



VOICES FROM THE FRONT LINE

Social care workers in Scotland



Work supported by



Scottish
Women's
Budget
Group

INTRODUCTION

The social care sector plays a vital role, enabling elderly and disabled people to live with dignity and independence. It is also an important employer: in 2023, the social service sector made up 8.1% of employment in Scotland, or roughly 1 in 12 jobs.¹

Scotland's social care sector is in a critical state and needs urgent investment: services are understaffed, with recruitment and staff retention difficult at current pay levels. People are unable to receive the care packages they need resulting in additional caring pressures being pushed onto unpaid carers. Investing in care as critical social infrastructure is central to achieving the Scottish Government priorities of: addressing child poverty; growing the Scottish economy; tackling climate change and reforming the public sector.

Care workers are more likely to be female and, compared to other low-paid workers, to be mothers with dependent children. 20 per cent of frontline care workers are mothers (more in residential than domiciliary care, where the workforce is similarly female but skews slightly older), compared to 14 per cent in the economy as a whole.²



WHAT WE AIMED TO FIND OUT

In January 2023, the Scottish Women's Budget Group published research which looked at the impact of greater investment in social care on meeting demand (including current unmet needs). This research focused on growing the workforce and offering higher wages. Additionally, the research provided detailed figures on the return on investment via tax revenues.³

Following on from this, we wanted to explore what the social care sector's current pay and conditions mean for the Scottish Government's current policy priorities. **This research aims to understand if and how these terms and conditions impact on the Government's commitments to a:**

- ▶ **fair work agenda;**
- ▶ **addressing child poverty; and**
- ▶ **growing the economy.**



METHODOLOGY Literature Review

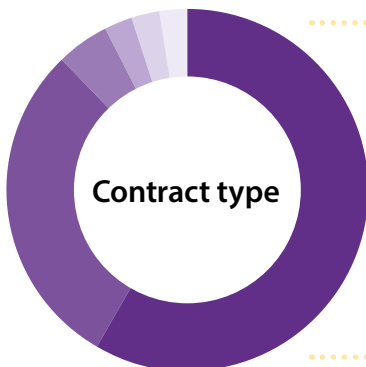
A literature review of relevant research and policy papers was carried out to help inform this work.

Online Survey

An online survey was circulated via social media and organisations involved in the care sector. This received 41 responses and asked individuals about:

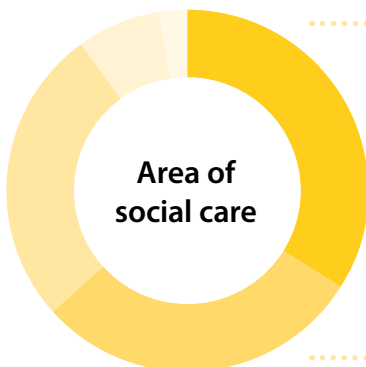
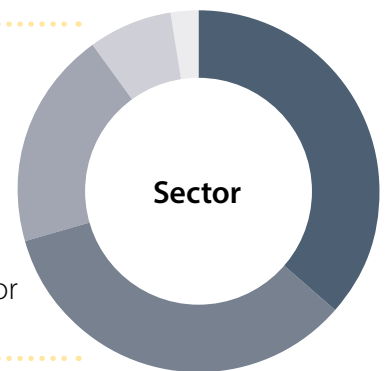
- ▶ Their working terms and conditions;
- ▶ How they were managing household expenditure;
- ▶ What the positives and challenges of working in the social care sector are;
- ▶ How valued the social care sector is;
- ▶ What opportunities there are for progression in the sector;
- ▶ What impact working in the social care sector has on them and their family (finances, and health and wellbeing).

The 41 women who completed this survey were employed as follows:



- ▶ **24** employed full-time on a permanent contract
- ▶ **12** employed part-time on a permanent contract
- ▶ **2** employed full-time on a temporary contract
- ▶ **1** had multiple part-time jobs
- ▶ **1** on a zero-hour contract
- ▶ **1** currently unemployed

- ▶ **15** worked for voluntary sector
- ▶ **14** worked for a private company
- ▶ **8** worked for the public sector
- ▶ **3** worked directly for an individual
- ▶ **1** worked for both public and voluntary sector



- ▶ **14** did care at home
- ▶ **12** did housing support
- ▶ **11** did residential care
- ▶ **3** did day care
- ▶ **1** was not currently working

Interviews

9 interviews were conducted with social care workers from across Scotland. The interviews explored the following topics:

- ▶ How valued they feel the social care sector is;
- ▶ Whether the profession is seen as skilled;
- ▶ What opportunities there are for progression in the sector;
- ▶ What impact working in the social care sector has on them and their family (finances, health and wellbeing).

The women interviewed worked in a variety of roles in the social care sector including:

- ▶ Housing support services for adults with a learning disability;
- ▶ Care at home services;
- ▶ Residential care homes;
- ▶ Personal assistants.



FINDINGS

Undervaluation of the sector

Despite participants viewing their work as highly skilled with a high level of responsibility and, for some, high levels of autonomy, it was clear from both the survey and interviews that those working in care do not feel this is recognised by politicians or society in general. This is reflected in their working terms and conditions, which participants were dissatisfied with.

However, all workers we spoke with found immense satisfaction in the work that they do.

“They just really basically think you do personal care and that’s it. We’re working with adults with really complex needs who are non-verbal. You know you basically do from A-Z for them every single day.”

“I don’t think it’s valued at all. During Covid care workers were there all the time too, with much less wages and taking an awful lot of risks and at the end of day it’s been forgotten about, and it’s not valued.”

“Often when you hear people talk about people who work in social care, you hear the words, oh, it’s a vocation, you know, so it’s that thing about. because you love it, you’ll do it for less.”

“

In general, people don’t understand the complexities and often the difficulties that come with working in social care, they assume it’s easy work.

”



Of those who completed the online survey:

- ▶ **46%** (17) said they were not at all valued by the Scottish Government;
- ▶ **32%** (12) said they were not so valued by the Scottish Government;
- ▶ **14%** (5) said they were somewhat valued by the Scottish Government;
- ▶ **2%** (1) said they were very valued by the Scottish Government;
- ▶ **6%** (2) said they were extremely valued by the Scottish Government.

“It’s not a lot of money and doesn’t go far with a family considering we work shifts, over night and this is time taken from my family time. Two of my children who are older are paid more an hour than me they work as an usher in the theatre and in retail. It’s demoralising to be paid so little for such a skilled and vital role where the responsibility is so great. We’re underpaid and undervalued for the work we do.”

“ Social care has been portrayed as being this massive financial burden, you know, that and people are getting things that they’re not entitled to.

A number of the interviewees highlighted that they felt part of the issue with social care is that society doesn’t value those who receive care, and as a result are perceived as a drain on the public purse.

According to the Scottish Social Services Council (SSSC) the workforce in the care sector has a very high proportion of female staff, with only around one in six workers being male.⁴ Research suggests that the ‘feminised nature’ of the work, which is often seen as ‘vocational,’ is one of the reasons for the low pay within the sector.

“I love working with the people we support, the difference I can make in their lives is immeasurable, I wouldn’t do this job if not for them. This is how they retain staff because otherwise good staff would leave long before we do. We are undervalued, disrespected by our own company and the government. What would happen to the people we support if they are left in the hands of uncaring uninterested people who think this is an easy job?”



Skilled Role

The people receiving social care in Scotland have changed significantly over the last 15-20 years. Today most recipients of social care are older, with more complex health and social care needs, and people who are frail and have mobility problems.

The 2022 census figures showed that 21.4% of respondents had a long-term health condition, up from 18.7% in 2011, while 6.8% of the population said they were in bad or very bad health, up from 5.9% in 2011. There was a 15.7% increase in the number of people with a health problem or disability that limited their day-to-day activities 'a lot'.⁵

According to the British Medical Association as the population ages, social care is dealing with 'a greater number of people living with multiple long-term conditions'.⁶ Frailty is also contributing to increased complexity. It is estimated that 'ten per cent of people aged over 65 are frail and a further 42 per cent are at risk of becoming frail'.⁷

“The public perception of social care is that you feed someone, wipe their bum and away again, you know, and, and there’s this perception that it’s a really low skilled, meaningless job so nobody wants to do it. Whereas the social care sector in reality is really varied.”

Similarly to the findings of the GMB 'Show You Care' research,⁸ participants were clear that, despite how the sector was viewed and low pay levels, the social care workforce were a vital resource to some of society's most vulnerable. They felt the sector provided a wide range of varied and interesting work which was poorly understood by policy makers and society, with people often assuming that if you work in social care you work with older people.

“It’s a really skilled job. you have to have medication training, infection control and so many other things that you have to keep up with now. You have to be SSSC registered and PVG checked.”



Participants spoke about how the intensity of the work and the physical and mental impact it had on them and those working in the sector is often misunderstood.

“It’s really down to you to make sure they go to all their appointments, monitor their health, make sure they’ve got the right medication, you know, and you can often have a lot more than one person you’re looking after. It’s hard work.”

“The thing is, it’s people you know really well because if you’re working with the same people, you are kind of invested in them, And so when you go away from work, if they’re having a hard time or they’re, they’re being really challenging, you don’t forget about it when you come off shift, you know, you do, care about people. It’s not the kind of job you can just leave behind when you finish.”

“*The skills required to care are often seen as innate (particularly to women) and therefore they often aren’t seen or valued.*”

“*In nursing homes the work is often physically demanding in the unit I work in the buck stops with us, we have a duty of care to the people we work with, the responsibility is huge.*”





Training and registration with SSSC

The project's participants did not feel that the need to register with the SSSC has changed how the sector is seen, nor did they think that the qualification requirements have improved perceptions around the skilled nature of the work.

“Being considered ‘unskilled’ despite hundreds of hours spent in specialist training, needing to register with a professional body and complete qualifications. Low pay considering all the responsibilities and actual skill that goes into working in social care.”

Respondents outlined the wide range of training they needed to undertake, including:

- ▶ Manual handling;
- ▶ Infection control;
- ▶ Medication;
- ▶ Epilepsy awareness;
- ▶ Makaton (and other inclusive communication methods).

Those who worked in housing support services or care homes for adults with learning disabilities were clear that the training they received allowed them to provide the best support possible to the people they were working with. They also found that the training they received was beneficial to their roles. However, those working in care at home services raised some concerns about the quality of their training and the pressure they were under to complete this in their own time.

“Standard courses aren’t even delivered in person these days – as a way to save money and it’s kind of woeful as its just about ticking boxes rather than ensuring people have the knowledge and skills they need.”

Respondents highlighted that while they had the opportunity to do training it could be difficult to actually get time at work to undertake this, putting pressure on staff to complete any training at home. Some of the reasons given to explain the lack of time were the nature and unpredictability of the work or because of staff shortages.

“ I had Issues with accessing online training because there were problems with the system it wouldn’t let me complete it, so I got a lecture because if I don’t get this course done, I don’t get a wage. ”

Comparability to other sectors

81% of survey respondents said that they felt their pay and conditions compare less favourably to other sectors. They felt this way because they were aware that workers in other sectors received higher rates of pay and, in some sectors, better pension entitlement.

“
It’s like social care is the poor relation of the family all the focus is on health.”

“We are definitely paid less than NHS workers but I haven’t worked in retail for over 5 years, so I don’t know how it compares now. The workload is definitely much more demanding than when I worked retail.”

“When you hear of the fact that, well, you can go and stock shelves in Tesco for more than what you get paid to work in social care, do you know, why would you not, you know, like, and I just think it goes back to that issue that I was saying earlier, that it’s such an undervalued sector, you know, because if people valued it more, they would pay their staff more.”

“You can get paid more in Starbucks than you get paid for working for a learning disability charity, you know, delivering like essential support to people with complex health issues.”

“For personal assistants there are actually inconsistencies between what people can pay within their direct payment rate in terms of terms and conditions and what the actual local authority adult social care workforce get.”

Considering an NHS band 3, which is a similar level in terms of skills and experience to those working in social care, the difference in public sector pay can be demonstrated. Based on 24/25 pay awards, an NHS worker at Band 3 was paid **£26,869-£28,998⁹ compared to £24,570 for a social care worker on Real Living Wage.**

“
I went to hospital with one of the people I care for and I see what people in the hospital are doing and I see that I do a lot of what they are doing but I don’t get the pay they get.”

“
In the NHS there are a few more perks such as you’ve got a pension and decent pension fund to go with it while in the care sector you do get a pension it’s pretty poor in comparison.”

Respondents highlighted that the flat pay structure within the social care sector meant that, despite the experience or skills they had, this was not recognised by their employers. Participants highlighted that they were working with new workers with little experience who were earning the same as them.

A review of job adverts for social care roles on the advertising website Indeed on 4th January 2025 showed that private and third sector roles did not mention experience related add-ons. This review of social care jobs also showed a small minority of roles advertised at £11.44 an hour (minimum wage), well below the Real Living Wage (RLW) of £12.00 per hour (this rose to £12.60 from 1st April). Senior roles were starting at £12.75 an hour.

This flat pay structure stands in contrast to the NHS, where there are clearly delineated pay spines that reward workers with experience in their role.

“ *Because I've been here for a number of years I've got a wide range of experience you see, but I've got same pay like if someone who has just come to the service, they get exactly same pay like I do I don't even get 19p more yet I have more responsibility.* **”**



WHAT THESE FINDINGS MEAN FOR THE FAIR WORK AGENDA

The Fair Work Commission found that fair work is not consistently being delivered in the social care sector. They identified that ‘many of the dimensions of Fair Work are connected in the social care sector. How care is seen by outsiders – as a low paying sector – feeds into recruitment and retention problems that impact other dimensions of Fair Work: from opportunities to access supervision and training, to the opportunity to gain fulfilment from work. Staffing problems and work intensification may also directly impact negatively on the wellbeing of some workers.’¹⁰

The social care workers who participated in this research reiterated these findings. They spoke about the need to work long hours to have any chance of making ends meet, as well as the need to do sleepovers, work night shifts or regular overtime to achieve a reasonable income. They also spoke about the impact of staff shortages and the demands of their role on their stress levels and wellbeing.

Pay

All of those who completed the online survey, apart from one person, were paid the Real Living Wage or above. When asked how this impacted on them, participants were clear that this rate was not enough to allow them to do more than survive. The majority of those who took the survey struggled to cover their household bills because the increase in the RLW did not match the increase in household bills due to the impact of inflation over the last few years.

“On average I need to work six days a week to be able to pay the bills – I don’t actually live.”

“I think it’s viewed in the sense that it wouldn’t be an option for lots of people to work in the sector because they’re not going to be able to, you know, live off that money or to, you know, save up to buy a property or anything like this.”

“If you’re working in the care sector, just running the car to be able to do your job, you know, when you’re on twelve pounds an hour and you, you may only manage to get, I don’t know, even if it’s only 20 hours a week, it’s, it’s not a lot.”

“Wages aren’t enough, you can top up with sleepovers, but if you are awake overnight it can impact what you can do the next again day.”

“*The cost of every day expenses is increasing but my wages are just going up by pennies.*”

The survey asked how care workers' pay impacted on their ability to manage household expenses. Their responses are recorded in Table 1 below.

Answer Choices	Yes, I struggle to manage these costs	No, but I have had to make changes to other areas of household spending	No, I am able to manage this household cost
Food Costs	27.50% 11	50.00% 20	22.50% 9
Energy Costs	50.00% 20	30.00% 12	20.00% 8
Housing Costs	40% 16	37.5% 15	22.5% 9
Transport Costs	42% 16	40% 15	18% 7
Childcare Costs	40% 2	40% 2	20% 1
Social Care Costs	100% 4	0.00% 0	0.00% 0
Other Household Expenditure i.e. replacing clothes for me or my children	50% 18	42% 15	8% 3

Table 1. Impact of increased household expenses on social care workers.

It is important to note that 20% of those who completed the survey received Universal Credit to supplement their salaries.

“
Having the living wage doesn't make much difference due to the cost of living being high. I regularly don't have enough money to do me through the month.
”

“
I just wish we can maybe get a mortgage, you know, but I can't do that, I can't save the money because I had no doubt if I got maybe 15 per hour, I will be happily and maybe get the mortgage because I'm 36 next month.”
”

Respondents used a variety of strategies to manage their household costs including cutting back on non-essential expenditure, such as eating out, getting their hair cut or replacing clothes/shoes, while also trying to decrease the cost of essentials.

“Cutting back on social activities for myself and kids.”

“I no longer have lunch at work. I’m unable to take my children out to activities i.e. the cinema, swimming, soft play. So instead we stick to free activities such as going to the local park and library. I’ve had to use my credit card towards the end of the month to pay for food shopping / or I have to borrow money from family.”

These strategies to manage household budgets will lead to a loss of revenue from leisure activities such as eating out, and will translate into falling tax revenues, impacting on the local economy. This trend could be reversed by increasing care workers’ spending power.

SWBG modelling for greater investment in social care projected returns to the local economy, including creating induced jobs, from increasing wages. This would boost local economic activity, in turn contributing to the Scottish Governments’ priority to grow the economy.

Almost 50% of those who took the survey told us that they regularly considered leaving the sector. However, despite the pay and conditions, many stay because they worry about the people they care for and their colleagues.

**“
I don’t go out.
I don’t buy clothes.
I don’t have broadband.
I don’t have subscription
TV. I don’t go to
hairdresser. I work!
”**



Supplementing basic salary

71% of those who completed the survey regularly worked overtime. They said they did this to ensure that service users were not impacted by staff shortages and to bring in additional money to support them financially. Respondents said:

- ▶ *'I don't like when clients suffer when not enough carers';*
- ▶ *'Because the clients need their care and often we are short staffed';*
- ▶ *'The wages are so low for what we do, the hours so varied I need the money to live a fairly comfortable life';*
- ▶ *'I take on overtime because £12 per hour at 30 hours per week does not cover bills, living expenses, travel and any other monthly expenses';*
- ▶ *'The pay makes it hard not to work 2 jobs and longer hours to meet higher cost of living in rural areas.'*



Others stated that they worked sleepovers on a regular basis to supplement their hours and their basic salary because without this they would struggle to manage financially. This became an issue if they were off sick or on holiday as additional payments were not included in these rates of pay.

“I work night shift just for the increased rate in pay and despite working 2145-0745 only hours between 2200-0600 are considered ‘unsocial, so only 8 hours of my 10hr shift receive the increased rate. As you may imagine, I have little time to actually have a social life or am able to focus on my studies alongside work when 4 of my nights are spent at work. I don’t believe that as a single person I would be able to pay my bills comfortably if I was only receiving the base £12 rate. It of course also impacts my mental wellbeing, nutrition and all I increases risk of illness due to lack of adequate sleep.”

Others had multiple jobs to be able to get adequate hours and income. However, working multiple jobs can impact on thresholds for national insurance contributions, pension and sick pay entitlement.



Pension

Only 60% of those who participated in this research were able to pay into a pension. This is lower than the average pension participation rate in the UK which in 2021 sat at 79%.¹¹

The Office for National Statistics (ONS) have found that the likelihood of having a workplace pension increases with earnings and that people are less likely to have a pension if they work part-time. This is because meeting the earnings criteria for automatic enrolment becomes less likely.

An individual's financial position in retirement is generally linked to their circumstances over the course of their lifetime. In Scotland, nearly a quarter of single women pensioners are living in relative poverty.¹²

The different working patterns between men and women are the main cause of the pension gap, reducing women's pension wealth by a third (33%) relative to men's. Women's lower rates of pay further reduces both contribution amounts and pension accruals.¹³

The higher rates of part-time working and low pay, particularly outwith the public sector, have lifelong implications for those working in the social care sector.

“
My pension is never going to be enough to retire on, but I just don't have the disposable income to be able to top it up.
”



Sick Pay

40% of those who completed the survey received occupational sick pay, which meant that they are paid from the first day if they are off. 52.5% only received statutory sick pay (SSP) and the remainder were unsure. According to the GMB, workers in care are more likely to be reliant on SSP than in any other sector.¹⁴ As the UK has one of the lowest rates for sick pay entitlement in Europe at less than a fifth of average wage, this leaves care workers often having to work when they are unwell.

“ I am lucky that I still get paid if I’m off sick. But I rely on my sleepovers to boost my wages. And obviously don’t have that extra money. So I struggle if I’m off sick. ”

Those who receive full occupational sick pay only received this based on their contracted hours and their basic salary. If they supplement their pay by doing sleepovers or waking night shifts, these additional earnings are not taken into account when calculating the level of sick pay. Respondents highlighted the financial hardship this created which meant that they often went to work while sick.

“It is very helpful, however I work waking night shifts which puts my hourly average pay at £14 per hour, however my sick pay is paid at a lower, base rate of £12 per hour. This really adds up if I’m unwell for even a week and makes me further cut down on other spending.”

Those working directly for people as personal care assistants can experience further issues, particularly if they have to work with multiple people to make up their hours and salaries. This can impact on them if they are sick as well as impacting on them in the future in relation to pension entitlement.

“PAs working for multiple people in their local community to get hours/income – but you’re not getting national insurance and you’re not getting the benefits that you would do if it was just one employer. You know, when it comes to like statutory sick pay, you have to be earning over £123 pounds a week, so they often miss out on that as well.”



Other Costs Associated with Social Care Work

As part of the online survey, respondents were asked what other employment-related costs were covered by their employers.

Table 2 below outlines the responses.

	Employer pays these in full	Employer partly covers these	My employer does not pay these costs
Travel between clients	27% 6	23% 5	50% 11
Uniform	71% 10	0.00% 0	29% 4
Disclosure Check/PVG*	68% 25	8% 3	24% 9
Food/drink costs when seeing clients	13% 4	6% 2	81% 25
SSSC registration costs	43% 16	5.00% 2	52% 19
Costs of gaining SVQ	80% 24	7% 2	13% 4
Other training costs	91% 32	0.00% 0	9% 3
Safety/hygiene equipment i.e. PPE	95% 36	2.50% 1	2.50% 1

Table 2. Number of participants who responded to this question (not all responses add up to 41 as some respondents did not have these costs)

* PA's do not currently need to have a PVG check but from April 2025 this will be required, and the associated costs (£59 to join scheme) will need to be met by the individual or the employer.



Rural interviewees highlighted that they required access to a car to be able to do their job and that this created an additional financial burden for them. Even when they did get mileage reimbursed, it was at 45p a mile which does not cover the cost of the wear and tear on vehicles. It is worth nothing that the HMRC rate has not changed since April 2011 despite it being estimated that the cost of motoring has increased by 39%.¹⁵

Care workers highlighted that they had noticed an increase in jobs being advertised with the need to have a full UK driver's licence, limiting workers ability to move jobs.

Those providing domiciliary care through care at home services said that they often did not get paid for travel or travel time, only receiving payment for the hours they actually spend with clients.

Two of the interviewees highlighted that it was unfair for workers having to pay to be able to work and the negative impact this has on them.

“Some of the people I support have social support only, meaning during the winter, it's difficult to find activities to keep us dry and warm when the weather is bad. Bring my own lunch, I bring I own lunch to work. Meaning that when the client is having lunch in a restaurant or cafe, some establishments won't allow you to eat your own lunch. This means either eat my lunch outside, on the bus, or try and find somewhere that will allow staff to eat their lunch.”

**“
For domiciliary
care you often only
get paid while you are
in the person's house.
”**



Progression

From the survey, 51% of respondents said they felt there was the opportunity to progress in the social care sector if they wanted to. 29% felt there weren't opportunities, and the remainder were unsure.

Interviewees stated that opportunities often depended on the organisation you worked for. For those who did feel they had the opportunity to progress, they highlighted that the extra work and stress were not worth it for the additional wages.

The review of social care adverts showed that the difference in care workers and senior care workers/ team leads' salaries was as little as 15p an hour.

SSSC data for 2023 showed that the level of managers in adult social care sector is low, sitting at:

- ▮ **6%** adult day care;
- ▮ **2%** care homes;
- ▮ **3%** housing support/care at home.¹⁶

“In certain areas there is the opportunity to grow but due to cutbacks lots of middle ground role has been diminished and I have found that lots of people who have potential to progress fear the massive jump in roles (support worker- team leader) or see no point as they will walk out with less pay. Pay scales do not reflect the roles (team leaders manage 30 staff for £2 more per hour). Intermediate role of project worker and senior support worker was removed so to step up colleagues are going up three levels for very little pay This continues up the ladder where roles have been removed to save money as government will not increase rates.”

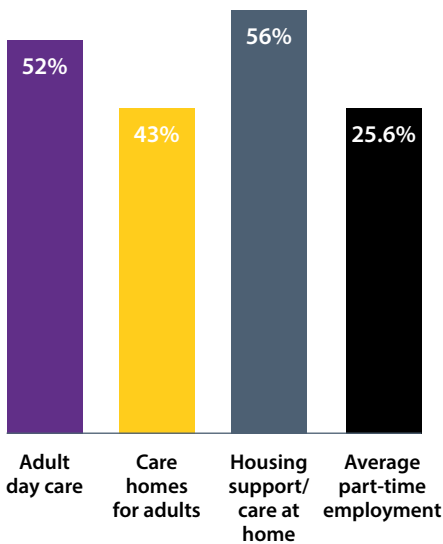
Those who took part in this study stated that through working in the sector they had the opportunity to gain qualifications related to their role. However, a number of them did question how useful these were in supporting their progression.

“I would love to do my SVQ3 or social work degree but I'm often told it's not needed. Very few manager positions come up and if they did I feel I wouldn't go for them as I don't have the relevant experience, and the pay is not so much different.”

“ One of the things that there's still a slight disparity is that the wages for those, you know, working at that front line have increased because of the payment of the real living wage, but payments for managers hasn't always kept track. ”

“If I didn't pay the same rent as I did when I moved into the house 20 years ago, I would struggle even more.”

Part-time work



In-work poverty

Having paid work is an effective way out of poverty, and those families where all adults are in full-time work have a low poverty risk. But having a job is not always enough to escape poverty, and this is the case for those working in the adult social care sector.

Several factors affect the likelihood of experiencing in-work poverty and deprivation. Working part-time increases the risk of poverty, particularly for low-paid workers.¹⁷

Workers in the social care sector in Scotland tend to work part-time at a higher rate compared to the workforce generally. In April 2023 to March 2024, an estimated 74.4 per cent of those in employment in Scotland worked full-time, while 25.6 per cent of those in employment worked part-time.¹⁸ However, in adult day care 52% work part-time, in care homes for adults 43% work part-time and in housing support/care at home 56% work part-time.¹⁹

“The wage is a pittance. – I mean if you work it out if you are a single person by the time you've paid rent and council tax that's half your wage gone and that without travel and all the others costs you've got and there's an expectation you'll have access to broadband/computer to be able to do the online learning they expect so that's another bill you have to cover – your constantly paying out to be able to do your job and you're getting a pittance back for doing it.”

A single person working 37.5 hours a week earning £12.60 an hour would earn £24,570 per year before deductions.

Gross Income	£24,570
Personal Allowance	£12,570
Taxable Income	£12,000
Income Tax at 19%	£438.14
Income Tax at 20%	£1,937
National Insurance	£960
Total Deductions	£3,335.14
Take Home Pay	£21,234.86



A single person earning this amount would not qualify for universal credit or housing benefit.

A single person with one child working 37.5 hours a week earning £12.60 an hour would take home the same as table one but would qualify for the additional help outlined in table two below. Universal Credit would potentially provide access to other financial supports such as Council Tax Reduction, Free School Meals etc.

Universal Credit	£60.81
Child benefit	£25.60
Scottish Child Payment	£26.70
Total weekly payment	£113.11
Yearly payment	£5881.72
Total income	£27,116.58

Joseph Rowntree Foundation (JRF) estimates that a single person needs to earn £28,000 a year to reach a minimum acceptable standard of living in 2024.²⁰ A single person working in social care earning the RLW reached 75% of the Minimum Income Standard. **For a single parent with one child, despite receiving support from the government, their income does not meet the minimum level recommended for a single adult household.**

The Health Foundation found that over a quarter of the UK's residential care workers lived in, or were on the brink of, poverty. Nearly 1 in 10 experienced food insecurity, and around 1 in 8 children of residential care workers were 'materially deprived'. This means they may not have access to essential resources such as fresh fruit and vegetables or adequate winter clothing.

In Scotland it is estimated that 24% of children (240,000 children each year) were living in relative poverty after housing costs in 2020-23. Of these, 70% were living in working households.²¹ The TUC found that across the UK one in four children with care worker parents are growing up in poverty.²²

Respondents to our survey stated:

- ▶ *'It's difficult knowing I live in poverty. Sometimes I feel it would be easier to apply for benefits that way I would be better off financially.'*
- ▶ *'Poverty impacts my whole life, I cannot feed, heat clothe myself without working at least 60 hours per week.'*
- ▶ *'I have 2 young children and although working full-time and earning a decent salary, it's still not enough to cover our essentials every month.'*
- ▶ *'We struggle to pay bills school clothes petrol and upkeep of car we go without so kids have stuff.'*

Commissioning

This research echoes findings from other, often Government-sponsored work, including the Independent Review of Adult Social care and the Fair Work Commission which found that working practices in the sector were due to commissioning practices.

*'Low pay and challenging working conditions are, at least in part, a direct consequence of the specific organisation of the sector, where a public sector client (local authority/government) offers very low prices to multiple suppliers, resulting in competition on costs that drives both low pay and a need for hyper flexibility on the part of the worker. The resulting unpredictability of rotas, low fixed contractual hours, the absence of slack in the system, unsociable hours, downtime in the middle of the working day and the need in some cases to travel long distances between clients all combine to undermine the likelihood that social care workers experience fair work.'*²³

Similarly, the care workers who participated in this research highlighted that the way services are commissioned impacts on their working conditions. This differs across sectors, with those in housing support services telling us that they are often lone working and are not able to undertake activities with clients because of this. Those carrying out home care described often having to deal with changes to their schedule at the last minute to fill in gaps in care due to holidays or sickness, which means they are late for their clients or are constantly going to new people's houses.

Workers described how this affected them (often leaving them frustrated) but, more importantly, they spoke about the impact on their clients who were not getting the support that they needed.

“ For domiciliary/ home care expectation is to work split shifts so often had a 3 hour break between shift and if you can't go home you have to find somewhere you can sit for that time. ”

“ A lot of people who provide home support, you know, like they're under really tight time scales to get in and out and off in 15 minutes and no wonder they are miserable – its not allowing them to form connections with the people they're supporting, so no wonder they are stressed. ”



A recent report by Scottish Care and Sky News *'reaffirms the inadequacy of time and task models of commissioning homecare and housing support, typified by 15-minute visits and the lack of person-led care on offer. As opposed to tailored packages that meet the individual needs of service users, carers must complete multiple complex tasks within this narrow timeframe (personal care, medication administration and meal preparation). Increasingly, basic needs cannot be met. Moreover, by removing the vital human element of care, individual citizens feel rushed and undignified.'*²⁴

In a recent Focus Group with women supported by Glasgow Disability Alliance, women who access social care highlighted the impact that these working practices have on them as well as on carers:

“Staff aren't doing the wee things that make a big difference in my life – when my bed has been made it makes me feel ready for the world!”

“Travel time to/between visits – time stuck in traffic should be scheduled in – if time is coming off people's visits it's like they're being penalised. Not fair.”

“Lack of human contact if visits rushed – then you feel just like a number.”

“It's ok asking me to time how long it takes to do tasks on a good day but what happens when it's not a good day and 15 minutes just doesn't cut it.”

The impact of commissioning practice on terms and conditions has a knock-on effect on the vacancy rate.

According to the SSSC, on 31 December 2022 49% of services reported having vacancies. The last available comparison for the wider labour market, the Scottish Government's Employer Skills Survey in 2020, which covers all types of employers, found that 11% of all establishments across all sectors in Scotland reported having a vacancy.²⁵ This vacancy rate has been growing in social care, with the rate sitting at 36% in December 2020, which highlights the urgent need for change and better support to retain workers within the sector.

Employee Voice

The majority of those who took part in the survey did not feel they could influence change in their workplace. Only 8 of those who responded felt they could do this and 2 said that they could influence change more widely. Those who felt they could influence change in the workplace were clear about this being on a 'micro level'.

“ They never used liquid soap, so changed them to use liquid soap to wash hands. Also got them to buy gloves and face masks to use for staff. ”

“You can make small changes to things like getting a new mop but not to the way things need to be done or processes they need followed. I'm just somebody who works In Fort William, I don't have any connections to the bigger company, to the headquarters, connections to the other carers there.”

In addition, those who took part in this research felt that the ability to influence change in their workplace was dependent on their relationship with their line manager.

Respondents who did not feel they were able to influence change at a sector level explained this was because:

- ▶ They felt the social care sector is often overlooked and those who control budgets and make decisions in Councils and Government do not see the value of social care.
- ▶ They were *'Only a worker without power or standing.'* The low level of trade union membership in the sector and the disparate nature of the sector impacts on workers having a voice. In relation to this, 22% of survey respondents were members of a union. Those who were not in a union told us this was either because they were not aware there was a union who would represent them or were unsure that they could afford the cost.

“ During Covid everyone was out clapping and rainbows appeared and we were doing a sterling job but no impact after that. ”



“
It’s stressful
because you’ve
got the duty
of care.”

Personal impacts

Similarly to other research in this area, the women we spoke to told us that they found the work they did fulfilling:

- ▶ **57%** of our survey respondents told us they felt good about the contribution they made;
- ▶ **74%** enjoyed working with the people they support.

However, they also said that working in the social care sector negatively impacted on their physical and mental health:

- ▶ **23%** said that it impacted on their physical health, primarily musculoskeletal issues due to the heavy nature of the work;
- ▶ **40%** work extra hours which leaves them little free time;
- ▶ **35%** said it impacted on their mental health with 23% telling us they feel stressed all the time;
- ▶ **15%** feel frustrated they that are not able to provide the level of care that they feel clients need.

The women said that the job was stressful due to the level of responsibility they often had for the people they looked after. Many of the women we spoke with told us that this was not a job you could forget about when you went home.

Women told us that the physical nature of the role took its toll on their bodies. Even with equipment to help with lifting and moving, many women had bad back or other issues, which impacted on their everyday lives. Yet musculoskeletal injuries within the care sector are not recognised as industrial injuries in the same way as carpal tunnel syndrome or occupational deafness are.²⁶ As a result, many women are being ‘retired into poverty’ as they are no longer fit for work before they reach state pension age.

For others the impact came from their working conditions, for example the length of shifts, and the intensity that they are expected to work at.

“
Job is
rewarding, also
provides work/life
balance as while shifts are
long and hard I get 3 days off
in a row and can go for a
walk or a cycle or go and
see my children.”



“ As a domiciliary carer life was stressful. You would get your rota and then you would go out and you’d get a call and things would change. ”

“I know when I used to do the 24 hour shifts, they start at 3:00 and then you end at 3:00 the next day. That can take you a day to get over. You know, you come off a shift, you really need to wind down a wee bit, especially if you’re going back the next day.”

When asked about the impact of working in the social care sector:

- ▶ **23%** of participants told us after paying for essentials they had no money left to save;
- ▶ **17%** told us it impacted on their health, relationships and quality of life negatively;
- ▶ **15%** said it allowed them the flexibility to look after their families;
- ▶ **7%** had to take on another job to manage financially.

“I took on a second job in 2023 to help with the cost of living. I was finishing 1 job and going straight to my 2nd job and not fishing till 2am and back out to work at 8.30am. I gave this job up after 14 months as I wasn’t spending enough time with family or getting enough sleep.”

A number of the women involved in this project stated that working in the social care sector allowed them to work part-time which enabled them to manage their own family responsibilities. Others said that the need to work long shifts or overtime to bring home a reasonable wage decrease the time they were able to spend with their families. For some, when they got home, they were so tired from their work that they just wanted to sleep which impacted on their relationships.

“ There’s a mental and physical level exhaustion that comes from work, having to deal with challenging behaviour and risk of violence. ”

“I was working 16 hour days from when my kids were 14 to make ends meet, this meant my kids had to grow up quickly and I didn’t get to see them as much but it was the only way I could bring in enough money to cover the bills.”

“My household just gets by every month with both myself and my partner working. After bills are paid and other expenses, there’s not a lot left to save for things, such as holidays and days out with the family.”



WHAT CARE WORKERS SAID WAS NEEDED

All those involved in this research said there was a need to increase the rates of pay in the sector. They described how pay and conditions meant they either struggled to afford household expenses or were having to make changes to other expenditure to manage costs.

In 2022, the Scottish Government recognised the need to improve pay in the sector and set an income guarantee for the adult social care sector at £10.50 per hour, £0.60 above the RLW, which at that point was £9.90.²⁷ Since this time, there has been a backwards step taken with the income guarantee for the sector now only matching the Real Living Wage.

Women felt that the sector needs to have equal status with the NHS and to be recognised for the skilled nature of the job. This research has also identified that improvements in terms and conditions and working practices are essential, particularly in sick pay. The following recommendations were developed through inputs from those involved in the research as well as by previous evidence and work carried out by the Scottish Women's Budget Group.

Greater investment in social care is needed. SWBG has conducted detailed modelling of investment needed in social care which would include improvements in the social care workforce in terms of pay, training and wider terms and conditions. The recommendations below reflect the detail behind this investment.

► PAY

The commitment to pay all workers in adult social care the Real Living Wage is welcomed. However, this rate of pay leaves many in the social care sector struggling to manage everyday household costs. SWBG advocates for social care roles to be paid at 75% of a nurse's role to recognise the skills and competencies needed to undertake this work.²⁸

The Scottish Government should increase investment in social care to support higher wages.



► PENSIONS

Increasing the rate of pay in the adult social care sector would likely have a knock-on impact on the pension contribution made by employees and employers alike. This would future proof the economic independence of women working in the social care sector.

Additionally, further consideration is needed about auto-enrolment and fixed rate employee contributions for low paid workers. The current system disadvantages women who are more likely to work part-time and in low-paid sectors. Employer-only contributions for low earners could extend the benefits of automatic enrolment to a significant number of women, who otherwise feel they need to opt out for financial reasons, preventing them from accumulating pension wealth.

► SICK PAY

Recent changes to sick pay entitlement to be paid from day 1 are important yet the SSP level is still too low. The UK government should increase the level of statutory sick pay.

As part of commissioning for social care services, local government should ensure adequate sick pay provision is in place as part of contracts agreed with the independent sector.

► COMMISSIONING

The role of commissioning and procurement practices in ensuring the social care sector meet fair work conditions has been widely recognised. It is essential that fair work considerations are built into the development of contracts and that ethical commissioning practices are embedded into local and national approaches.

There is a need for Scottish and Local Government to also work to embed collaborative commissioning rather than competitive processes to avoid poorer outcomes for those working in and receiving care.

► WORKPLACE INJURIES

The UK Government should add musculoskeletal injuries that result from care work to the list of recognised industrial injuries.

► OTHER EMPLOYMENT COSTS

Individual workers should not be expected to bear the brunt of costs in order to work in the sector.

Employers should cover the costs of SSSC registration and PVG checks. These should be built into contract costs.

The Scottish Government should ensure there is adequate funding available to support workers to undertake qualifications required to register with SSSC, so these costs do not fall onto low-paid individuals.

ENDNOTES

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- ²⁷ SWBG, 2022, [Responding to the draft budget 23-24](#)
- ²⁸ Further detail on this calculation can be found in [Towards a transformative universal adult social care support service for Scotland](#)

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To all who work in adult social care we hope this report accurately reflects the care and compassion you display in the work you do despite the challenges that you face.

ABOUT SWBG

The Scottish Women's Budget Group (SWBG) is an independent analysis and campaign group that aims to promote gender analysis in public policy and public finance decisions through budgetary processes. SWBG brings together a wide range of women from across Scotland who have an interest in women's equality and want to achieve better gender equality in our society and has focused on encouraging active gender analysis in the Scottish Budget process since 2000.