Homecare Voices

Report

Behind closed doors

The realities of employment in domiciliary care

by Rachel Kelso

March 2026

HomecareWG.org

Contents

Homecare Voices

*🗣 in keeping with Homecare Voices' ethos to lift the voices of homecare workers, sections marked with this symbol contain a selection of anonymous exerpts from respondents.

Foreword

This report lifts the lid on the nuances and extent of **substandard employment practice in domiciliary care**. As a community of current and former homecare workers, we hope to serve the interests of the people we support as well as our own, since **our treatment has knock-on effects for quality of care**.

We deliberately covered a lot of ground. This reflects the lack of recent or, indeed, any research about some of the topics examined. It also accounts for the reality that Homecare Voices' future as a free-to-join network for a distinctly under-resourced group is never guaranteed.

Given our proximity to the adult social care sector, we share these insights with a full appreciation of the ongoing and serious financial pressures on local authorities, regulators and - profits aside - care providers. **These pressures do not invalidate the experiences of direct care workers**, and the interests of every stakeholder deserve representation. Mainstream narratives about adult social care continue to be shaped almost exclusively by care providing companies, and their interests are identifiable in the most unexpected of places.

One of the many hard-earned skills that committed homecare workers have in common is **getting things done in the face of adversity**. This conditioning to always go the extra mile, and to make good with little, is the reason Homecare Voices exists.

Thank you to every person who has recognised the immense need for our network, and supported us where they can.

Further thanks to every single one of our members and, in particular, to our small band of volunteers. They are the true force to be reckoned with.

Rachel Kelso, Founder
Homecare Voices

About

The homecare workforce

Domiciliary care, otherwise known as homecare, involves paid care workers supporting people in their own homes. Workers usually support people who live with a disability or are in later life according to their specific needs and preferences. Support may include but is not limited to: companionship; food preparation; grocery shopping; light housework including laundry and gardening; the trained use of moving and handling equipment to aid mobility; assisting with personal hygiene and wider care such as getting dressed; prompting or administering medication in the form of tablets, liquids, inhalers, eye and ear drops, patches, or even via tube feed; monitoring skin integrity and other health conditions.

According to the most recent Adult Social Care Workforce Dataset which reports information collected from employers, there are 660,000 direct domiciliary care roles in England. Homecare workers therefore account for 55% of the direct care workforce, which refers to those workers who personally provide hands-on care and support (Skills for Care, 2025a). Homecare workers are employed by over 15,000 homecare agencies regulated by the Care Quality Commission (CQC) (Skills for Care, 2025b). To put the size of the adult social care workforce into context, the latest headcount of NHS staff in England reports 1.5 million people; adult social care has 1.6 million filled posts (NHS, 2026; Skills for Care, 2025a).

Homecare Voices

Established in 2023, Homecare Voices is a not-for-profit, free-to-join peer support network and advocacy body run by and for over 700 current and former homecare workers throughout the UK (Homecare Voices, 2026a). A Community Interest Company (CIC), Homecare Voices is entirely independent from care providing companies, the bodies that represent them, local authorities, and trade unions, in both its funding and leadership. Our ultimate aim is to drive improvements in the quality and availability of adult social care.

Please support our work. Donate at homecarewg.org/donate

Summary

What this survey reveals

Headline hourly pay rates in homecare often mask unpaid travel and waiting time

72% paid for 'contact time' only

Workers prioritise payment for all working time over increases in basic pay

70% identified payment for all working time as key to improved retention, compared to 55% who called for higher basic pay

Labour shortage narratives sit alongside widespread underemployment

47% 'not very confident' or 'not confident at all' that when rota is published they will have been given the hours they need

67% of migrant homecare workers indicated their main sponsor does not provide sufficient hours to meet minimum salary requirement

Homecare Voices

Rota instability and legal breaches of rest entitlements are common

87% do not always receive the legal 11 hours' rest between working days

69% do not consistently receive their legal minimum days off

Sufficient visit time - including time for social support - is central to quality of care

81% indicated that most or all of the people they visit experience loneliness on a regular basis

56% identified 'sufficient time to meet social as well as practical needs' as the number one way to improve the wellbeing of the people we support

Recommendations

1. Improved systems of oversight and top-down enforcement necessary in respect of all terms and conditions of employment in homecare.

2. Enforcement of existing National Minimum Wage law must precede or accompany any new sector-specific minimum wage.

3. Business and commissioning models should adapt to accommodate shift-based pay in homecare.

4. A reduction in the number of homecare providers serving any one area may be necessary to address poor workforce utilisation

5. New guaranteed hours legislation requires close oversight in homecare.

6. The social dimension of care work should be protected and fortified in the interests of both retention and of those who draw on support.

7. An alternative case for investment in adult social care presents care work as socially indispensable and highly responsible

8. Research to understand employment conditions for all homecare workers should follow this unfunded, grassroots, worker-led survey

Approach

In November 2025, Homecare Voices was invited to submit evidence to the Independent Commission on Adult Social Care, otherwise known as the Casey Commission (Casey Commission, 2025). To ensure as many homecare workers as possible had the opportunity to contribute, a survey was co-designed at speed alongside our volunteers. Twenty nine questions were asked: a variety of dichotomous, numerical range or Likert scale single-choice questions, and open-ended questions where we felt it important respondents had the opportunity to respond in detail. The questions were organised into seven sections: People you support; work-life balance; travel expenses; payment for working time; income level and security; Health & Care Worker visa, and; other. We regret not asking questions about availability-to-work policies and employment contract types.

The survey was hosted on Homecare Voices' website from 15th October to 23rd December 2025. The introductory information explained the survey in the context of Homecare Voices' engagement with the Casey Commission, as above. Completion of the survey was un-incentivised. The survey was shared with members of Homecare Voices via email, our managed WhatsApp Community, a monthly round-up email to subscribers and our social media channels including TikTok, Facebook and Instagram. The survey was further promoted via a TikTok account which has an engaged audience of homecare workers. In all, the survey received 511 responses.

Closed-ended questions were processed and visualised as appropriate, with all interactive visualisations available to view here. Responses to each of the open-ended questions were thematically analysed and visualised on tree maps. A selection of direct quotes from open-ended questions have been presented to add depth to the findings, and to platform the unedited voices of homecare workers in keeping with Homecare Voices' ethos. On writing this report, the order in which questions are presented was amended, accommodating a natural flow of topics.

Participants

It is rare that homecare workers are asked to share their thoughts. As a result of issues this report explores, there was likely to have been a fair degree of trepidation at the prospect of completing the survey. Potential respondents may justly have wondered who is really behind Homecare Voices, what will happen with the information, and whether they can trust that their contributions will not get back to their employer. For this reason, Homecare Voices avoids asking questions beyond the 'need-to-knows'. This means the survey did not collect demographic information as has become standard in research studies. Nor were people asked to name their employer, or to explicitly identify as a migrant worker. Direct analysis according to characteristics like gender, age, or location was therefore not possible.

Current or former homecare workers

Homecare Voices is a network for current and former domiciliary care workers. We find that members who have left the role but would consider returning if matters improved are some of the most impassioned individuals we connect with. The experiences of those who have left homecare roles are valuable when seeking to examine employment conditions. 89% of the responses to this survey represent the views of individuals currently employed as direct homecare workers; the remaining 11% identified themselves as "former" homecare workers.

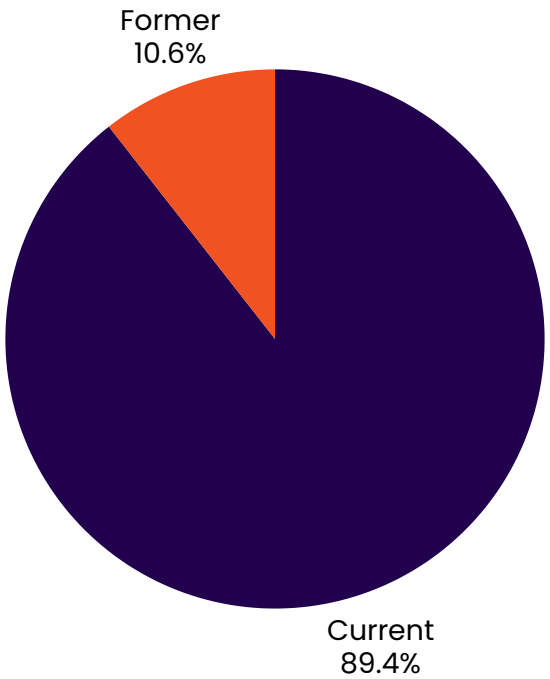


Figure 1: current or former homecare worker

Migrant or non-migrant

For reasons explained above, we did not ask respondents to explicitly identify whether they were a migrant worker. As part of the survey, three optional questions were aimed at migrant workers. Of these, the question which received the most responses was answered by 122 participants, suggesting that approximately 24% of respondents were migrant workers. Of course, some migrant workers may have chosen not to answer these questions.

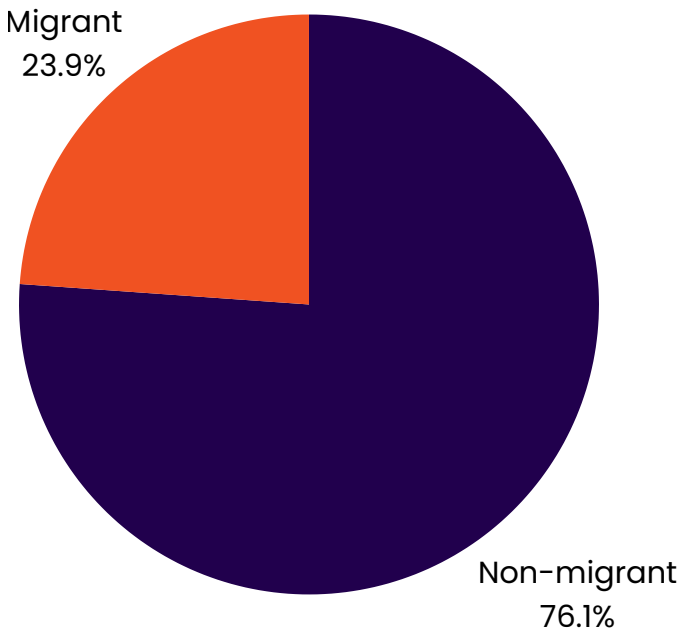


Figure 2: migrant or non-migrant homecare worker

The work itself

Positives of the role

Homecare is a vocation offering a strong sense of contribution, connection to others in one's community, and an attractively autonomous working environment. The overwhelming focus of responses to a simple question asking what people like about being a homecare worker was the social side of the role.

On categorising open-ended responses, we found **homecare workers most valued 'making a positive impact on someone's day' (33%), followed by 'spending time and building relationships with the people we support (29%)**. See figures 3 and 4. A selection of unedited excerpts from people's responses have been provided overleaf to add depth to these findings. See figure 5.

What do you like about being a homecare worker?

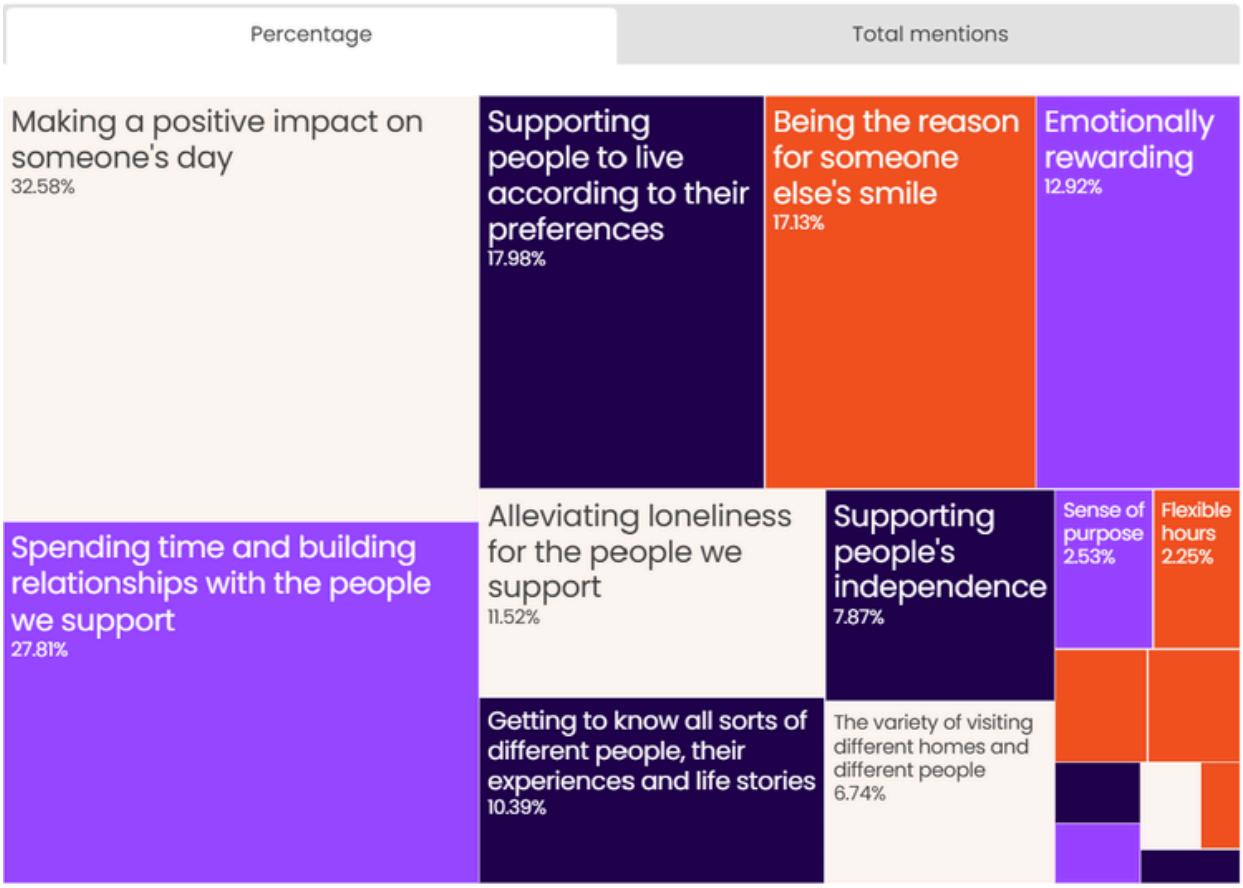


Figure 3: What do you like about being a homecare worker? Treemap

Figure 4: What do you like about being a homecare worker? Top ten categories

What do you like about being a homecare worker?	Percentage	Total mentions
Making a positive impact on someone's day	32.58%	116
Spending time and building relationships with the people we support	27.81%	99
Supporting people to live according to their preferences	17.98%	64
Being the reason for someone else's smile	17.13%	61
Emotionally rewarding	12.92%	46
Alleviating loneliness for the people we support	11.52%	41
Getting to know all sorts of different people, their experiences and life stories	10.39%	37
Supporting people's independence	7.87%	28
The variety of visiting different homes and different people	6.74%	24
Sense of purpose	2.53%	9

What do you like about being a homecare worker?

"Making a difference to an individual's day, trouble shooting with them, advocating for them if required and helping them to have fulfilled life"

"I like meeting new people, I like listening to their stories, hearing what makes them happy and applying that to what I do when I work with them. I like to try and encourage people to be as independent as possible, even if thats something as simple as asking them if they are able to wash their own face, I notice a substantial difference in the clients who are encouraged to maintain whatever independence they can"

"Letting a lonely individual know that they matter and someone cares. Going above and beyond which sometimes could be a simple gesture that you know means the world to someone who feels like they have been forgotten. To listen to the wonderful tales they can tell. I just simply love my job which to me is not a job its a vocation"

"The people you care for become your family. You get so much pride from walking into a client and seeing them genuinely smile because they are happy to see you. You can leave work everyday knowing that you made a difference to someone's life"

"Care is a two way relationship. I like to meet people, talk to them, find out about their lives. Whilst I love improving their lives, listening to the stories of others improves mine. I just wish we had longer to properly care for people"

Figure 5: What do you like about being a homecare worker? Open-ended responses

Size of care packages

In your experienced opinion, how many of the people you support have care visits that are long enough and regular enough to meet their practical and social needs?

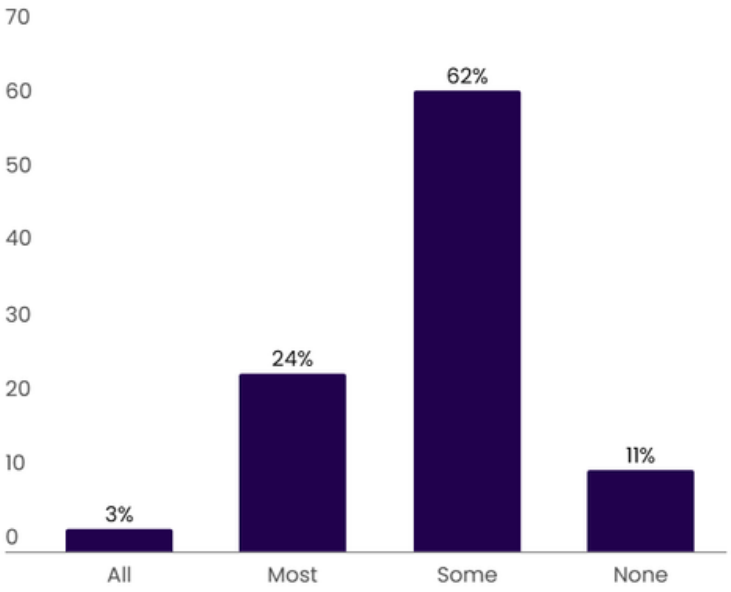


Figure 6: Size of care packages

A common topic of conversation among members of Homecare Voices is the worry that we are always rushing, with immense concerns about the impact this has on the wellbeing of the people we visit.

62% of homecare workers said that only 'some' people have visits long enough and regular enough to meet their practical and social needs. **11% indicated that 'none' of the people they visit had a sufficiently-sized package of care.**

Loneliness among the people you visit

In your experienced opinion, how many of the people you visit experience loneliness on a regular basis?

Often, the people supported by homecare workers live alone. Due to health conditions, they may be physically unable to leave the house. For many, social networks are lacking.

68% of homecare workers thought most of the people they visit experienced loneliness on a regular basis. 13% indicated that chronic loneliness affects all of the people they support.

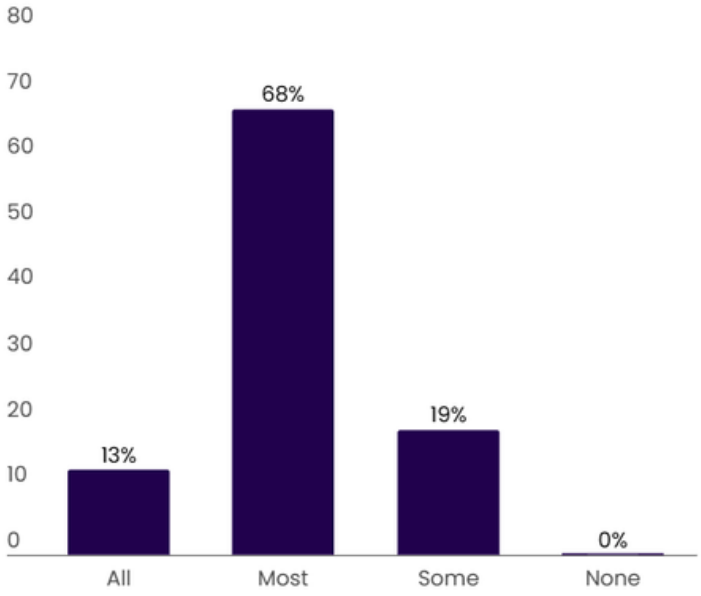


Figure 7: Loneliness among the people you visit

Sufficient income

Payment for working time between care visits

Homecare agencies typically price their services according to a set hourly rate. The amount charged is linked to the length of time a care worker spends with the person in need of support. **This 'contact-time only' model translates to workers often only being paid for the time they are at care visits.** To our knowledge, there is no data about how many homecare workers are paid for contact time only, so we sought to find out what we could via this survey.

We find that **72% of homecare workers are paid for 'contact time' only despite gaps between visits constituting an average 27% of the overall time spent across all visits in a run** according to Homecare Voices' data.

This information is important because **some or all of the gaps between care visits count as payable working time**. As a result, a worker's true hourly rate of pay once all working time is considered is lower than the rate stated on their contract of employment. In some cases, workers are illegally underpaid National Minimum Wage.

Whether a driver or a non-driver, are you paid for gaps between care visits?

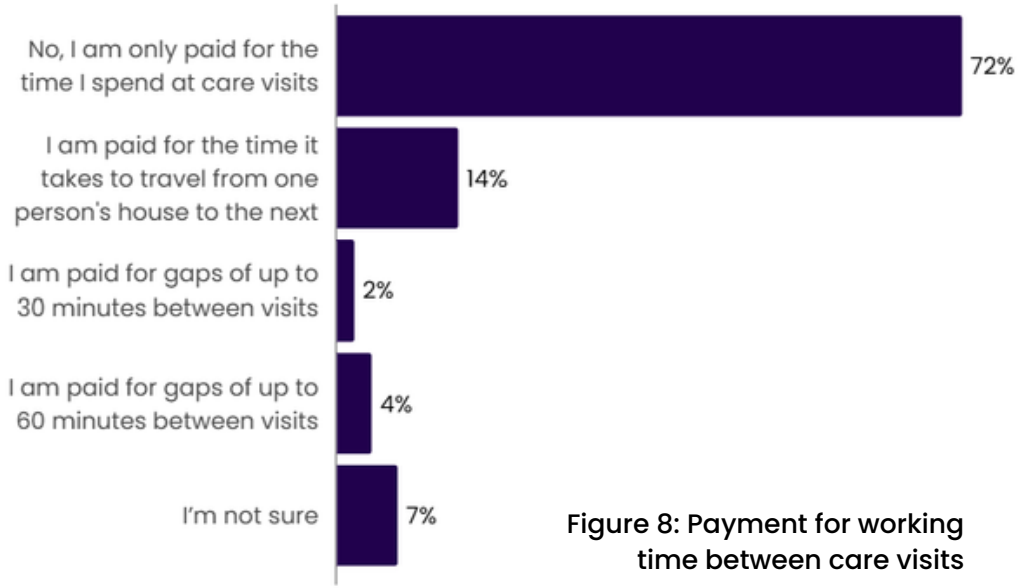


Figure 8: Payment for working time between care visits

2020 case law ruled that travel and waiting time of up to an hour between homecare visits should be considered payable working time, since workers are unable to take a genuine break in these periods (Mackenzie, 2020; Unison, 2020). Workers must travel from one visit to the next and wait for the next visit to start. They may also be doing online training, filling in paperwork, making essential contact with management and colleagues, or doing other work-related activity.

Yet **only 4% of the homecare workers we surveyed said they are paid for gaps of up to sixty minutes between care visits.** This is because the 2020 judgement has not translated into legislation or enforcement, such that it does not feature as a guideline in HMRC's internal National Minimum Wage Manual (GOV.UK, 2026a). When investigating potential underpayment of National Minimum Wage, we understand that HMRC's compliance officers decide on a case-by-case basis how much of each gap counts as payable travel or waiting time, such that a significant grey area exists.

Homecare Voices helps homecare workers understand their true hourly rate of pay for a run of care visits once unpaid gaps are taken into consideration (Homecare Voices, 2026b). Our analysis of homecare runs from the current financial year found the **average contracted rate of pay was £13.08**, but that once unpaid gaps of up to sixty minutes were taken into account - as per Unison's methodology - **the average true hourly rate of pay dropped to just £9.61** (Unison, 2020; Homecare Voices, 2026c).

This suggests illegal underpayment of National Minimum Wage on a grand scale. Though a legitimate issue which has been known about for many years, **the reality is more complex** (Hayes, 2015; Rubery et al., 2015; Hussein, 2017). So long as a worker's average rate of pay for all legal working time is above National Minimum Wage across each pay period, their employer is legally in the clear (Low Income Tax Reform Group, 2025a).

Compliance is ensured by topping up workers' pay so that it meets National Minimum Wage. It is only where top-ups do not take place, or where the top-up is insufficient, that illegal underpayment occurs. Note that these top ups only meet National Minimum Wage rather than the contracted rate of pay which is typically a few pounds per hour more. As such, **advertised rates of pay for homecare roles are often misleadingly high**. Unless this issue is properly addressed, **any sector-specific minimum wage agreed as part of negotiations in the upcoming Fair Pay Agreement (FPA) for Adult Social Care will be immediately undermined** for more than half of the direct care workforce.

Most local authorities now stipulate that – in order for homecare agencies to obtain care packages through them – workers must be paid for their travel time. This is largely a consequence of Unison's Ethical Care Charter, as signed by scores of councils (Unison, 2026a; Unison, 2026b).

However, there appears to be little oversight as to whether the homecare providers contracted by local authorities genuinely pay workers for this time.
Members of our network have independently sent Freedom of Information requests to local authorities and are **yet to identify a single council that consults actual contracts of employment**. Our understanding is that **most local authorities absolve responsibility to HMRC**. Moreover, in defining the matter as 'travel time', local authorities and employers keep to an absolute minimum the amount of time between visits they are prepared to pay for.

Responsibility for raising concerns about this matter therefore sits with individual workers. Since almost all homecare workers are employed via insecure zero-hours contracts or restrictive Health & Care Worker Visas, it is rare that people feel confident enough to raise a concern. Strong social norms that a 'good' care worker is in it 'for the love, not the money' in combination with constant interactions with people who often struggle to afford care means that, for many workers, **the prospect of complaining is associated with notions of guilt and shame** (Hussein, 2017; Timonen and Lolich, 2019).

Moreover, **barriers preventing trade unions from accessing care sector workplaces**, market fragmentation and lone-working arrangements mean homecare workers tend to be under-informed about employment rights so as to know to take action in the first instance (Cominetti, 2023). Prior to 1990, almost all homecare workers were directly employed by local authorities (Bolton and Wibberley, 2013; Hayes, 2017). Local authorities have recognised relationships with trade unions, such that employees are usually made aware of their existence and purpose, more likely to become members and able to access full representation should they require support (Hayes, 2017). Following the National Health Service and Community Care Act 1990, local authorities outsourced adult social care services to independent care providers, producing the vast market that exists today (The Health Foundation, 2023; Fisher and Foster, 2025; Bayliss and Gideon, 2020).

These independent homecare employers do not generally recognise trade unions, such that **communications about terms and conditions of employment tend to be framed exclusively by the employer**. Only 15% of care workers employed in the private sector were estimated to be unionised in 2023 (Cominetti, 2023, p.5). It is common for homecare employers to justify perceived shortcomings in employment conditions in the context of a financially-strained system in which the company as a whole is suffering and that everyone is 'in it together', regardless of profit-margins. This framing is backed up by mainstream narratives pointing to various crises in adult social care, often serving to foster a strong sense of loyalty between worker and employer. As a result, **workers may feel it would be inappropriate to raise a concern**, especially when they can see that such ways of working are the norm throughout the sector and have been for many years.

For lack of a set place of work, **homecare workers rarely have the opportunity to speak meaningfully with colleagues**. With the workforce fragmented to the extent that dozens of competing homecare providers typically serve a single geographic 'patch', communication between workers is further limited. These circumstances compound to keep homecare workers decidedly in the dark, and "structurally silenced" (Hayes, 2017, p.15).

Since the Labour Party took office in July 2024, Unison has significantly increased its grassroots engagement with direct care workers. This should ensure effective representation of workers as part of an unprecedented Fair Pay Agreement for Adult Social Care (DHSC, 2025a). **We continue to encourage all care workers who come into contact with Homecare Voices to join and, crucially, take an active role in a trade union**.

In April 2026, a new Fair Work Agency will be established to bring together existing enforcement bodies, including HMRC (ACAS, 2026). **With sufficient resourcing**, this change presents a long-awaited opportunity to clarify the guidelines for National Minimum Wage enforcement in respect of travel and waiting time for homecare workers.

Visit extensions

Since homecare workers are typically only paid for the time they spend at care visits, it is essential that these are sufficient in duration. If a care visit consistently runs over, it generally falls to individual workers to raise this issue with a manager. Managers may then consult with the billpayer about extending the visit in question, which would incur additional cost.

When asked how confident they felt that a visit would be extended within one month of informing a manager that it regularly overruns, 73% of respondents to our survey said either "Not very confident" or "Not confident at all". See figure 9.

Members of Homecare Voices have previously reported visit extensions taking many months to implement. Other times, the conclusion is unsatisfactory. All the while, workers are left out-of-pocket. **If a visit is extended, it is highly unlikely that workers receive backpay**, **despite a digital log of past visit durations**. In this way and many others, homecare workers bear the brunt of complaints about care affordability and insufficient funding.

If you and your colleagues regularly spend longer at a particular care visit than is scheduled, how confident do you feel that the visit will be extended within 1 month if you inform your managers of the situation?

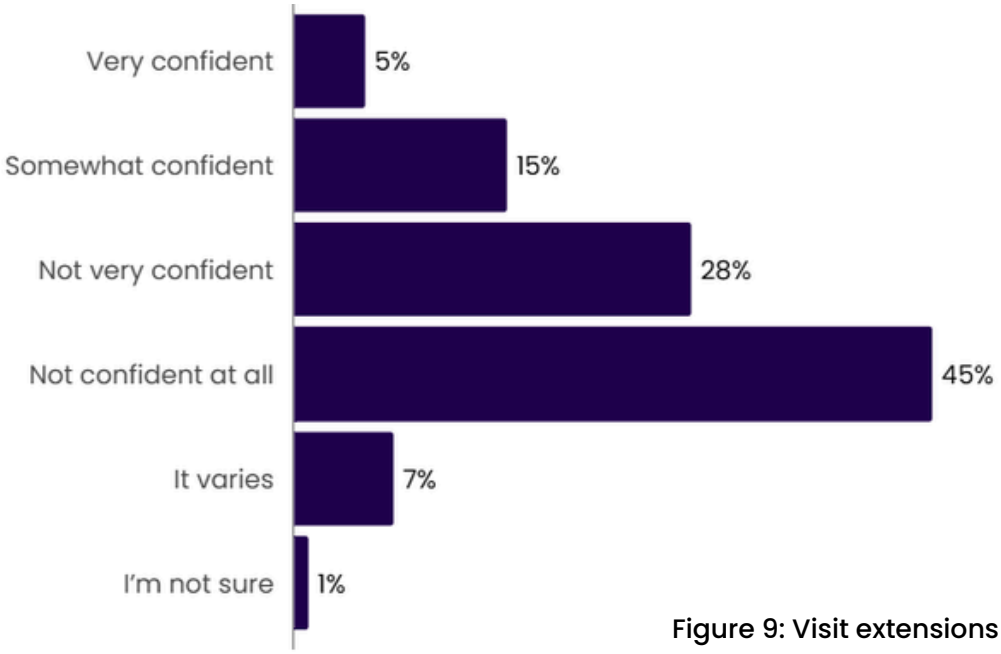


Figure 9: Visit extensions

Payment for training

According to ACAS, 'mandatory training' is any training your employer says you need to do, and if - like almost all homecare workers - you earn on or close to the National Minimum Wage, your employer should pay you for time spent on mandatory training (ACAS, 2024a). However, **only 37% of respondents said they are paid for all the time they spend doing training. 22% of respondents said they were not paid for any of the time they spend in training.** See figure 10.

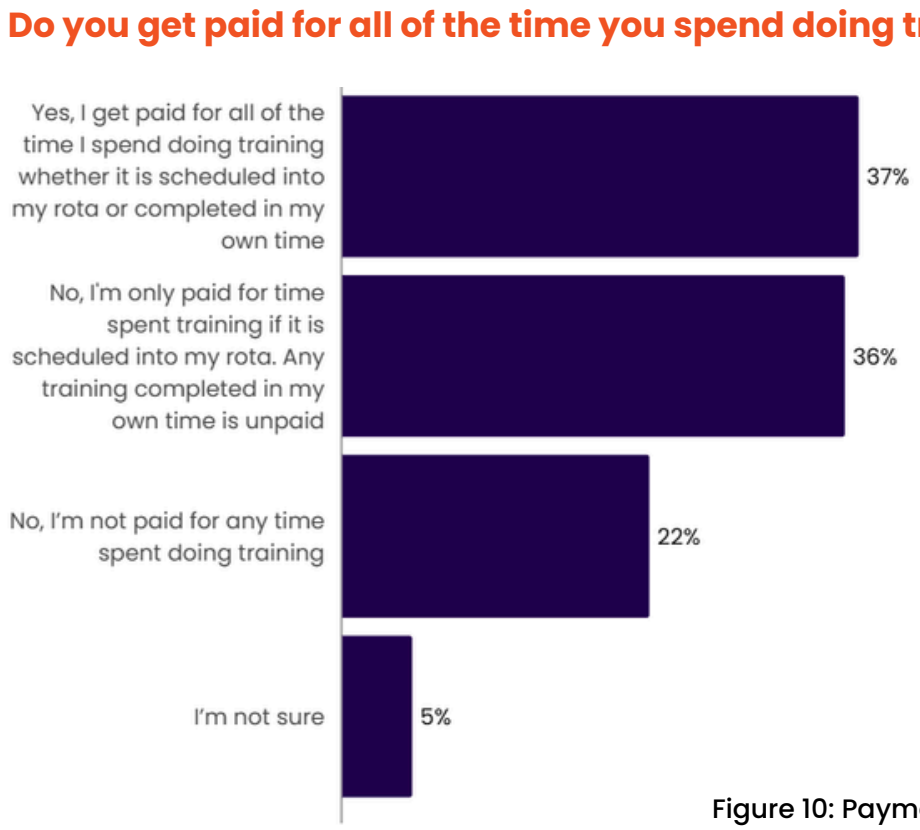


Figure 10: Payment for training

Sufficient hours

The accepted narrative about adult social care centres on a shortage of direct care workers. Projections about accelerating future demand for formal adult social care services underpin a frantic agenda to recruit at scale (Hu et al., 2020; Health & Social Care Committee, 2022). Statistics showing increasing levels of unmet need and constant stories about hospital beds being 'blocked' due to poor availability of care in the community drive home the message that there is an acute shortage of direct care workers (Health and Social Care Committee, 2020; King's Fund, 2024; Foster and Harker, 2025). In 2022, care work was added to the UK government's shortage occupation list, laying the groundwork for employers to begin recruiting from overseas (Savitski et al., 2025).

Why, then – if there is an acute shortage of staff – does Homecare Voices hear time and again from homecare workers that they are not being given enough hours to make ends meet?

How confident do you feel that when a rota is published you will have been given the hours you need?

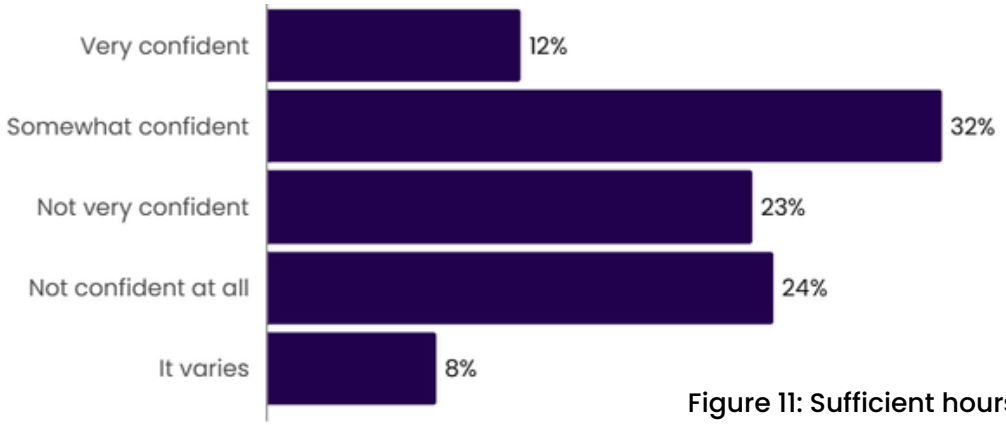


Figure 11: Sufficient hours

47% of homecare workers said they felt 'not very confident' or 'not confident at all' that when a rota is published, they will have been given the hours they need. See figure 11.

There is no limit on how many homecare providers can operate in a given geographic area – be that a neighbourhood, town, city or region. Projections about rising demand for services frame adult social care as an attractive investment opportunity, explaining the eye-watering number of largely for-profit homecare providers (Hu et al., 2020; Bayliss and Gideon, 2020). These companies are in constant competition for a share of the available care packages. In anticipation of securing a bigger slice of the pie, growth-focused employers may be inclined to overstate their forecast recruitment needs, adding to the narrative that more care workers are needed.

Meanwhile, the laissez-faire approach to employment facilitated by zero-hours contracts allows homecare agencies to constantly advertise jobs and recruit, even when they are unable to find sufficient hours for existing staff. Research by the Work Rights Centre describes the preference of homecare employers to recruit multiple workers on part-time, zero-hours contracts instead of a single full-time worker as as example of the "hyper-precaritisation of care work and care workers" (Savitski et al., 2025, p.30). With a momentous homecare workforce of some 660,000 individuals splintered across tens of thousands of employers, **hours are rationed according to the amount of care packages their employer succeeds in procuring**.

Due to insufficient funding from central government, cash-strapped local authorities have had no choice but to tighten eligibility criteria for funded social care, **effectively constraining demand** (Health and Social Care Committee, 2020). These struggling councils are permitted to procure services from homecare providers at below-market rates such that when questions are asked of employment conditions in the sector, this is the explanation offered by care providers. In response to untenably low rates paid by local authorities, care providers charge more to individuals who fund their own care. This results in yet more people being priced out of accessing formal adult social care, **curtailing demand further still** (Cooney and Houghton, 2025).

As a result, there is **immense reliance on unpaid, informal, familial carers** (King's Fund, 2024). For reference, in 2018 the National Audit Office estimated it would cost £100 billion to replace all informal care, compared to an approximately £31 billion spent across privately purchased and local authority arranged care (National Audit Office, 2018, p.10). Homecare workers spend a great deal of time with unpaid carers. Their contributions are as undervalued as our own.

Our findings suggest that **regardless of rising need, actual demand for homecare services may not necessarily outstrip supply**. More research is needed to examine the true state of supply and demand in homecare, since experiences on the ground suggest **a more complex scenario than a straightforward shortage of care workers**. The lack of high quality data about adult social care is a known issue (National Audit Office, 2021). Recent investment via the Department of Health and Social Care into a new Adult Social Care Workforce Research Partnership is welcome, provided direct care workers are meaningfully engaged from the outset, independently from their employers (Care Work, 2025).

Note that both migrant and non-migrant homecare workers are affected by insufficient hours. In a later question, **67% of migrant homecare workers indicated their main sponsor does not provide sufficient hours to meet minimum salary requirement.** See figure 25. The implications for migrant workers is significant, since their right to remain in the UK is dependent on earning enough to meet the minimum salary threshold set by the Home Office (GOV.UK, 2026b). Based on engagement with migrant members of Homecare Voices, we understand that the fear of the Home Office discovering their employer is not providing sufficient work to meet the minimum salary threshold is a key reason why many feel unable to sound the alarm, even when enduring outright labour exploitation or modern slavery. See the 'challenges to migrant workers' section for more information.

Transport for work purposes

Most homecare workers drive in their own vehicle from one care visit to the next. Mileage payments are intended to reimburse a proportion of the costs associated with fuelling, maintaining and insuring a vehicle for business purposes (Low Income Tax Reform Group, 2025b). Considering the heavy amount of wear and tear associated with making numerous short trips, vehicle-related expenditure is likely to be substantial and unpredictable for homecare workers.

Yet our survey finds that **63% of respondents were paid less than the maximum approved mileage rate by their employer, with 44% paid below 30p per mile, and 14% stating that they are paid no mileage at all**. See figure 12. There is no adult social care equivalent to the higher mileage rate paid to NHS employees (NHS Employers, 2026, Annex 12).

If you use your own vehicle for work, how much are you paid for each mile you travel?

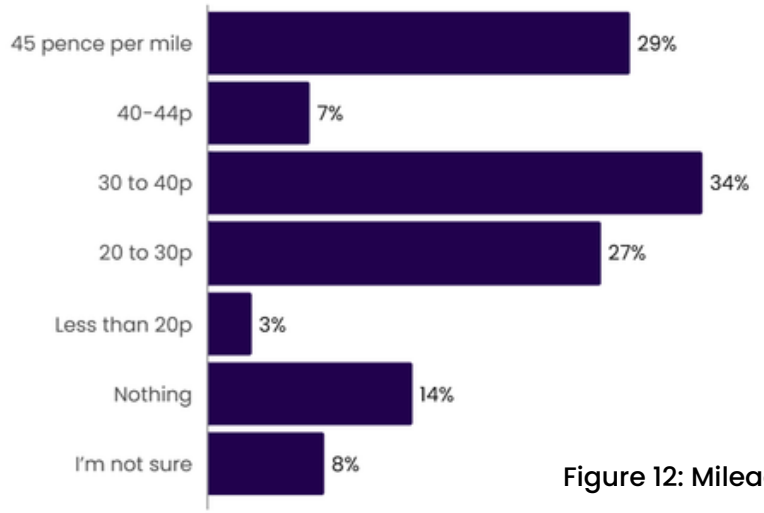


Figure 12: Mileage rates

In combination with low take-home pay, it follows that **66% of respondents said they felt "not very confident" or "not confident at all" about their ability to cover all vehicle-related expenditure** (Cominetti, 2023). See figure 13.

If you use your own vehicle for work, how confident do you feel in your ability to pay for insurance, road tax, servicing and any repair bills should they arise?

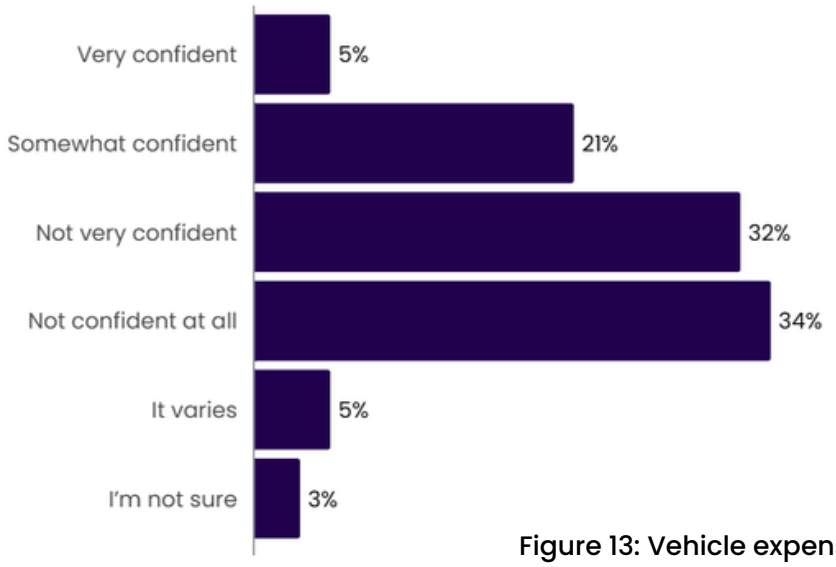


Figure 13: Vehicle expenses

Those who do not drive for work generally get around via a combination of walking, accepting lifts from colleagues and taking public transport.

Only 8% of respondents said their employer reimbursed travel expenses associated with travelling from one care visit to the next. See figure 14.

If you take public transport to travel between visits, does your employer pay you back for these tickets?

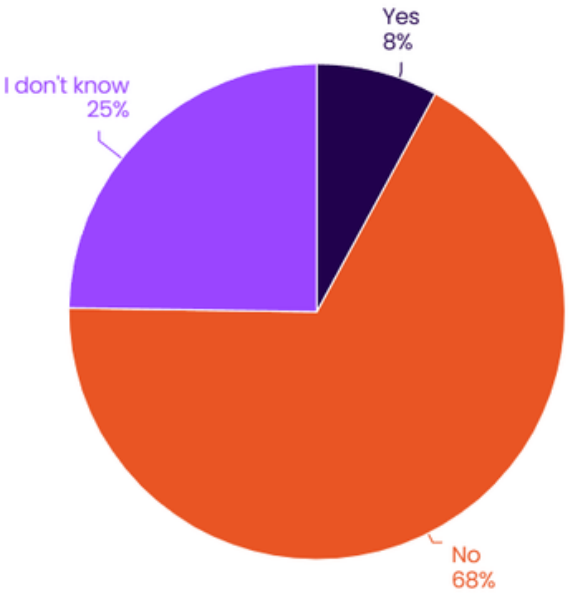


Figure 14: Public transport reimbusement

Work-life balance

For many homecare workers, **a fulfilling home life is effectively out of reach**. Rota instability, excessively long working days, and the pressure to manage personal, family, and social responsibilities within narrow and unpredictable time windows make it difficult to plan even the most basic aspects of daily life.

Any one of these pressures would pose a serious risk to workers' wellbeing; taken together, **their cumulative impact is difficult for those outside the role to fathom**, and leaves workers uncertain where to begin when advocating for improvements.

Despite this, many workers continue to go out of their way to meet the needs of others, often at the expense of their own wellbeing. **When individuals arrive at people's homes tired and overworked, there are inevitable consequences for wider society**, particularly in terms of the quality and consistency of care delivered.

Legal days off from work

Workers are legally entitled to 24 hours off work every seven working days, or 48 hours every 14 working days (ACAS, 2025a). **69% of respondents indicated that they did not always get the legal minimum days off work, with 14% of these saying it happened 'rarely' or 'never'.** See figure 15.

Do you get at least 24 hours off work every 7 working days, or 48 hours every 14 working days?

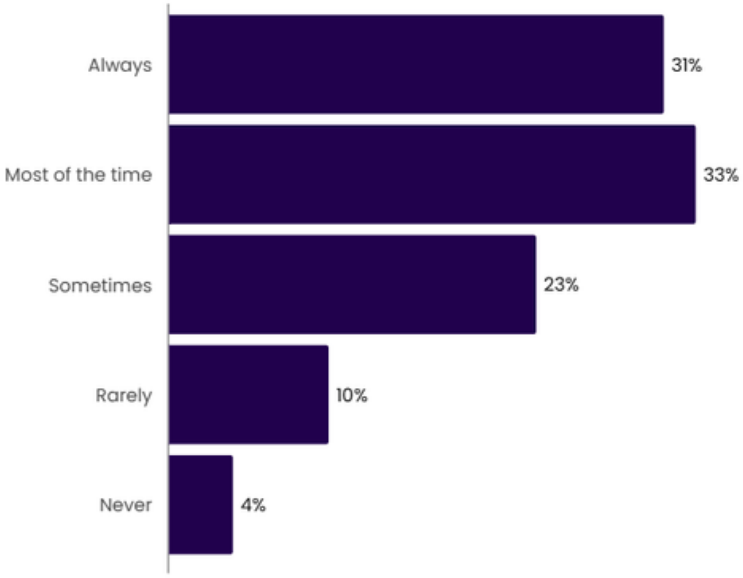


Figure 15: Legal days off

Homecare Voices hears from many homecare workers who must work more consecutive days than is legally permissible. This is particularly common among migrant workers, whose visa commits them to accruing 40 hours' paid work each week. **When a significant proportion of legal working time is unpaid, as is common in homecare, this necessitates exploitative hours for migrant workers.**

Homecare Voices is concerned that **the rollout of guaranteed hours contracts to all workers in 2027 may inadvertently force non-migrant homecare workers into a similar predicament already faced by their migrant colleagues**, should they be forced to expand their unpaid availability to work. We are already seeing evidence of employers preparing for the roll-out in this way. **This could result in non-migrant homecare workers opting back into insecure zero-hours contracts; not because they do not wish for a stable income**, but because the conditions attached to a guaranteed hours contract are incompatible with a decent work-life balance. Thus the need to ensure homecare workers are paid transparently and fairly for all working time, as a matter of long-overdue priority.

Legal rest between working days

A full working day in homecare often **begins at around 7am and ends at around 10pm**. This immediately presents an issue as far as legal entitlements to rest between working days is concerned. **Workers must be given at least 11 hours' rest** between one working day finishing and the next working day starting (**ACAS, 2025a**). This means that if starting work at 7am, the latest someone should work the day before is 8pm. If working until 10pm, the next working day should not legally begin until 9am.

It is therefore unsurprising that only 13% of respondents reported 'always' being given 11 hours rest between working days. **87% indicated they did not always receive their legal entitlement of rest between working days. 24% reported 'never' being given 11 hours' rest between working days.**

Do you get at least 11 hours' rest between one working day finishing and the next working day starting?

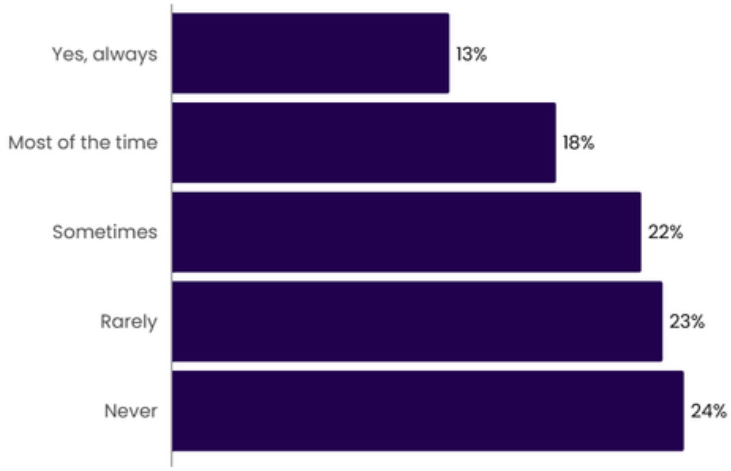


Figure 16: Legal rest between days

Rota notice period

Until you know what days and hours you will be working, it is impossible to make plans for outside of work: appointments, family time, hobbies, socialising with friends and everything in between.The less notice someone is given of their working hours, the greater the strain placed on their work-life balance, including on personal relationships.

How many days in advance of a new rota starting do you receive that rota?

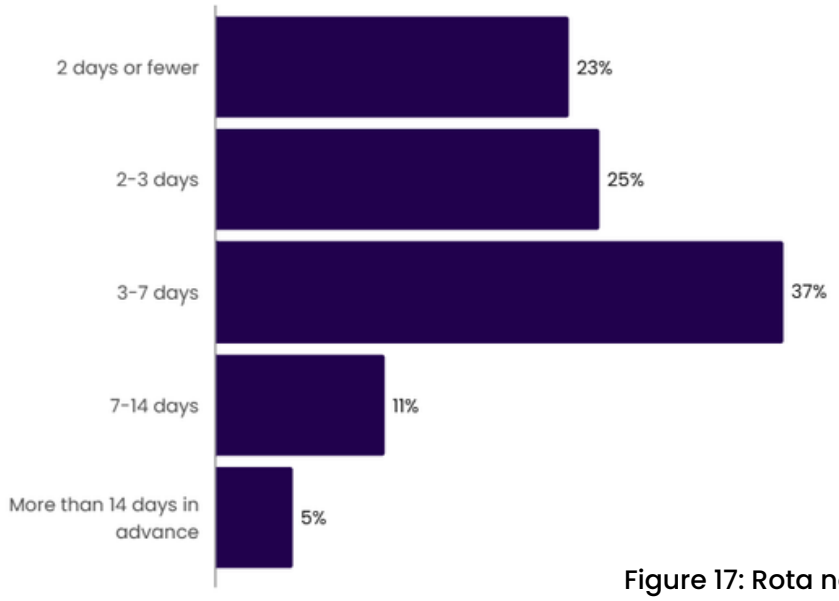


Figure 17: Rota notice period

85% of respondents indicated they receive each rota no more than 7 days in advance of that rota starting, 25% of whom said they were only given 2-3 days' notice and 23% 2 days or fewer.

As part of its Living Hours campaign, the Living Wage Foundation calls for workers to be given notice of working hours at least 4 weeks in advance (Lyall and Irvine, 2024). Our data demonstrates a significant gap between recognised best practice and the current state of affairs in homecare when it comes to advanced notice of working hours. New legislation around reasonable notice of shifts is due to come into effect via the Employment Rights Act in 2027 (ACAS, 2026).

Rota stability

A care home's occupancy level is bound to fluctuate. Beds become empty when residents are admitted to hospital, or pass away. They are filled when new residents move in. Regardless of the occupancy level, staff are paid by the shift. In homecare, the same fluctuations are to be expected. Yet where a 'contact-time only' model of pay exists, **homecare workers' hours, and therefore pay, are directly influenced by these natural changes to client levels. In any other employment scenario, such instabilities would be planned for and absorbed by the employer.**

Once you receive your rota, you should be able to make plans for your personal life. If the rota changes at the last minute, your autonomy over your life outside of work is compromised, no matter how far in advance that rota is received. **62% of respondents said they were 'not confident at all' that their rota will remain unchanged throughout the week and a further 20% were 'not very confident'.** See figure 18.

How confident are you that your rota will remain unchanged throughout the week?

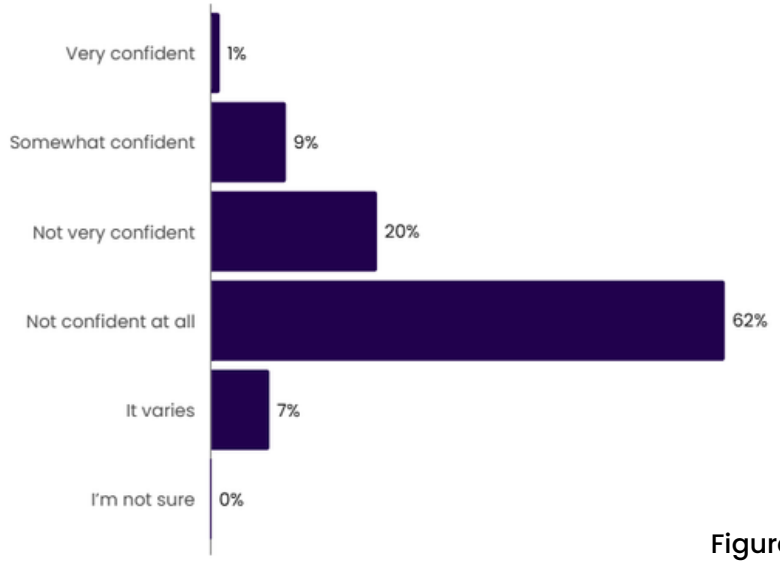


Figure 18: Rota stability

In other countries, **shift-based pay** is the norm for homecare work and **there is no reason it should not be considered in the UK** (Hemmings et al., 2024, p.18). Be Caring and BelleVie are two exceptional homecare providers in the UK who already pay workers by the shift, whilst pilots in Leeds and Gwynedd have also trialled the approach (Be Caring, 2026; BelleVie, 2026; IMPACT, 2024; Skills for Care, 2024). As part of this arrangement, **workers are encouraged to fill any gaps in their rotas meaningfully, by making additional companionship visits, or by staying longer with people where appropriate**, paying workers at the full contracted rate from the start of the first visit to the end of the last.

The need to implement shift-based pay is underscored by the **potential implications of the Employment Rights Act as it relates to zero-hours contracts**. The Act is set to compel all employers to offer workers a guaranteed hours contract after 12 weeks of employment when it is implemented from 2027, though workers are welcome to opt into a zero-hours contract should they so choose (UK Parliament, 2025; ACAS, 2026).

For the vast majority of homecare workers employed via the traditional 'contact time only' pay model, this change may feasibly coincide with a request from their employer to increase their set availability to work so as to allow the employer maximum opportunity to meet the agreed level of guaranteed hours from one week to the next.

This prediction is based on the experiences of migrant homecare workers whose employment is already tied to working a set number of hours. It is further based on the experiences of non-migrant workers who have found that guaranteed hours contracts are often only offered if they are prepared to offer full - unpaid - availability to work, seven days a week.

If next year's rollout of guaranteed hours contracts leads to requests for workers to substantially increase their availability, this would place yet further strain on work-life balance. It may also prompt people to opt back-into zero-hours contracts, ostensibly supporting an unhelpful narrative that workers prefer these. **We regret not asking a question specifically about availability to work policies** as part of this survey. If pay in homecare were shift-based, this would help alleviate uncertainty in respect of working time on the part of both worker and employer.

Personal phone usage

In recent years, there has been a push for adult social care to 'go digital'. The day-to-day administration of homecare now relies on each worker having constant access to an app, with enough data to run it at all times. This is where rotas are accessed, where visits are clocked in and out of, where care plans are stored, where legal notes and details of medication administration are recorded for each visit, and more.

Are you expected to use your personal phone for work purposes?

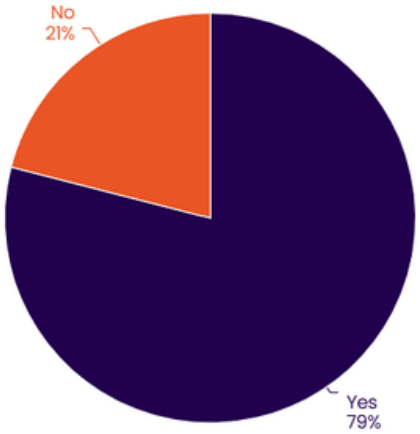


Figure 19: Personal phone usage

79% of the homecare workers we surveyed said they are expected to use their personal phone for work purposes. See figure 19.

Despite access to such apps being an essential part of the role, homecare employers do not generally provide staff with work phones or else a data allowance and support with the cost of repairs relating to work-usage. Aside from the financial implications, this lack of boundary between work and personal life makes it harder still for people to 'switch off' from work.

Right to switch off

When in opposition, the Labour Party proposed a 'right to switch off' in their *New Deal for Working People* which was later dropped from the Employment Rights Bill following pressure from employers (Magara Law, 2025). The policy was intended to ensure workers are able to fully disconnect from work-related communications outside of their contracted working hours. Such a policy would have been a welcome move for homecare workers.

61% of homecare workers we asked said they receive work-related messages or notifications to their personal phone every day when they are not working, and for 39% this happens 'multiple times a day'. See figure 20.

How often do you receive work-related messages or notifications to your personal phone when you are not working?

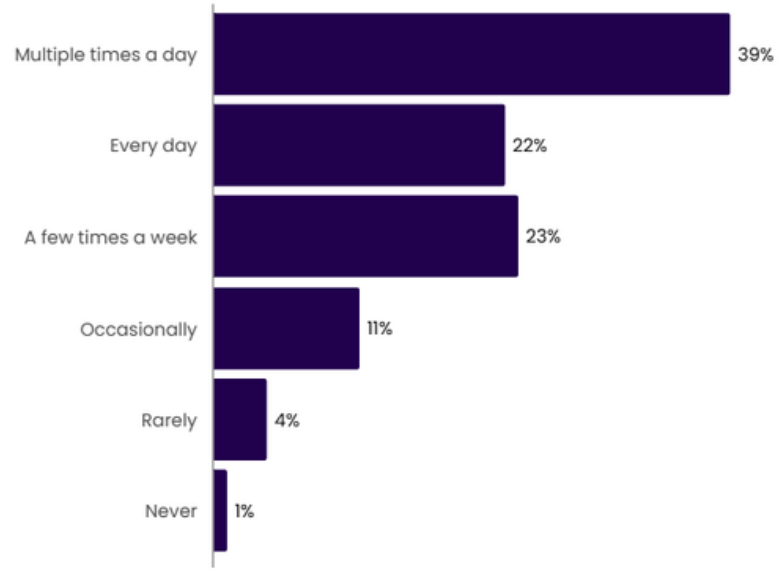


Figure 20: Right to switch off

Requests to pick up work

A common reason homecare agencies make contact with staff outside of their scheduled working hours is to ask if they are able to pick up additional care visits.

60% of the people we asked said they are asked to pick up extra work a few times a week, of which 20% received such requests on a daily basis. See figure 21. Whilst in the context of workers reporting a lack of sufficient hours, such offers may be viewed as helpful. From a work-life balance perspective, these constant requests offer little opportunity for respite.

How often are you asked to pick up extra work by your managers?

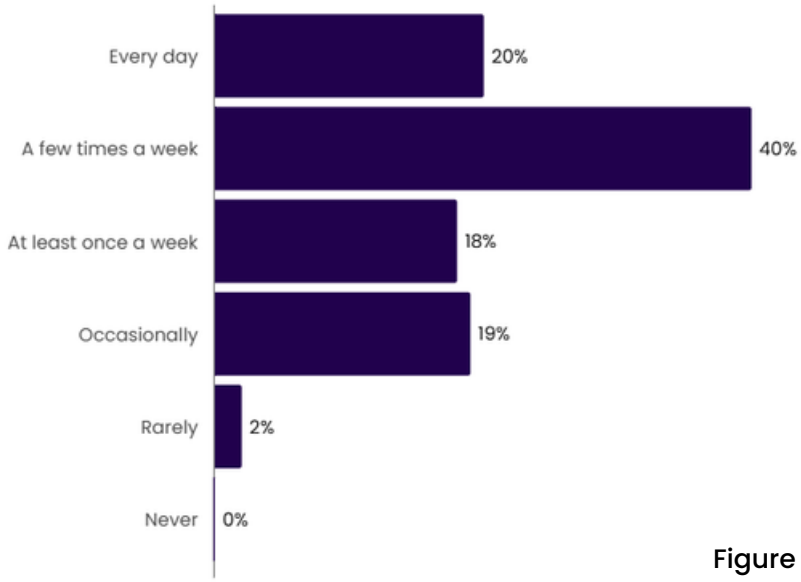


Figure 21: Requests to pick up work

Pressure to accept work

Non-migrant members of staff are typically employed on zero-hours contracts. Legally, a worker on a zero-hours contract has every right to say no to hours when offered; this is their side of a deal designed to offer maximum flexibility to both the employer and the worker (ACAS, 2024b).

In reality, workers on zero-hours contracts often feel unable to refuse work when it is offered, out of the fear that it may be negatively perceived by their employer, leading to a reduction in hours in future (Rubery et al., 2015).

Homecare Voices

How confident do you feel about saying 'no' when asked to pick up extra work?

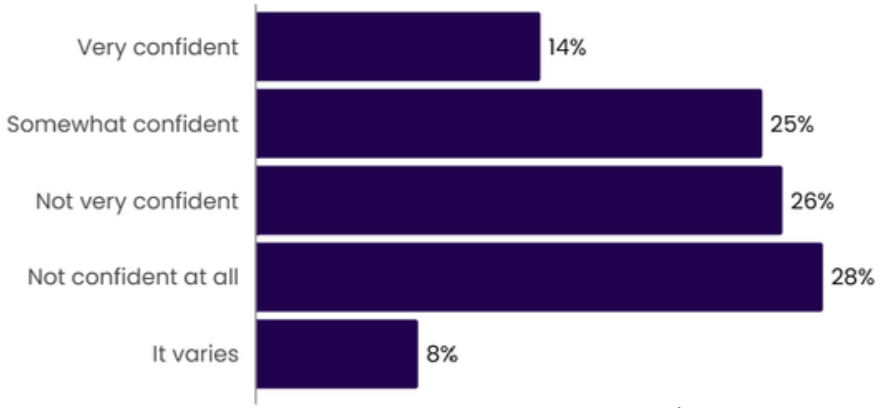


Figure 22: Pressure to accept work

54% of respondents in this survey said they felt 'not very confident' or 'not confident at all' about saying 'no' when asked to pick up extra work. Migrant homecare workers' right to remain in the UK is dependent on their employer continuing to give them sufficient work, leaving many feeling they have no choice but to say yes to all care visits they are asked to pick up.

Route planning

Homecare providers typically state a fixed place of work within contracts of employment, such that workers' journeys to and from home are legally classed as non-payable 'commute' time' (ACAS, 2025c). The duration of these unpaid journeys is therefore important. Although there are likely to be residents on every street of the country in need of support from a homecare worker, it would appear that workers are not always efficiently matched with their closest neighbours in need of support.

For 61% of the homecare workers we asked, the journey from their house to the furthest away person they visit takes over 20 minutes. For 15%, the journey took over 45 minutes.

For workers serving rural areas, longer journeys are to be expected. However, **only 6% of respondents said the journey to the furthest away person they visit takes under 10 minutes**, indicating that matching inefficiencies are almost certainly an issue in towns and cities, too. See figure 23.

Roughly how long does the journey from your house to the furthest away person you visit take?

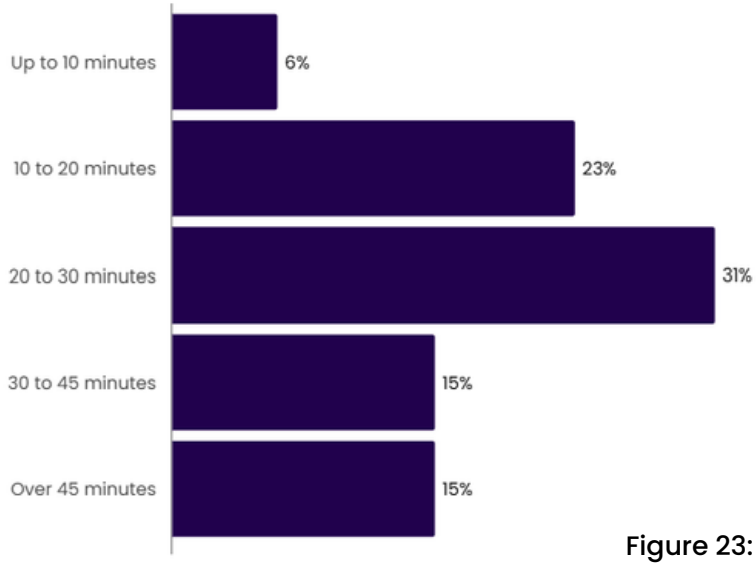
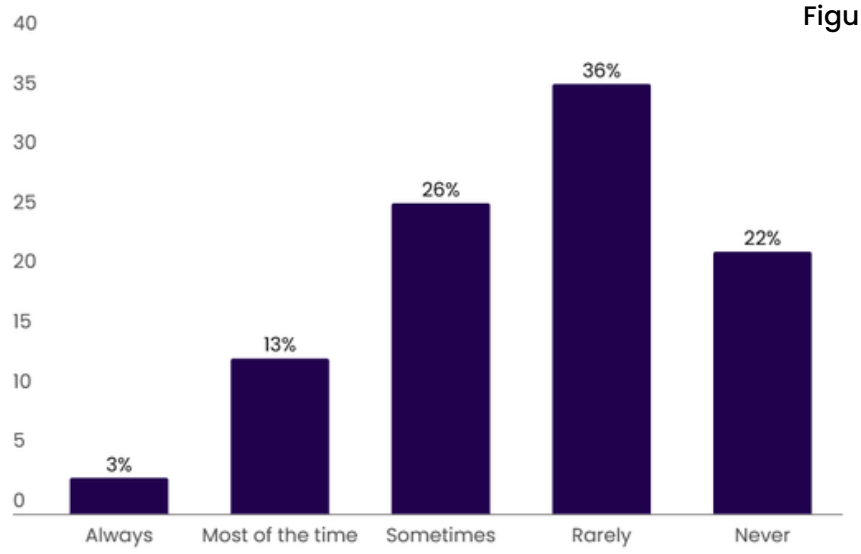


Figure 23: Journey to furthest visit

We also asked people who walk or take public transport between care visits whether **visits are located close enough together to make being a non-driver manageable in the long-term. Only 16% said this was the case 'most of the time' or 'always'. 58% said visits were 'rarely' or 'never' located close enough together.** See figure 24. This is only to be expected when the pool of both people in need of support and of workers able to provide support is divided among scores of homecare providers. In trials in Leeds and Gwynedd, the number of homecare providers serving a given area was restricted to improve the utilisation of the workforce and make runs of visits more efficient (IMPACT, 2024; Skills for Care, 2024).

If you walk or take public transport to travel from visit to visit, are these located close enough together to make this manageable in the long-term?

Figure 24: Proximity of visits



Challenges facing migrant homecare workers

The Health and Care Worker visa is a particular type of Skilled Worker visa that began allowing overseas workers to take jobs as care workers in the UK from 2022 (Savitski et al., 2025). As with all Skilled Worker visas, individual workers from overseas are 'sponsored' by a licensed employer to do an eligible job. Their earnings must meet the minimum salary requirement set by the Home Office (GOV.UK, 2026b). This translates to a need for full-time hours as a homecare worker. **When gaps between care visits are unpaid, migrant homecare workers must work exploitatively long hours to meet the minimum salary requirement attached to their visa.**

Migrant care workers are permitted to work up to 20 hours a week for a second employer, in addition to the full-time hours supplied by their main employer (GOV.UK, 2026c). Based on conversations with migrant homecare workers, and reflecting the findings of research carried out by the Work Rights Centre, Homecare Voices understands that many are not given enough hours to meet their minimum salary threshold (Sehic et al., 2024). Our survey finds that **just 33% of migrant homecare workers report being provided with sufficient hours by their main employer to meet the minimum salary threshold.** See figure 25.

If on a Health & Care Worker Visa, have you felt the need to seek additional employment of up to 20 hours a week from another employer, due to a lack of sufficient work from your sponsor?

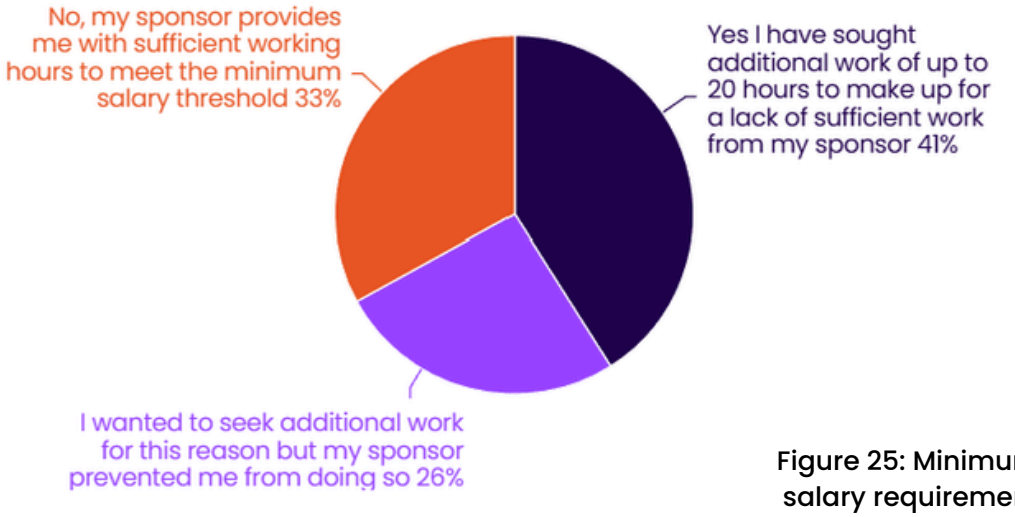


Figure 25: Minimum salary requirement

It is therefore common for migrant care workers to seek those additional hours from a second employer. **41% said they have sought additional work to make up for a lack of sufficient hours from their main employer.** Perhaps most concerningly, a further **26% stated that they wish to seek additional employment but that their main employer prevents them from doing so.** We offered this option since it reflects a predicament we have heard about from numerous individuals.

When the Health & Care Worker visa was introduced, there was no centralised administrative function to help match prospective overseas workers with suitable employers in the UK. Unscrupulous introduction agencies stepped in as middle-men to connect workers with employers, charging illegal and often eye-wateringly high recruitment fees to job seekers, in doing so laying the groundwork for a new form of modern slavery in the UK (Sehic et al., 2024). Many migrant care workers continue to live indebted to, silenced by and exploited via the individuals who enabled their relocation to the UK.

Unsurprisingly, migrant homecare workers are often desperate to find a new employer, in the faith that their poor experience represents the exception rather than the norm. Yet they can only do this if they find a care provider prepared to offer them a new Certificate of Sponsorship. Our survey captured the efforts of migrant homecare workers seeking new sponsorship by asking: 'if you are on a Health and Care Worker visa and in need of a sponsor switch, roughly how many employers have you approached unsuccessfully about a switch so far?'. **16% of respondents said they had approached over fifty companies.** See figure 26.

If you are on a Health and Care Worker visa and in need of a sponsor switch, roughly how many employers have you approached unsuccessfully about a switch so far?

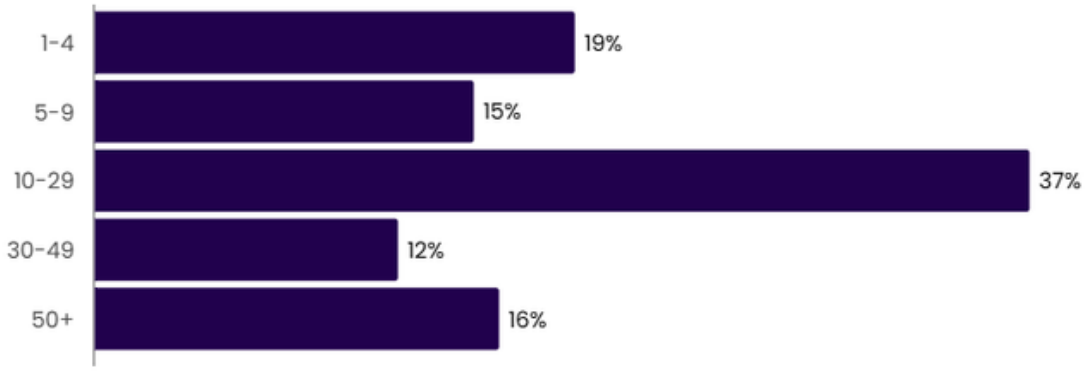


Figure 26: Ease of switching sponsor

Following the 2024 General Election, the Labour government sought to address the hardships faced by migrant care workers, revoking sponsorship licenses from scores of employers who were not meeting their contractual obligations (GOV.UK, 2025a).

This led to thousands of migrant workers being 'displaced' from their jobs, thus compromising their right to remain in the UK (Savitski et al., 2025). In an attempt to mitigate the fallout, the Department of Health & Social Care invested £16 million to establish fifteen 'Regional Partnerships' each responsible for matching displaced migrant care workers with new sponsoring employers (DHSC, 2025). Communication about the existence of these matching hubs for those in need of support has been impeded by a lack of means through which to communicate with all direct care workers, such that Homecare Voices - a grassroots initiative by and for workers - was the first to publish details of all fifteen hubs in the public domain, in response to demand from migrant members of our community (Homecare Voices, 2025). We were relieved when the Work Rights Centre researched the effectiveness - or lack thereof - of these Regional Partnerships (Savitski et al., 2025). **69% of migrant homecare workers we asked said they don't know anybody who has secured new sponsorship with the support of a Regional Partnership** in keeping with similar findings from the Work Rights Centre (Savitski et al., 2025). See figure 27.

If you are on a Health and Care Worker visa, have you or anyone you know been successfully matched with a new sponsor with the support of a Regional Partnership aka International Recruitment Hub?

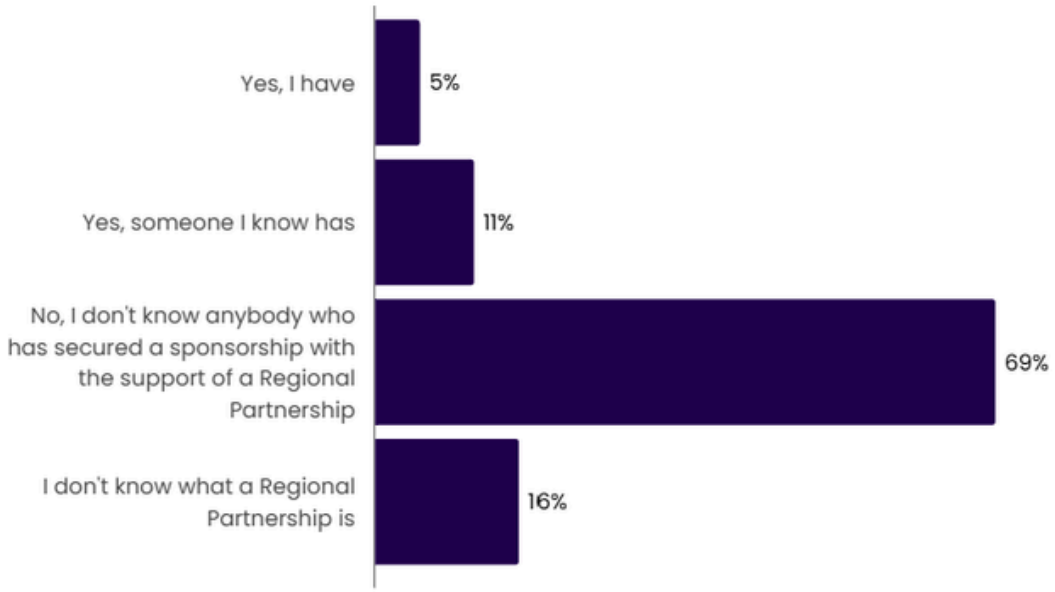


Figure 27: Regional Partnerships

Campaigns representing migrant care workers tend to focus on reforming the Certificate of Sponsorship system, which ties their employment and right to remain in the UK to a single named employer. A prominent campaign led by Unison calls for the creation of a Certificate of Common Sponsorship, which would allow migrant care workers to be employed by any regulated care provider (Unison, 2025; Sehic, 2025).

Whilst any easing of the restrictions associated with the current visa system would be welcome, the findings of this report suggest that **moving to a new homecare employer is unlikely to draw a line under exploitative working conditions for migrant care workers**. As many non-migrant care workers, and some ostensibly 'lucky' migrant care workers have already learned, in homecare the grass is rarely greener on the other side. Through engagement with our members, we find that **branches of the most reputable national homecare brands are are known to offer substandard employment conditions.**

In 2025, the government announced that it will end overseas recruitment for social care visas (HM Government, 2025, p. 27). As of writing, the Home Office has recently closed submissions to a consultation about new Earned Settlement proposals, which if implemented would **retrospectively triple the amount of time that migrant care workers already in the UK would need to work for their sponsor, before being eligible to apply for Indefinite Leave to Remain (ILR)** (GOV.UK, 2025b). Migrant homecare workers who have relocated entire lives to work hard in the UK now face having the rug pulled entirely from under their feet whilst enduring ongoing exploitation.

Research into the experiences of migrant care workers has unintentionally highlighted the chronically poor conditions underpinning employment for migrant and non-migrant homecare workers alike. Equivalent efforts to understand employment conditions for all homecare workers should follow this unfunded, grassroots, worker-led survey.

Improving retention and quality of care

Reasons for leaving

Considering that high staff turnover is a known issue in homecare, we felt it important to allow respondents the freedom to express their reasons for leaving previous roles in their own words (Hemmings et al., 2024). Note that **far more people responded to this question than identified as a former homecare worker**, demonstrating the tendency of workers who are committed to the role to move between homecare employers rather than leaving the sector altogether (Vadean and Saloniki, 2022).

If you left a role in homecare within the past 3 years, what were your reasons for moving on?

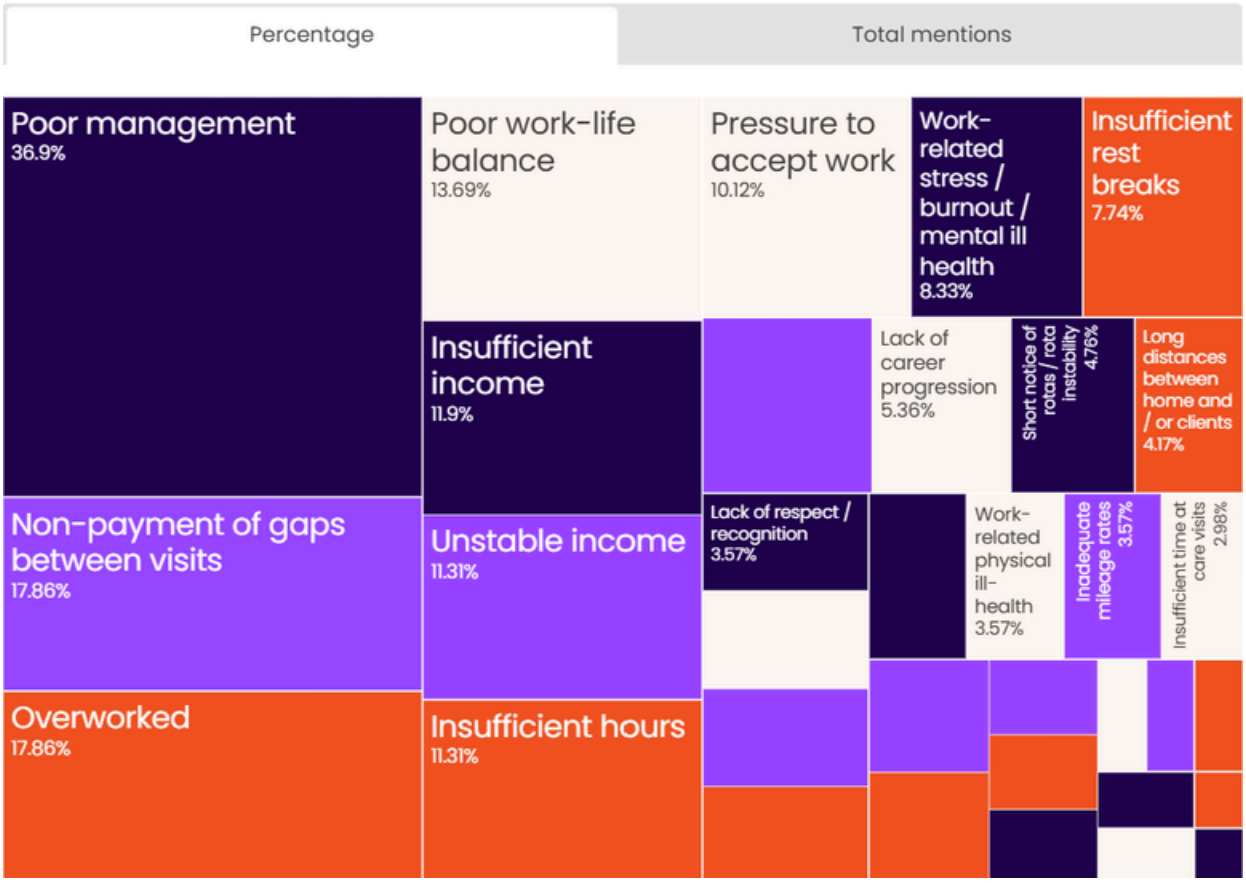


Figure 28: Reasons for leaving - treemap

Figure 29: Reasons for leaving - top 10

If you left a role in homecare within the past 3 years, what were your reasons for moving on?	Percentage	Total mentions
Poor management	36.90%	62
Non-payment of gaps between visits	17.86%	30
Overworked	17.86%	30
Poor work-life balance	13.69%	23
Insufficient income	11.90%	20
Unstable income	11.31%	19
Insufficient hours	11.31%	19
Pressure to accept work	10.12%	17
Work-related stress / burnout / mental ill health	8.33%	14
Insufficient rest breaks	7.74%	13

If you left a role in homecare within the past 3 years, what were your reasons for moving on?

"Low pay, long hours, finishing work late at night between 9pm and 10pm then expected to wake at 5:30am for work the next day. Out of the house for 14 hours but only paid for 10. Being asked to cover evenings on days off"

"Was forced to work 3 half days from 6am-2pm and 3 full days every week from 6am-11pm but due to having a low amount of calls only got paid for 20 hours the whole week"

"The travel - was spending way more on petrol than I was being paid for mileage. Large gaps between clients, not long enough to go home"

"I had applied to work in an area 20 minutes away from me and for starting at 7am and they kept sending me over an hour away to start at 6am"

"I felt like I hadn't got the support they said they would give, too many gaps between clients and not getting paid for this, having regular clients then taking them off me and giving me different clients on a regular basis"

"Being completely undervalued and treated awfully from the office. I got sighed at over the phone for politely declining to travel an hour away to do a call for free, which was the last straw"

"Unstable wages with hospitalisations and deaths, unpaid gaps, using my car and personal mobile"

"Terrible support from management. Office staff that didn't listen or communicate. No consideration for the clients, slow response to concerns raised about clients"

Figure 30: Reasons for leaving - open-ended responses

Ways to improve retention

Where the previous 'reasons for leaving' question invited a proportion of respondents to reflect on personal lived experience, this 'ways to improve retention' question calls on all respondents to consider retention from a more general, forward-thinking perspective.

In the context of there being a Fair Pay Agreement for Adult Social Care on the horizon, these findings serve to indicate which areas matter most to homecare workers. It is noteworthy that **greater emphasis is placed by homecare workers on the need to be paid for all working time than for an increase in basic hourly rate of pay**.

What do you think would encourage more people to stay on as homecare workers long-term?

Figure 31: Ways to improve retention - treemap

Figure 32: Ways to improve retention - top 10

What do you think would encourage more people to stay on as homecare workers long-term?	Percentage	Total mentions
Payment for legal working time between visits	70.32%	289
Higher basic pay	55.23%	227
Improved management	17.52%	72
Income stability	14.36%	59
More support in role	13.14%	54
Shift-based pay	11.19%	46
Guaranteed hours contract	10.71%	44
Car maintenance allowance	10.71%	44
Respect / recognition	9.25%	38
Adequate rest breaks throughout day and between working days	9.25%	38

What do you think would encourage more people to stay on as homecare workers long-term?

"Localised runs of clients in the same geographical area to reduce travel time"

"Payment for car repairs that happen whilst working, paid more mileage, paid travel time. Company phones"

"We should be paid from the time we leave our homes to the time we return home or at least when we leave our last visit"

"An office who listen and support them, scrap zero hour contracts, pay a salary for the whole time your out and not per call"

"For people like social workers, doctors etc to listen to our views on clients as we see them regularly and know when something is wrong. They have a quick 10 minute visit / chat and make massive decisions that aren't always the right ones.

"Better scheduling of visits. In general there isn't a lot of wiggle room for unforseen circumstances or allowance for service users changes in ability or mobility depending on their individual conditions.

"A wage that recognises the work we do. We are expected to know everything about a client, be able to asses risks at all levels, have the hygiene and hazard perception of a health and safety officer... and so much more but at the end of the month we still can't afford to fuel our car or buy ourselves a box of chocolates"

Figure 33: Ways to improve retention - open-ended responses

Improving the wellbeing of the people we visit

It is not necessary to work a day on the 'frontline' to understand that high quality care and support depends on a good relationship between the person drawing on support and the person doing the supporting. **If there is an 'ideal-type' for care and support, then it is neighbourly in spirit,** and as relational as can reasonably be expected (Gopinath et al., 2023). Through this survey, **homecare workers expressed that their responsibility in tending to people's social needs is of utmost importance.**

Thinking about the people you support, what (if anything) do you think needs to change to improve the lives of people who draw on social care?

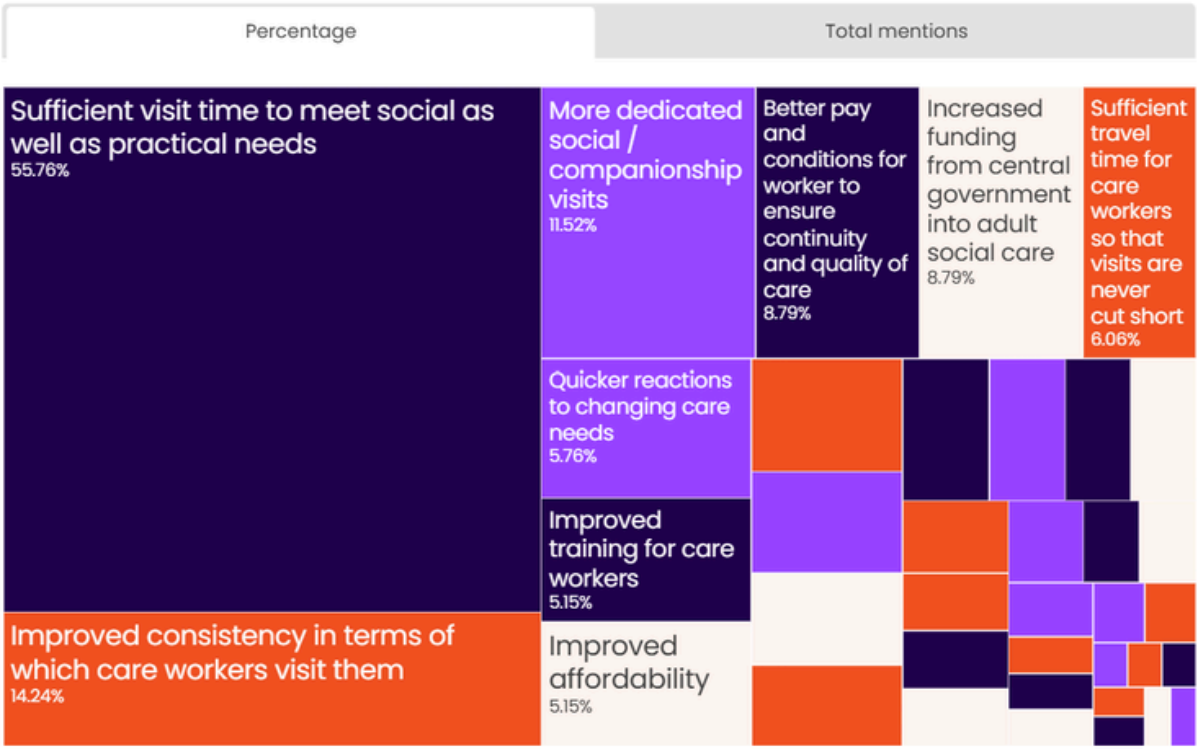


Figure 34: Improving the wellbeing of the people you visit - treemap

Homecare Voices

Figure 35: Improving the wellbeing of the people you visit - top 10

Thinking about the people you support, what (if anything) do you think needs to change to improve the lives of people who rely on social care?	Percentage	Total mentions
Sufficient visit time to meet social as well as practical needs	55.76%	184
Improved consistency in terms of which care workers visit	14.24%	47
More dedicated social / companionship visits	11.52%	38
Better pay and conditions for worker to ensure continuity and quality of care	8.79%	29
Increased funding from central government into adult social care	8.79%	29
Sufficient travel time for care workers so that visits are never cut short	6.06%	20
Quicker reactions to changing care needs	5.76%	19
Improved training for care workers	5.15%	17
Improved affordability	5.15%	17
Staffing levels appropriately matched to client need (i.e. double ups where needed)	3.33%	11

Thinking about the people you support, what (if anything) do you think needs to change to improve the lives of people who draw on social care?

"More emphasis on companionship. Hours should be able to be flexed based on how the person feels that day. E.g. some days they may not need the whole time and some days they need more. The routines are too rigid, no two days are the same. Carers should be involved when making assessments about how much time a person needs"

"More continuity of carers not just an endless parade of carers every visit, this should be mandatory for every homecare provider. Quicker support with equipment and assessments for needs when a change or further impairment happens. More access to information for support to access the community"

"There is no time to address people's social needs a lot do the time because personal care, food, medication etc. had to be priority. If people feel fulfilled socially/spiritually, it makes their lives on the whole better"

"There should be a care team and a separate medication team. So the care team isn't hampered by medication times, which shouldn't be rushed"

"Many elderly people are lonely and most of the time, we don't have much time to actually talk to them. We certainly aren't given the time to get outside with them, take them shopping or for a walk. Most elderly people are a prisoner in their own home which is an awful existence"

Figure 36: Improving the wellbeing of the people you visit - open-ended responses

key themes identified across both questions seeking homecare workers' recommendations were the need for improved basic employment conditions and the importance of the social aspect of care work.

This is different from the thrust of recommendations produced by the sector at large and by trade unions which tend to focus on plans to professionalise the direct care workforce, via, for example, the introduction of mandatory qualifications, a national register of care workers and career pathways (Skills for Care, 2024; Cooper and Harrop, 2023). The most straightforward explanation for this disconnect in prioritisation is that respondents to this survey are in closer proximity to the so-called 'frontline' than other stakeholders. From their perspective, **poor basic employment conditions and lack of time at visits are the 'bleeding neck' issues to be resolved first and foremost**. As noted in a report to the All-Party Parliamentary Group on Adult Social Care in 2019, "professionalisation of the sector cannot materialise in the absence of security of income, security of hours of work and protection of workers' wellbeing and health" (Hayes et al., 2019, p.4).

Plans to professionalise social care are intended to improve recruitment, retention, quality of care and - crucially - attract greater investment into the sector from central government (Hemmings et al., 2022). Yet from the perspective of a person in need of social care, **contact with a 'professional' invokes a dynamic in which they are the layperson rather than the expert.** Homecare workers enter people's homes everyday, not just for a ten minutes worth of consultation or treatment, but to **assist with the most ordinary and therefore precious parts of life. It is paramount that the person in need of support feels able to express their preferences throughout these interactions.** Should professionalisation prove to be the path followed, caution must be taken to protect the human-to-human, relational nature of social care which underpins its ability to meaningfully support an individual's overall health and wellbeing.

Moreover, if the introduction of mandatory qualifications is viewed as the only means through which to 'prove' social care's skilled nature such that it may finally be deemed worthy of higher pay, this may inadvertently drive away some of the most well-suited candidates for such roles (Hayes et al., 2019; Hemmings et al., 2022). **A focus on the high level of responsibility involved in direct care work - as opposed to skill - may offer an alternative case for improved pay and investment** (Homecare Voices, 2024).

Conclusion

This survey of 511 current and former homecare workers provides rare, worker-led insight into what employment in homecare looks like in practice.

The findings challenge several dominant narratives about adult social care, particularly around pay, labour shortages, and workforce reform. They suggest that many of the sector's most pressing problems are not rooted in a simple lack of staff, but in the structure of employment itself.

Across pay, working time, rota practices and visa conditions, a consistent picture emerges: homecare workers are expected to absorb financial risk and instability in order to keep the system functioning.

1. Top down enforcement of employment rights is lacking

There appears to be little hands-on oversight by local authorities to ensure that the homecare providers they procure services from adhere to the terms and conditions of employment set out in contracts. Meanwhile, there is a significant grey area in HMRC's enforcement in relation to what is classed as payable working time between homecare visits.

Responsibility for raising concerns about terms and conditions of employment sits disproportionately on the shoulders of individual workers. Yet, due to a culmination of factors, workers are unlikely to take action.

If next year's rollout of guaranteed hours contracts leads to requests for homecare workers to increase their unpaid availability-to-work, this would place yet further strain on work-life balance. It may also prompt people to opt back-into zero-hours contracts, ostensibly supporting an unhelpful narrative that workers prefer these. The implementation of guaranteed hours contracts therefore requires close oversight in homecare.

Improved systems of oversight and top-down enforcement are essential in respect of all terms and conditions of employment in homecare. In April 2026, a new Fair Work Agency will be established to bring together existing enforcement bodies, including HMRC. With sufficient resourcing, this change presents an opportunity to improve proactive enforcement of employment rights across the board, including clarifying the guidelines for National Minimum Wage enforcement in respect of travel and waiting time between homecare visits.

2. Headline pay rates mask systemic underpayment

Homecare roles are often advertised with comparatively attractive hourly rates. However, 72% of respondents are paid for contact time only, meaning time spent travelling or waiting between visits frequently goes unpaid.

Payment for all legal working time - including gaps between visits - was identified by 70% of respondents as the single most important change needed to improve retention, ranking above calls for higher basic pay (55%).

This finding is significant. It suggests that before introducing new sector-specific wage floors through the forthcoming Fair Pay Agreement, enforcement of existing National Minimum Wage law must be strengthened. Without clear guidance and oversight, any new minimum wage risks being undermined in practice.

3. A labour "shortage" coexists with widespread underemployment

There is no limit on how many homecare providers can operate in a given geographic area, and there are over 15,000 regulated homecare agencies in England alone. The laissez-faire approach to employment facilitated by zero-hours contracts allows homecare agencies to constantly advertise jobs and recruit, even when they are unable to find sufficient hours for existing staff. Workers' hours are therefore rationed according to the amount of care packages their employer succeeds in procuring.

47% of homecare workers said they felt 'not very confident' or 'not confident at all' that when a rota is published, they will have been given the hours they need. 67% of migrant homecare workers indicated their main sponsor does not provide sufficient hours to meet the minimum salary requirement attached to their visa.

Regardless of ever-rising need for adult social care, in practice, demand for homecare services may not outstrip supply. More research is needed to examine the true state of supply and demand in homecare, since experiences on the ground suggest a more complex scenario than a straightforward shortage of care workers. A reduction in the number of homecare providers serving any one area may be necessary to address poor workforce utilisation.

4. Instability is built into the employment model

Beyond pay levels, instability defines much of homecare work.

- 85% receive no more than one week's notice of their rota
- 62% are not confident their rota will remain unchanged during the week
- 87% do not always receive the legal 11 hours' rest between working days
- 69% do not consistently receive their legal minimum days off

Zero-hours arrangements, 'contact-time only' pay, and last-minute schedule changes combine to produce chronic uncertainty in income and personal life. Where a 'contact-time only' model of pay exists, as is the case for 72% of those surveyed, workers' hours, and therefore pay, are directly influenced by natural changes to client levels. In any other employment scenario, such instabilities would be planned for and absorbed by the employer.

Models such as shift-based pay - already in use by a small number of UK providers and in other countries - merit serious consideration as a structural alternative.

5. Advocacy on behalf of migrant workers has exposed underlying issues affecting all homecare workers

When gaps between care visits are unpaid, migrant homecare workers must work exploitatively long hours to meet the minimum salary requirement attached to their visa.

Research into the experiences of migrant care workers has unintentionally highlighted the chronically poor conditions underpinning employment for migrant and non-migrant homecare workers alike.

This survey demonstrates that exploitation of migrant workers is not confined to rogue employers. Rather, structural features of the homecare employment model create conditions in which both migrant and non-migrant workers are vulnerable.

For migrant workers, moving to a new homecare employer is unlikely to draw a line under exploitative working conditions. Branches of the most reputable national homecare brands are known to offer substandard employment conditions.

Equivalent efforts to understand employment conditions for all homecare workers should follow this unfunded, grassroots, worker-led survey.

6. An alternative case for investment: homecare as socially indispensable, highly responsible work

Homecare workers consistently identified sufficient visit time to meet social as well as practical needs as central to quality of care.

- 81% reported that most or all of the people they visit experience loneliness
- 62% thought that only some people's care visits were long and regular enough to meet both practical and social needs

Workers' recommendations prioritised improved basic employment conditions and sufficient visit time over professionalisation measures such as mandatory qualifications or registration.

This challenges the prevailing policy emphasis on workforce professionalisation as the primary route to improving quality and retention. Respondents suggest that security of income, predictable hours, and protected time for relational care are more immediate and foundational concerns.

The social aspects of homecare should be protected and fortified in the interests of both retention and of those who draw on support. A focus on the high level of responsibility involved in direct care work may offer an alternative case for improved pay and investment.

Why this matters now

Adult social care is entering a period of significant reform:

- The development of a Fair Pay Agreement
- The creation of the Fair Work Agency
- The rollout of guaranteed hours legislation
- Ongoing reforms to migration policy

These changes represent a rare opportunity to address longstanding structural weaknesses in homecare employment. However, without explicit attention to how pay is calculated, how hours are distributed, and how rotas are managed, reform risks being absorbed into existing patterns.

Final note

Homecare is essential work. This survey makes clear that the people involved continue to shoulder disproportionate financial and emotional risk. The evidence presented here does not describe isolated bad practice. It points to systemic features of the current employment model that undermine retention, destabilise incomes, and constrain the relational nature of care itself.

If homecare is to become a sustainable, respected and genuinely secure occupation, reform must begin with the fundamentals: payment for all working time, predictable hours, enforceable employment rights, and protection of the social dimension of care. Only then will the sector be able to retain the workforce on which it already depends.

Please support our work. Donate at homecarewg.org/donate

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