). It is argued that the reward gained from the very inherent nature of working with vulnerable individuals in need of care can increase frontline workers' job satisfaction and feelings of self-worth to a certain degree that compensates the bad qualities of the job, including very low wages (Morgan, Dill and Kalleberg, 2013; Rakovski and Price-Glynn, 2010). Some argue that the acceptance of poor working conditions can relate to a concept of self-sacrifice adopted by some workers as a way of affirming their own identity at work where they are perceived, by others and themselves, as placing their values ahead of their own needs (Baines and Cunningham, 2011). The finding that the intrinsically rewarding nature of care work could be used as an explanatory factor for poor wages is consistent with this 'prisoners of love' framework, which argues that the intrinsic nature of care work allows employers to exploit care workers and get away with paying very poor wages (England et al., 2007). The findings from this study show that many LTC workers ascribe to this framework and accept their poor wages as part of this occupation where the reward is not expected to be monetary. Further, the majority of employers not only use this argument to normalise poor wage as an integral part of care work, but also to question the quality of the few workers who challenge such perception.

The value a society places on the act of caring for older people and those who are 'weak', such as people with disabilities and mental health problems, was used as an explanatory factor of consistently low wages in the LTC sector. Here, ageism and discrimination appears not only to affect the individuals receiving care, but those working to care for and support them (Stone and Harahan, 2010). The analysis shows that this is a view shared by many employers and service users in England, thus is frequently used to justify persisting low wages in the sector.

England was one of the earliest European countries to promote the personalisation agenda and outsourcing of LTC where the role of the private sector has increased dramatically over the past few years (Pavolini and Ranci, 2008). Marketization of care presents a situation where care providers operate within a tight public funding structure, leaving private companies to enhance their profits through setting higher fees for self-funding care users and maintaining low wages and increasing workers' productivity (Folbre, 2012). Findings from this study highlight the role of current UK LTC policies in worsening the situation for frontline workers by maintaining very low wages by means of outsourcing and wider marketization of care.

Conclusion

Findings from the current study shed light on the significant scale of poverty pay among LTC workers in England. Evidence from the study also points to the financial vulnerability of the majority of this workforce where a considerable proportion report finding it difficult or very difficult to manage their finance and are in receipt of some forms of welfare benefits indicating an overall low household income; within such context, poor wages are likely to

have wider implications on workers' wellbeing and general quality of life. The qualitative analyses indicate three themes related to persistent low wages. One of these relates to the intrinsic nature of care work with an apparent dilemma of appreciating the non-monetary rewards of care work while believing that wages are never likely to be sufficient to 'make ends meet'. Such finding not only reinforces the 'prisoners of love' framework, but also indicates that LTC work continues to be on the boundaries between formal work and vocational activities. In this context, care work seems to attract a certain group of workers who are prepared to accept low wages as a pre-assumed feature of care work, in addition to those who have no alternative employment choices. The wider perception of society regarding the 'weak', including the old and disabled, appears to be mirrored on those who support them, even when this occurs within a structured occupational framework. Last, but certainly not least, the English wider LTC policies of marketization and outsourcing, while perceived as not the primary cause of low wages, are perceived to exacerbate the prevalence of poor wages and weak contractual arrangements for LTC workers. With the escalating demands for social care, it is paramount to address the scale and implications of poor wages to attract and retain sufficient workers in the sector, as well as to protect the wellbeing and rights of workers.

Author's Biography:

Dr Shereen Hussein is a Principal Research Fellow (Chair) at King's College London. She is a demographer with interest in the sociology of family and work dynamics. She has worked with the United Nations, the Population Council, the World Bank, and the League of Arab States on research related to family formation, multiple roles of women, women labour-participation and decision making within the family. Over the past decade, she has worked extensively in the fields of ageing and formal long-term care (LTC) with a research focus on wages, gender and migration.

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Table 1a Breakdown of the Longitudinal Care Study (LoCS) Interviews with frontline staff and employers/managers in T1 (2010-11) and T2 (2012-13) by interview group and study site

| Interview group and study site | T1 | | T2 | | Total‡ |
|--------------------------------|------------|-----------|-----------|-----------|------------|
| | Female | Male | Female | Male | |
| Frontline Staff | 47 | 6 | 51 | 15 | 119 |
| Site A | 12 | 0 | 13 | 5 | 30 |
| Site B | 13 | 1 | 14 | 5 | 33 |
| Site C | 8 | 3 | 13 | 3 | 27 |
| Site D | 14 | 2 | 11 | 2 | 29 |
| Employers/managers | 59 | 12 | 38 | 12 | 121 |
| Site A | 13 | 7 | 5 | 6 | 31 |
| Site B | 11 | 3 | 10 | 3 | 27 |
| Site C | 16 | 2 | 9 | 2 | 29 |
| Site D | 19 | 0 | 14 | 1 | 34 |
| Total | 106 | 18 | 89 | 27 | 240 |

‡ A total of 121 care providers participated; 48 of them took part in employer interviews at both T1 & T2, in 9 organisations the individual (the manager) had changed. A total 42 care staff were interviewed at both T1 & T2;

Table 1b Breakdown of the Longitudinal Care Study (LoCS) Interviews with service users by study site

| Study site | Number of interviews with Users/Carers^ |
|--------------|---|
| Site A | 18 |
| Site B | 11 |
| Site C | 15 |
| Site D | 16 |
| Total | 60 |

^ Recruitment of Users and Carers followed an opportunity sampling method within each site, they did not necessary occur at the same time point of other interviews (40 were women and 20 men).

Table 2 The Longitudinal Care Study (LoCS) staff survey participants' characteristics at T1 (2010-11) and T2 (2012-13)

| Participants' characteristics | T1 | T2 | Total |
|--|-----------|-----------|--------------|
| Mean age | 44.04 | 46.23 | 44.75 |
| s.d. | 11.27 | 9.38 | 10.74 |
| % Female | 81.6% | 80.6% | 81.3% |
| % BME | 20.7% | 16.2% | 19.2% |
| % With any disability | 4.0% | 8.5% | 5.6% |
| % Born outside the UK | 17.8% | 13.9% | 16.5% |
| Marital status‡ | | | |
| Single | 16.7% | 13.0% | 15.5% |
| Married/partnership | 51.3% | 53.6% | 52.1% |
| Separated/divorce/Widowed | 11.8% | 13.3% | 12.3% |
| Prefer not to say | 3.1% | 2.4% | 2.8% |
| % Suffer from any long term illness/health condition† | 65.8% | 72.6% | 69.3% |
| % Judge their health to be poor or very poor during previous 12 months to the survey | 7.6% | 10.1% | 8.5% |
| % Provide unpaid care to a family member | 17.4% | 27.2% | 20.7% |
| % Finding finance quite or very difficult to manage at the time of the survey among: | | | |
| Frontline workers | 28.1% | 29.4% | 28.5% |
| Professional | 15.0% | 15.0% | 15.0% |
| Managers/supervisors | 17.4% | 16.0% | 17.0% |
| % Currently receiving any benefits^ | 57.4% | 58.7% | 59.4% |
| Mean overall life satisfaction* | 6.98 | 7.05 | 7.01 |
| s.d. | 1.9 | 1.63 | 1.81 |
| Total number of valid cases | 847 | 445 | 1342 |

‡ May not add to 100% due to missing values; † Participants were asked to indicate if they suffer of any of the following illnesses/health conditions: Problems or disability connected with: arms, legs, hands, feet; Difficulty in seeing (other than needing glasses/contact lenses); 1.00, Difficulty in hearing; Skin conditions/allergies; Chest/breathing problems, asthma, bronchitis; Heart/high blood pressure or blood circulation problems; Stomach/liver/kidneys or digestive problems; Diabetes; Anxiety, depression or bad nerves, psychiatric problems; Alcohol or drug related problems; Epilepsy; Migraine or frequent headaches; Cancer; or Stroke. ^ Participants were asked if they or anyone in their household receive any of the following benefits: Child Benefit; Child Tax Credit; Working Tax Credit; Carer's Allowance; Jobseekers' Allowance; Employment and Support Allowance (formerly Incapacity Benefit); Income Support; Disability Living Allowance; Council Tax Benefit; Housing Benefit; State retirement pension/pension credit. * Out of a score of 10.

Table 3 Results of hierarchical Bayesian models estimating the distribution of under payments of the NMW in the LTC sector including four prior estimates for six different model specifications

| Models with various specifications | Prior Estimate 1 | Prior estimate 2 | Prior estimate 3 | Prior estimate 4 | Posterior Distribution Mean SD (95% C-I) |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---|
| | Mean | Mean | Mean | Mean | |
| | SD (95% C-I) | SD (95% C-I) | SD (95% C-I) | SD (95% C-I) | |
| Model 1 | 0.1141 0.0047 (0.105, 0.124) | 0.1077 0.0066 (0.095, 0.121) | 0.1099 0.0066 (0.097, 0.123) | 0.1168 0.0071 (0.103, 0.131) | 0.1115 0.0032 (0.105, 0.118) |
| Model 2 | 0.1163 0.0052 (0.106, 0.127) | 0.1118 0.0077 (0.097, 0.127) | 0.1140 0.0077 (0.099, 0.129) | 0.1213 0.0082 (0.106, 0.138) | 0.1160 0.0052 (0.106, 0.126) |
| Model 3 | 0.1095 0.0051 (0.099, 0.119) | 0.0993 0.0074 (0.085, 0.114) | 0.1014 0.0075 (0.087, 0.116) | 0.1077 0.0080 (0.092, 0.124) | 0.1023 0.0921 (0.092, 0.113) |
| Model 4 | 0.1109 0.0049 (0.101, 0.121) | 0.1019 0.0070 (0.089, 0.116) | 0.1041 0.0070 (0.091, 0.118) | 0.1106 0.0075 (0.096, 0.126) | 0.1052 0.0044 (0.097, 0.114) |
| Model 5 | 0.1168 0.0055 (0.106, 0.127) | 0.1127 0.0083 (0.097, 0.129) | 0.1148 0.0083 (0.099, 0.132) | 0.1222 0.0089 (0.105, 0.140) | 0.1169 0.0062 (0.105, 0.129) |
| Model 6 | 0.1141 0.0058 (0.103, 0.126) | 0.1079 0.0089 (0.091, 0.126) | 0.1099 0.0089 (0.093, 0.128) | 0.1166 0.0095 (0.098, 0.136) | 0.1115 0.0074 (0.097, 0.126) |

Figure 1 Density function of plain and adjusted hourly pay rates of direct care workers using NMDS-SC data adjusted with unpaid travel and work time obtained from Study A staff survey

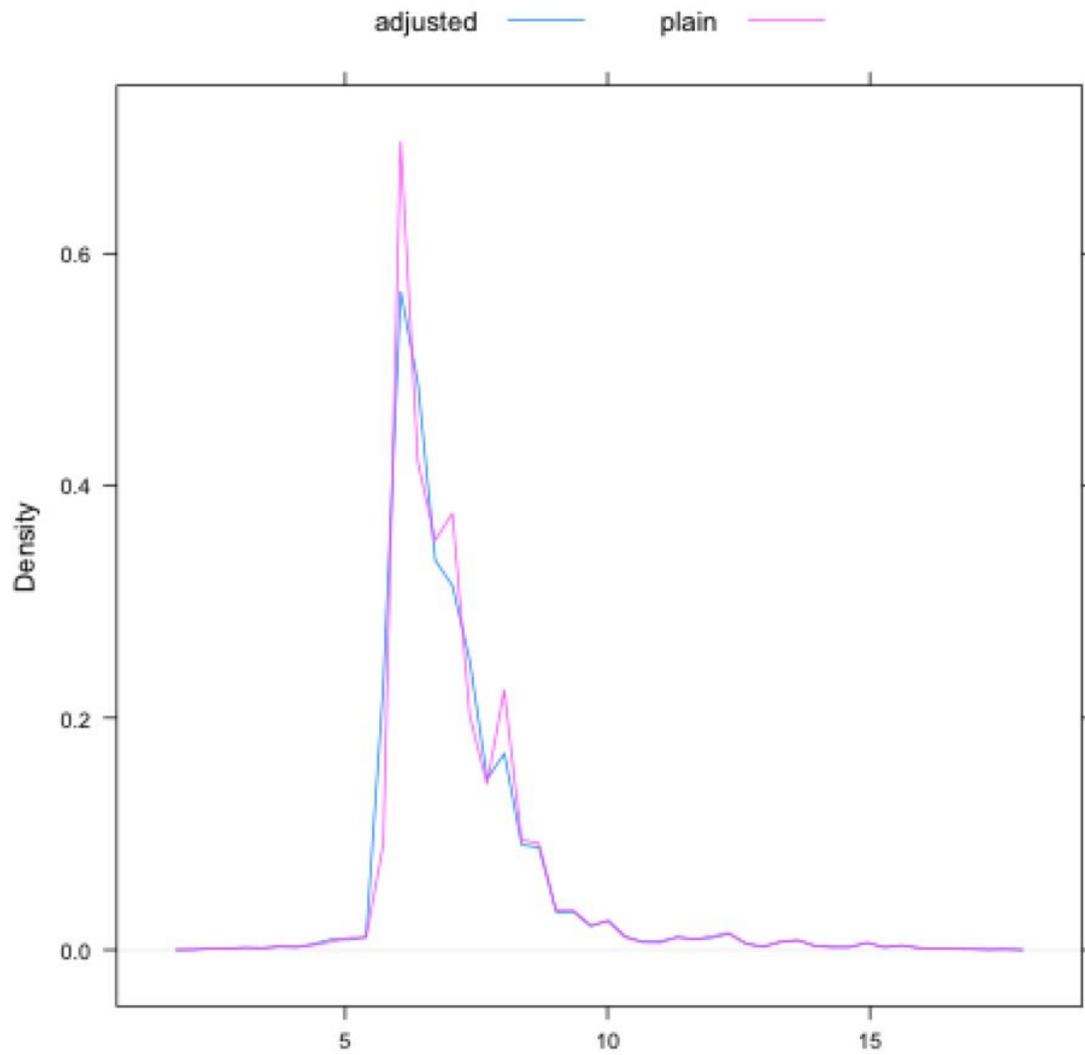


Figure 2 Posterior distributions of probability estimates of underpayment of the national minimum wage in the UK LTC sector taking account of all prior estimations according to different models' specifications

