OXFORD BROOKES UNIVERSITY

institute of public care

Evaluation of pay structures to support recruitment and retention in social care in Wales

March 2026

This report is commissioned by the Social Care Fair Work Forum which is a tripartite social partnership group committed to embedding fair work and improving terms and conditions for those working within the social care sector. Forum members include Welsh Government, Trade Unions, Employers and Social Care Wales

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1. Executive Summary

This review was commissioned by Social Care Wales, on behalf of the Social Care Fair Work Forum. The Forum is a social partnership group made up of employers, trade unions and other stakeholders who aim to improve working arrangements for social care workers in Wales. In February 2026, this group published a pay and progression framework for social care in Wales. This framework, in its current form, outlines job bands (from A-E) that aim to illustrate typical roles within the children and adult social care workforce, and includes reference to the typical qualifications, skills, attributes, and knowledge of each role.

To contribute to further iterations of this framework, this report examines current pay structures within the social care workforce in Wales and its impact on recruitment and retention. Drawing on a rapid desk-based review, analysis of 174 job adverts, an employer survey (93 responses), employer focus groups or interviews, and eight semi-structured interviews with care workers, the findings present a consistent picture of a sector facing long-standing workforce pressures that are strongly shaped—but not fully explained—by low pay.

1.1. Pay rates and variation across the social care workforce

Despite recent increases driven by the introduction of the Real Living Wage (RLW) for the social care workforce in Wales, pay levels remain low when assessed against the complexity, skills, and responsibilities required in social care roles. Analysis of job adverts shows that some new entrants or junior care roles continue to be offered wages close to the National Living Wage rather than the RLW.

In addition, across Wales, there is significant variation in pay by provider type, sector, and setting:

- Voluntary and private / independent sector employers offer the lowest pay, sometimes averaging below the RLW.
- Local authorities provide higher hourly rates and enhanced pay for evenings/weekends, creating competition within the sector.
- Children's services and extra care settings tend to offer higher wages than traditional adult services. Homecare and learning disability services were observed to offer lower wages.

Pay compression is evident, with limited differentials between new entrant / junior care roles and more senior direct social care worker positions. This reduces incentives for progression and contributes to dissatisfaction among experienced staff.

A broad overview of the range of pay offered to the social care workforce in Wales, as informed by the findings of this review, is summarised below:

Table A: Summary of findings: Range of hourly pay offered to the social care workforce, Bands A-E

Job Band	Description	Hourly pay
A & B	A - A social care worker who is new to the sector and employed in providing care and support while gaining the required skills and knowledge. B - A worker who is employed in providing care and support directly to an individual.	Average: £13.40 per hour Range: £10.00 - £19.58 per hour
C	A worker who is employed in providing care and support, sometimes at an advanced level of specialism, directly to an individual.	Average: £14.26 per hour Range: £12.21 - £18.65 per hour
D	A worker who is employed as a deputy manager, team leader, or a lead practitioner overseeing specialist areas of care and support or advocacy. They may also have a role in assessing care and support needs.	Average: £15.28 per hour Range: £13.00 - £25.00 per hour
E	A worker who manages a service and is responsible for the overall professional management of the direct provision, supervision, and quality assurance of care and support provided.	Average: £22.83 per hour Range: £14.00 - £38.00 per hour

1.2. Comparison with other sectors

While pay in social care is broadly comparable to early years, retail, and other low-paid sectors, such comparisons mask significant differences. Other sectors typically involve far lower levels of responsibility, risk, emotional impact, and accountability. This imbalance may make those sectors more attractive for potential workers.

The disparity becomes more pronounced when comparing social care roles with equivalent NHS positions. Band 3 NHS healthcare support worker roles (e.g., nursing assistants) offer higher hourly pay and better pension and sick pay arrangements. As a result, the NHS is a significant competitor for the social care workforce.

Research suggests that younger people are more likely to leave social care roles for employment in other sectors, suggesting that a more considered and targeted approach to recruiting this demographic is needed to avoid a future ageing-workforce

challenge. There is some evidence to suggest this is related to limited career progression opportunities in care.

In work-poverty was found to be a significant risk in the social care workforce via published research, with one publication reporting that social care workers are nearly **twice as likely to experience poverty** as the average UK worker (Allen et al., 2025).

1.3. Recruitment and retention pressures

Recruitment challenges in the Welsh social care workforce remain widespread, though their severity varies across the sector. Homecare providers report the most acute pressures, with some stating that workforce shortages threaten the sustainability of their services. Factors contributing to this include low pay, unpaid travel time, local authority fee rates, and the high degree of responsibility associated with lone-working roles.

Employers consistently identified pay and conditions as the single biggest determinant of both recruitment and retention, followed by flexible working arrangements and competition from other sectors. However, analysis of survey responses showed no clear relationship between the pay rates employers currently offer and the severity of their recruitment or retention issues, indicating that broader conditions—job security, culture, and structure of work—may also play a role.

1.4. Care worker experience and satisfaction

Care workers consistently describe their work as meaningful, rewarding, and purpose-driven. Despite this, many feel that their pay does not adequately reflect the complexity of their responsibilities, particularly medication administration, safeguarding responsibilities, and working unsupervised. Job dissatisfaction is heightened where:

- Pay differentials between junior and senior roles are minimal.
- Opportunities for progression are limited or poorly rewarded.
- Supervision and management support are inconsistent.
- Shift patterns are unstable or change at short notice.
- Travel time and travel costs significantly reduce take-home pay (particularly in homecare).

Non-pay factors that strengthen retention include supportive workplace culture, compassionate leadership, flexible working arrangements with permanent contracts or guaranteed hours, access to psychologically informed reflective practice and clinical support, and strong team relationships.

1.5. Funding constraints and commissioning arrangements

Private / independent and voluntary employers across all sectors emphasised that the primary barrier to improving pay and conditions is insufficient and inconsistent funding from local authorities. Fee rates were widely described as failing to meet the

real cost of care, including wage requirements e.g., the mandated RLW minimum by government policy. Concerns include:

- Lack of clarity in how RLW-related funding is allocated by the Welsh Government and then passed on by local authorities.
- Variation in fee uplifts across local authorities in Wales.
- Rising operational costs including National Insurance, pensions, utilities, and insurance.
- The commissioning model for homecare, particularly "time and task" approaches that do not fund travel time, undermining workers' incomes and service sustainability.

1.6. Conclusions and considerations

This review demonstrates that improving pay is needed but is **not sufficient on its own** to secure a sustainable social care workforce. Pay must be accompanied by improvements to job quality, workforce support, and commissioning arrangements. Some of the future considerations for the Social Care Fair Work Forum that emerged through the research were:

- Implementing a minimum pay rate or range for all job bands in the pay and progression framework for social care in Wales, not only the new entrant band (A). It is essential this is done in collaboration with the Welsh Government and commissioning public authorities to ensure funding is available to meet these pay rates.
- Include the role of employment terms and conditions in any recruitment / retention strategy or policy for the social care workforce.
- Develop recruitment and retention strategies for the younger social care workforce.
- Consider if more urgent or targeted support is required for the homecare / domiciliary care sector whose workforce stability appears more strained.
- Consider and plan for the potential impact of the Pay and Progression Framework on Personal Assistants and their payments.
- Continue to consider non-pay related support within the Pay and Progression Framework for social care in Wales as part of the wider range of resources that will be made available to support the sector.

2. Introduction

2.1. The social care workforce in Wales

In 2023/24, a total of 60,180 adults in Wales received care and support from adult social care services and had an active care and support plan at some point during the year, equivalent to 2.4 per 100 adults (Welsh Government, 2025). Demand for adult social care across Wales, and the whole of the UK is projected to rise over time, driven primarily by an ageing population and increased life expectancy among

people with physical disabilities, learning disabilities, and mental ill-health (Vadean et al., 2024; Alma Economics, 2024). Evidence indicates a growing number of individuals with dementia requiring care, alongside an upward trend in the need for formal care among working-age adults (18–64 years) (Atkins et al., 2019).

Demand for children's social services also continues to rise in Wales. In 2024, 7,198 children were formally looked after by the state, reflecting a sustained long-term upward trend. During 2023/24, just under 2,000 children entered care, representing a 2.6% increase on the previous year (Welsh Government, 2025).

Social Care Wales (2025) reports a 34% increase in the number of looked after children over the past 15 years, placing significant pressure on the care system. This increase is linked to growing levels of family poverty and an increased need for early intervention to prevent family difficulties from escalating. Consequently, the workforce reports frustration at operating within a sector that is "overstretched and overwhelmed" (Social Care Wales, 2025, para. 21).

A sustainable, skilled, and high-quality workforce is therefore critical to the effective delivery of adult and children social care services.

In 2024, an estimated 82,875 individuals were employed in care worker roles across adult and children's social care in Wales, representing a slight increase compared with the previous year (Social Care Wales, 2024). The majority of the workforce is employed by organisations providing adult residential care and all-age homecare services, with just over half of all staff (50.8%) occupying roles classified as care workers. Employment stability appears relatively strong, with 87% of staff employed on permanent contracts and only 5% requiring a working visa to undertake their role. But there are concerns that this is not sufficient to meet the rising demand for the sector.

> "In 2022, there were 1.7 million social care jobs across the UK, making it one of the largest low-paying sectors in the country. Were this workforce to grow in line with our ageing population, the number of social care jobs would outstrip those in retail or hospitality in little more than a decade" (Resolution Foundation, 2023, p 3)

Between 2023 and 2024, an estimated 5,346 posts across the social care workforce in Wales were vacant, equating to 6.3% of the workforce. This represents a marginal decrease (less than one percentage point) from the previous year, indicating that vacancy rates have remained relatively stable in recent years. Nonetheless, the vacancy rate remains comparable to the wider sector, although it is slightly lower than the vacancy rate reported for the English adult social care workforce, which stood at 7% in 2024/25 (Skills for Care, 2025).

Workforce turnover also presents ongoing challenges. Social Care Wales estimates that while 8,187 individuals joined the social care workforce in 2023/24, a larger number—8,709—left the sector during the same period. This resulted in a net reduction of 522 staff between 2023 and 2024.

Taken together, vacancy levels and staff turnover reported by Social Care Wales and Skills for Care (2025) raise concerns regarding the sustainability and attractiveness of social care employment. These trends have important implications for the sector's capacity to meet rising demand for adult and children social care in the coming years.

2.2. Supporting the recruitment and retention of the social care workforce in Wales

Social Care Wales (SCW) want to better understand how to support a sustainable, viable and high-quality social care workforce in Wales. Much progress has already been made, including the development of a Health and Social Care Workforce Strategy and associated delivery plan (Social Care Wales, 2025). However, feedback from the industry and social care employers report that low wages and salaries are significantly impacting the sector's ability to attract, recruit and retain staff within the social care workforce.

The Employment Rights Act 2025 offers Wales the opportunity to develop a fair pay agreement for the social care workforce which can set minimum standards for pay, and other employment terms and conditions, which will be enforceable by law. In 2020, the Welsh Government established the Social Care Fair Work Forum: a partnership made up of social care employers, trade union representatives, and other stakeholders. This partnership aims to improve employment arrangements for social care workers in Wales, and so are perfectly placed to advocate for the pay and employment terms and conditions that need to be fair and attractive to the current and future workforce.

This group have published a pay and progression framework for social care in Wales (Social Care Wales, 2026). This aims to:

- Improve recruitment and retention in the social care sector.
- Support development of the workforce through continued improvement and skills and knowledge.
- Provide a clear progression route for those thinking of joining or already working in the sector.
- Provide a simplified framework for social care employers and employees.
- Describe and standardise positive behaviours of social care workers.
- Provide a fair and transparent process for decisions on collective and individual wage decisions (at this stage in individual organisations).

The framework outlines a series of role-specific bands across the social care sector, detailing the skills, values, knowledge, understanding, and typical responsibilities associated with each level. The current version does not yet include expected pay scales, and this research represents one of the first steps toward informing and shaping that element of the framework.

2.3. Evaluation of pay structures to support recruitment and retention in social care in Wales.

Social Care Wales commissioned the Institute of Public Care (IPC) at Oxford Brookes University to undertake a review into the broad pay and wage levels currently offered to the social care workforce in Wales (across children's and adult services), considering the roles, tasks, responsibilities and qualifications expected for the social care workforce across different care settings and employers (e.g., local authority, private or voluntary sectors).

In addition, the research aims to improve understanding of the extent to which pay rates influence workforce retention, recruitment, and overall job satisfaction within the sector.

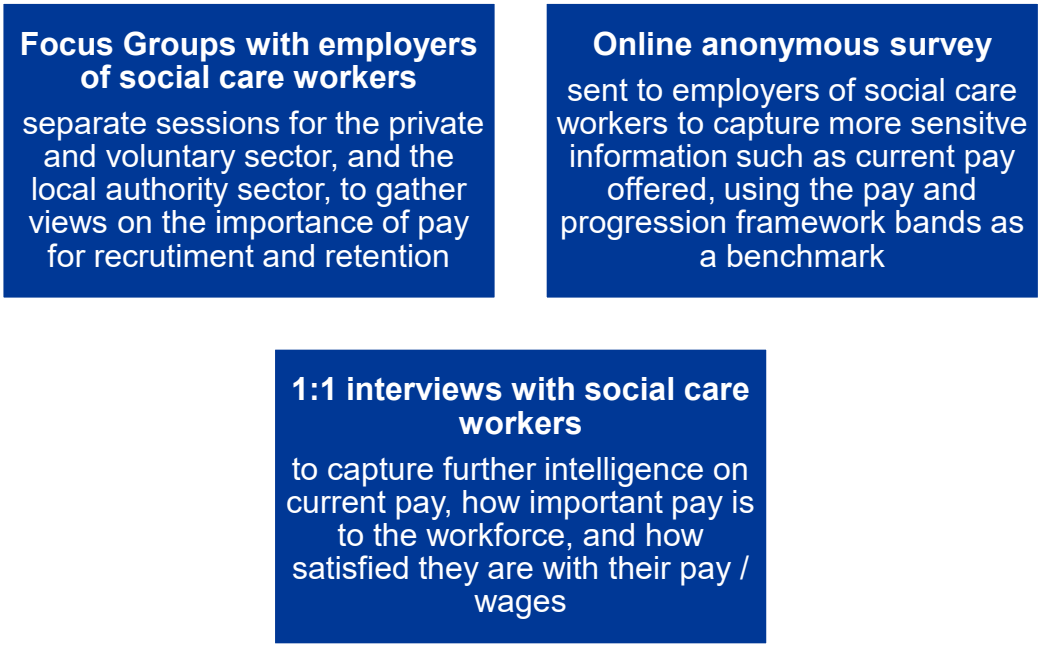
2.3.1. Methodology

IPC adopted a mixed-methods research approach for this piece of work, incorporating the following key components:

Rapid desk-based evidence review - A desk-based evidence review was undertaken to identify any published data and research offering insights into how pay and wages influence recruitment and retention within the social care sector. As part of this activity, comparative sectors were also examined. This included the use of a web-scraping tool to analyse job adverts across Wales for social care roles, alongside comparable advertisements in the NHS, early years, education, and retail sectors. This sought to identify typical pay levels of social care roles, as well as others which are likely to require similar skills and qualifications, enabling an assessment of the relative attractiveness of social care roles within the wider labour market.

Stakeholder engagement – IPC also undertook targeted stakeholder engagement with social care employers and members of the social care workforce. This aimed to deepen understanding of the range of pay levels currently offered, and how these relate to qualifications, experience, and the responsibilities associated with different roles. In addition, the engagement explored employers' perspectives on how pay and wages affect their ability to recruit and retain staff, as well as social care workers' views on satisfaction with their current pay. The stakeholder engagement activities are illustrated in **Figure 1:**

Figure 1: Summary of stakeholder engagement activities



3. Desk based evidence review

The desk-based evidence review drew on the academic resources available through Oxford Brookes University, supplemented by publicly available online research and publications. Together, these sources helped to build a comprehensive picture of the current range of pay and wage levels offered to the social care workforce across the UK.

As part of this review, IPC also examined how the pay of the social care workforce compares with other, similar industries taking account. This comparative analysis is a critical element of the research, given widespread anecdotal feedback suggesting that some social care workers are leaving the sector entirely in favour of roles in areas such as retail or hospitality, where they may perceive the pay to be equal or higher, with significantly less responsibility.

Finally, the review explored existing evidence on the influence of pay on social care workforce recruitment and retention, alongside wider employment conditions that may contribute to stability within the social care workforce.

3.1. What pay is offered in the social care workforce across Wales, England and Scotland

Insight on pay within the social care sector can be gained by examining the ONS data at the level of Standard Industrial Classification (SIC) 2007 codes to draw out specific social care information on wages (Office for National Statistics, *Earnings and Hours Worked, Industry by Four-Digit SIC: ASHE Table 16*, 2025). Published as part

of the Annual Earnings and Working Hours dataset, these data provide the following picture.

Table 1: Earnings by Industry four digit SIC (2025)

Job Role Subset – from Human Health and Social Work Activities	Average Gross Hourly Pay	Average Gross Weekly Pay	Average Gross Annual Salary
Residential Care Activities (SIC 87)	£16.32	£559.20	£32,120.00
Social Care Activities without accommodation (SIC 88)	£16.87	£513.60	£32,577.00

Source: ONS - Earnings and Hours Worked, Industry by Four-Digit SIC: ASHE Table 16, 2025

It is important to note that both SIC classifications encompass a wide range of care activities, including services for older adults, individuals with various disabilities, people experiencing substance misuse, and those with mental ill-health.

The Office for National Statistics also publishes annual data on the earnings of care workers in the UK (*Earnings and Hours Worked, Care Workers: ASHE Table 26*, 2025). This dataset covers care workers, home carers, and senior care workers. For 2025, the following figures were reported for full-time employees:

- Average annual gross pay: £22,032.00 (a 6.5% increase from the previous year)
- Average weekly gross pay: £467.90 (an 8% increase from the previous year)
- Average gross hourly pay: £14.60 (a 7% increase from the previous year)

3.1.1. Social care worker pay in Wales

In 2022, the Welsh Government committed to ensuring that social care workers in Wales are paid at least the Real Living Wage (RLW) (Welsh Government, 2022). The RLW is set at a higher level than the UK-mandated minimum hourly wage for individuals aged 21 and over, as it is calculated with reference to the actual cost of living, based on a representative basket of household goods and services. Although typically a voluntary benchmark for employers of those aged 18 and over, the Welsh Government's policy expects that all care workers registered with Social Care Wales are paid no less than the RLW. This applies across care settings, including care homes, homecare services, and supported living arrangements, and personal assistants funded by direct payments, spanning both children's and adults' social care.

The RLW is recalculated annually by the Living Wage Commission. Consequently, care workers in Wales should have been receiving, at minimum, an hourly rate aligned with the RLW in any given year, as shown in Table 2.

Table 2: Real Living Wage and National Living Wage since April 2022

Financial Year	National Living Wage (over 23 years)	Real Living Wage
2022/23	£9.50	£10.90
2023/24	£10.42	£12.00
2024/25	£11.44	£12.60
2025/26	£12.21	£13.45[1]

Source: Living Wage Foundation and HM Government

Therefore, at the very least, registered care workers in Wales should be receiving an hourly salary of £12.60 at time of writing, with employers preparing the increase this to £13.45 per hour by the 1st of May 2026.

In 2024, the Welsh Government commissioned Cordis Bright to evaluate the impact of the RLW policy commitment on care workers. The evaluation found that most eligible care workers were believed to be receiving the RLW or a higher rate of pay; however, a minority were not. Survey data indicated that 84% of respondents reported being paid at least the RLW. Further findings of this research are summarised in subsequent sections of this desk-based review.

3.1.2. Social care worker pay in England

For 2024/25, the average pay offered to adult care workers in England is shown in the table below (Skills for Care, 2025). This data covers all care settings, including Care Quality Commission (CQC)-registered care homes with and without nursing, as well as CQC-registered homecare services (Table 3).

In this period, the National Living Wage was £11.44 per hour.

Table 3: Average (mean) pay for the adult social care workforce in 2024/25

Job Role	Hourly Rate (Independent employer)	Hourly Rate (Local Authority employer)	FTE Annual Salary (Independent employer)	FTE Annual Salary (Local Authority employer)
Care Worker and Support Worker	£12.16	£13.48	£23,400.00	£25,900.00
Senior Care Worker	£12.91	£16.00	£24,800.00	£30,800.00

[1] Announced on 22nd October 2025, and to be implemented by 1st May 2026.

Job Role	Hourly Rate (Independent employer)	Hourly Rate (Local Authority employer)	FTE Annual Salary (Independent employer)	FTE Annual Salary (Local Authority employer)
Deputy Manager	£15.76	£25.83	£30,300.00	£49,700.00
Registered Manager	£20.34	£24.84	£39,100.00	£47,800.00

Source: Skills for Care, 2025

Key findings regarding pay in the Skills for Care 'State of the adult social care sector and workforce in England' report (2025) included:

- **Median hourly pay:** In March 2025, the median hourly rate for care workers was £12.00—the Real Living Wage (RLW) at that time. Although this represented a cash-terms increase of £1.00 per hour since March 2024, the report notes that, once adjusted for inflation, the real-terms increase was £0.71 per hour (a 6.3% rise).
- **Comparison with NHS roles:** Care workers continued to earn less than Band 3 NHS Healthcare Assistants (HCAs) who were new in post, whose median hourly rate stood at £12.31.
- **Returns to experience:** Care workers with five or more years of experience earned, on average, only £0.07 more per hour than those with less than one year's experience. This gap has narrowed considerably from £0.33 per hour in March 2016, further illustrating the erosion of pay differentials between roles and levels of responsibility within the sector.

In December 2025, Skills for Care reported that the median hourly rate for care workers had risen to £12.60. Despite this, 26% of the workforce were paid the 'floor' wage[2] rate, and nearly half (48%) were earning below the National Living Wage (Skills for Care, 2026).

3.1.3. Social care worker pay in Scotland

A recent report published by the Scottish Government (2024), which examined the impact of increased pay on the adult social care labour supply in Scotland, reported the following hourly wage rates for care roles in 2023, based on Standard Industrial Classification (SIC) data from the ONS earnings series:

[2] Defined as those earning or within 10 pence of the National Living Wage

Table 4: Hourly pay distribution in care worker roles in Scotland

SIC	Average hourly pay distribution
Residential Care Activities	£11.43
Social work activities without accommodation	£11.61

Source: The Scottish Government, 2024

3.2. Pay and Poverty and deprivation rates in the social care workforce sector compared to other industries

Recent research has concluded that the current rates of pay within the social care sector contributes to in-work poverty for the workforce. For example, residential care workers and their families have been found to be nearly **twice as likely to experience poverty** as the average UK worker (Allen et al., 2025). Between 2021 and 2024, one in five residential care workers were identified as living in poverty[3], with more than one in ten experiencing food insecurity, over one in ten relying on Universal Credit, and one in twenty unable to afford basic household expenses such as utility bills. The research also highlighted the impact of this deprivation on workers' children; for example, one in ten children of residential care workers were reported to be going without essential items such as a warm winter coat. Poverty rates may be even higher among homecare workers, who often face additional costs such as fuel expenses, insecure employment conditions, and unpaid travel time between care visits.

The researchers estimate that raising the wage floor in social care to align with NHS Agenda for Change Band 3 rates would result in a "modest but important reduction in poverty" among the social care workforce (Allen et al., 2025, p. 5).

This is further evidenced by Prowse, Prowse and Snook (2021) who discovered that increasingly adult social care workers are experiencing in-work poverty (i.e., individuals or households who are employed but live in poverty because their income is insufficient to cover basic living costs). Researchers concluded this was mainly due to the marketisation of adult social care and an increasing trend to reduce both job security and guaranteed hours / contracts as well as a reduction in additional financial payments made on top of a base salary.

[3] Researchers defined poverty as living in a household with below 60% of the average income after housing costs.

3.3. How does pay in the social care workforce compare to similar industries?

The Welsh Government's 2025 evaluation of the Real Living Wage (RLW) policy for social care workers identified several positive outcomes associated with its implementation. Care workers in Wales reported increased financial security and improved morale, particularly during the early stages of their employment, following the introduction of the RLW (Cordis Bright, 2025). However, the evaluation found limited evidence that the RLW alone had led to improvements in recruitment or retention in social care worker roles. Moreover, initial morale gains were reported to diminish over time, as the RLW came to be viewed less as an enhancement that recognises workers' skills and responsibilities but more as the basic minimum pay expected for the profession—particularly in comparison with other sectors.

The evaluation also highlighted potential unintended consequences of the policy. These included additional financial pressures on providers, which in some cases led to reductions in overtime opportunities and bonus payments. Furthermore, the narrowing of pay differentials between roles was identified as a concern, potentially making senior care worker positions less attractive and constraining longer-term workforce development.

In addition, Cordis Bright (2024) identified that wage increases in competing industries such as retail, hospitality, and the NHS have reduced the relative attractiveness of careers in social care. The evaluation concluded that the sector's capacity to respond competitively to rising salaries elsewhere is limited, given that social care funding is governed by local and national government budgets.

In this context, it is therefore important to consider pay levels in other industries requiring comparable skills and qualifications; in order to assess how social care wages align with alternative employment opportunities.

3.3.1. Social care worker pay compared with similar industries

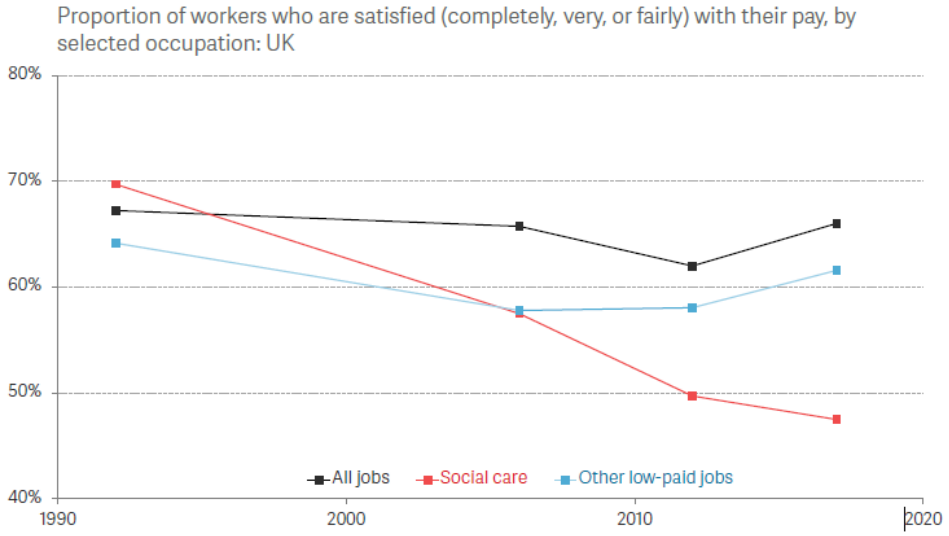
The Resolution Foundation (2023) examined the experiences of social care workers by comparing them with those in other occupations they classify as 'low-paid jobs', including cleaning, childcare, hairdressing, retail assistance, factory-based process work, and transport driving. Their research found that many social care workers reported positive experiences in their roles—for example, describing the work as satisfying and worthwhile—and viewed their roles as highly skilled, often involving managing challenging behaviours and carrying significant levels of responsibility, such as administering medication or providing personal care.

According to the ONS Skills and Employment Survey (2017)—the most recent data available, as noted by the Resolution Foundation—88% of social care workers reported being satisfied with their job, compared with 83% of workers in other low-paid roles. Some participants linked this to a sense of job security; one focus-group participant stated, "There is always a job for you in care."

However, the apparent security and availability of employment may be driven less by stability and more by persistent recruitment and retention challenges across the sector. Chronic understaffing creates additional pressure for the existing workforce: 68% of social care workers reported working under a high degree of pressure, compared with 54% in comparable low-paid occupations (ONS, 2017).

A consistent message from care workers in this research (Resolution Foundation, 2023) was that high turnover and vacancy rates persist despite many positive aspects of the work, largely because **pay remains low relative to the level of skill and responsibility required.** Fewer than half of care workers reported satisfaction with their pay in 2017—a proportion that has been declining since the early 1990s, when almost 70% expressed satisfaction (completely, very, or fairly). In contrast, other low-paid occupations reported a 62% pay satisfaction rate in 2017, which has been increasing since the early 2010s, as shown in Figure 2.

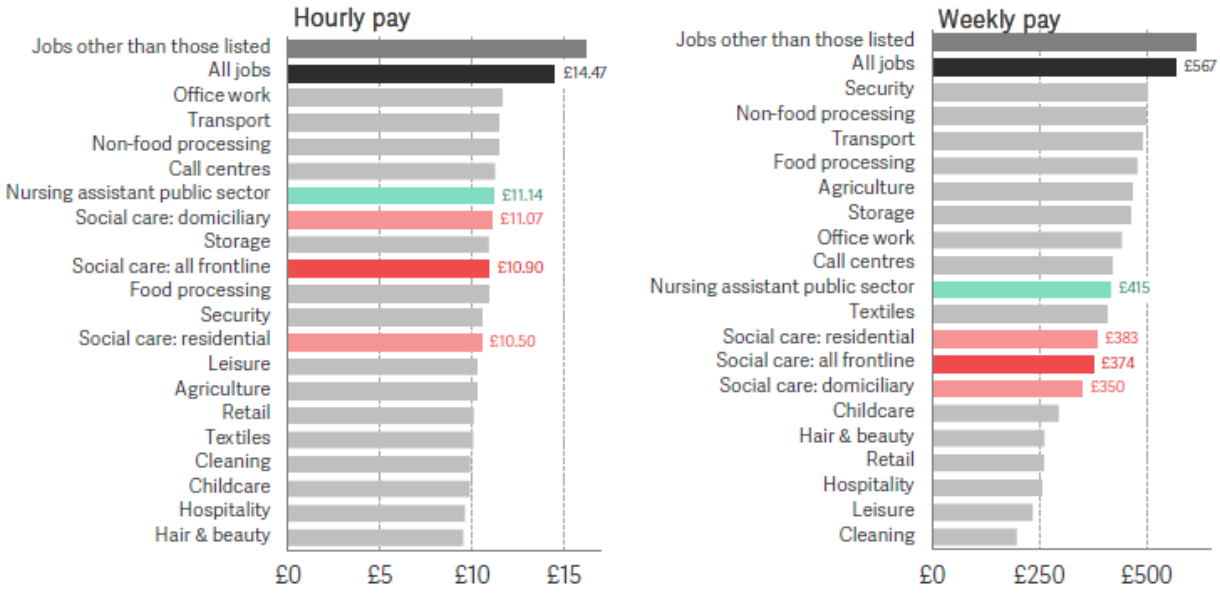
Figure 2: Proportion of workers who are satisfied (completely, very or fairly) with their pay, by occupation



Source: Resolution Foundation, 2023

This is further supported by Figure 3, which shows that in April 2022 the median hourly pay rate for frontline social care workers, based on Resolution Foundation calculations, was £10.90. This compares with a median hourly rate of £14.47 across other low-paid industries. Notably, frontline care workers earned less than workers in sectors such as office-based low-paid roles, call centres, transport services, and public-sector nursing assistant positions.

Figure 3: Resolution Foundation analysis of Annual Survey of Hours and Earnings – median hourly and weekly pay by low-paid job categories, April 2022



Source: Resolution Foundation, 2023

The research also identified a narrowing of pay differentials between social care and other low-paid industries over the past decade. In 2011, frontline social care roles were associated with hourly pay around 5% higher than the average of comparable sectors; by 2021, this advantage had fallen to just 1%. This erosion of relative pay may further reinforce perceptions among care workers that their wages do not adequately reflect the skills, effort, and levels of responsibility required within the sector.

The report also examined actual 'take-home' pay, which may differ substantially from headline hourly rates. This is particularly relevant for homecare workers, who frequently travel between the homes of people receiving care and support, often without being paid for this travel time. Although research indicates that homecare workers have a higher median hourly wage compared with workers in other care settings (e.g., Vadean & Allan, 2023), the absence of remuneration for travel time can significantly reduce their effective hourly rate. In some cases, this means that actual earnings may fall below the National Living Wage (NLW):

> A typical domiciliary care worker earning £11.07 per hour and spending the average amount of time travelling between clients (20% of their 'contact time – equivalent to 12 minutes for each contact hour) would have an effective hourly rate of £9.20, 0.30p an hour below the adult minimum wage (Resolution Foundation, 2023, pg. 4).

This highlights the role commissioning arrangements and service models have in shaping pay in the sector, which is unique when compared to most other low paid sectors.

3.3.2. Comparison with healthcare employment

A particularly important point of comparison when examining fairness and disparities in pay across employment sectors is the NHS, given its close relationship to—and frequent overlap with—social care. Unlike the social care sector, NHS employment operates under the nationally recognised **Agenda for Change** framework, which sets out standardised pay rates for different roles across a series of defined pay bands.

The fourth edition of the campaign document Unfair to Care (2025) continues to compare the pay of social care support workers with their closest equivalents in the NHS, identified as Band 3 roles, which include positions such as emergency care assistants, occupational therapy assistants, and other support worker posts. Band 3 was identified as the most appropriate comparator using the **Korn Ferry Hay Guide Chart–Profile Method**, an internationally used job evaluation tool for developing robust job frameworks.

According to this analysis, care work requires:

- **Specialist skills:** including understanding of specific needs, behaviours and emotions of the people they support.
- **Important characteristics:** including empathy and patience
- **Accountability:** working in a regulated environment with significant personal responsibility
- **Physical effort:** including long shifts and delivering physically demanding tasks such as personal care
- **Adapting to environmental challenges:** such as exposure to unpleasant conditions including bodily fluids, noise and shouting
- **Emotional demands:** exposure to physical aggression, for example, and supporting end-of-life care.

The most recent iteration of this report, which advocates for fairer pay within the social care sector, identifies a pay gap between social care workers and their closest NHS counterparts. Specifically, the gap between a social care worker and a Band 3 healthcare support worker is reported to be 6% equivalent to approximately £1,409.00 per year.

This figure is calculated by, firstly, reviewing the gap between the basic hourly wage of an NHS worker at the mid-point of the NHS Band 3 grade compared to an average care and support worker:

Table 5: Basic hourly pay comparison between care and support worker and Band 3 NHS worker

2024/25	Care and support worker average pay	NHS staff Band 3 midpoint	Pay Gap £ & %	
Average hourly pay	**£12.00**	**£12.72**	**£0.72**	**6%**
Average annual salary	**£23,464.00**	**£24,873.00**	**£1,409.00**	**6%**

Source: Unfair to Care report, 2025

In addition, the Unfair to Care publication reports that enhanced pay arrangements within the NHS further widen the disparity in take-home pay between social care workers and their NHS counterparts. These enhancements include premiums for working unsocial hours, night shifts, weekends, and bank holidays in the NHS. When these additional payments are factored in, the pay gap increases to 30.3%. Moreover, the report argues that the gap widens further—to 46.8%—when accounting for the value of NHS pension contributions and sick pay entitlements, which are significantly more generous than those available to most social care workers.

> This is not just a statistic; it is a stark reflection of the persistent undervaluing of one of society's most vital workforces. Despite clear and undeniable evidence that social care roles require significant skill, accountability and emotional resilience, pay levels for not reflect the complexity or demands on the job. (Community Integrated Care, 2025, pg. 4)

3.4. Analysis of job adverts for social care work and comparable industries in Wales

As part of this desk-based research, IPC reviewed a snapshot of social care job vacancies in Wales, including the types of jobs advertised and levels of pay offered. The aim of this exercise was to provide a broad overview of the pay currently offered in social care across Wales and highlight key variations by sector, setting, and employer. We also explored to what extent sector vacancies are aligned with the ambitions of the pay and progression framework for social care in Wales (Social Care Wales, 2026), including the proportion of adverts that offer the Real Living Wage (RLW) or Agenda for Change Band 3 pay. Table 6 provides an overview of the relevant pay rates.

We also analysed pay rates offered in sectors often viewed as competing for the same workforce; namely the NHS (healthcare assistant roles), early years and education, and retail.

Table 6: Real Living Wage and National Living Wage for workers aged 21+, alongside Agenda for Change Band 3 pay rates in Wales

		Annual pay	Hourly pay
2025/26	NLW	£23,810.00	£12.21
	RLW*	£26,178.88	£13.45
	AfC Band 3[4]	£26,999.00	£13.85
2026/27	NLW	£24,784.00	£12.71
	RLW*	£26,178.88	£13.45
	AfC Band 3[5]	£27,476.00	£14.05

Source: Living Wage Foundation, HM Government & NHS

The methodology and potential limitations of this exercise is outlined in appendix A.

3.5. Findings

3.5.1. Characteristics of vacancies in social care

Information from 174 job adverts was extracted; some of these adverts covered more than one post. Table 7 summarises the characteristics of the adverts by care sector, type of provider, and equivalent job band.

Most vacancies were advertised in local authority provision (61.5%). Vacancies were relatively evenly distributed across residential services for older adults, services for adults with learning disabilities, and homecare. A sizeable minority were for personal assistants (PA) and for roles in reablement services.

Roles equivalent to Bands A and B (pay and progression framework for social care in Wales) accounted for most vacancies (78.2%).

[4] Top step point, source: https://cymru-wales.unison.org.uk/content/uploads/sites/9/2025/06/AfC-Payscales-2025-26.pdf

[5] Top step point Band 3, source: https://www.nhsemployers.org/articles/pay-scales-202627

Table 7: Job adverts by care sector, provider, and equivalent job band (N=174)

	Number	Percentage
Sector		
Independent / private	56	32.2%
Local authority	107	61.5%
Voluntary	11	6.3%
Type of provision		
Homecare	45	25.9%
Learning disability	44	25.3%
Older adults residential care	56	32.2%
PA	16	9.2%
Reablement	9	5.2%
Other	3	1.7%
Not stated	1	0.6%
Band equivalent		
AB	136	78.2%
C	14	8.0%
D	5	2.9%
E	3	1.7%
PA	16	9.2%

Just over half of all advertised vacancies were part-time (51.8%), and a third (31%) were full-time. Most roles advertised were permanent (69.5%). In a quarter of cases, this information was not available (Table 8).

Table 8: Employment type of advertised vacancies (N=174)

	Permanent		Fixed term		N/A		Total	
Part-time	64	36.8%	6	3.4%	20	11.5%	90	51.8%
Full-time	45	25.9%	-	-	9	5.2%	54	31.0%
Zero hours	2	1.1%	-	-	7	4.0%	9	5.2%
N/A	10	11.5%	2	1%	9	5.2%	21	12.1%
Grand Total	**121**	**69.5%**	**8**	**4.6%**	**45**	**25.9%**	**174**	**100.0%**

3.5.2. Pay in social care roles

Of the 174 vacancies, 165 indicated pay in the advert. Just over half of vacancies (52.5%, n = 92) indicated a pay range, allowing for differentiated pay for those with more experience or qualifications. For vacancies that did not indicate a range, we treated the hourly pay rate as both the minimum and maximum rate.

Twenty adverts (14.7%) offered pay below the rate of the national living wage applicable from April 2026, including four vacancies advertised below the current NLW rate of £12.21, including rates as low as £10.00 and £10.90 per hour (Table 9). Half of all adverts (50.3%, n = 88) offered a starting pay below the real living wage that is required to be in place by 1st May 2026 (£13.45 per hour), including all but two PA vacancies and a Band C equivalent post, and a quarter of all vacancies (26%) had a top wage rate below the RLW.

Using the AfC Band 3 hourly rate as the benchmark (£13.85), 62% (n = 108) of vacancies had a starting pay below this, and 30% (n = 56) had a maximum rate below this.

Pay rates are lowest in learning disability services. Median pay at the bottom end of the range is below the RLW required in May 2026 in three sectors: learning disability, home care, and personal assistants (Table 9).

Table 9: Pay by care sector – Band AB, personal assistants (hourly pay, £)

	N	Min	Max	Mean – bottom	Mean – top	Median – bottom	Median – top
Home care	44	10.50	16.36	13.54	14.28	13.30	13.90
Learning disability	40	10.00	17.46	13.44	13.77	13.20	13.76
Residential	43	10.90	19.58	13.71	14.02	13.62	13.90

	N	Min	Max	Mean – bottom	Mean – top	Median – bottom	Median – top
Reablement	5	13.12	15.91	13.69	14.38	13.68	14.12
PA	16	12.60	13.50	13.01	13.06	13.00	13.00
Other	3	13.12	13.58	13.38	13.56	13.26	13.54
Total (excl. PAs)	136			13.56	14.02	13.30	13.76
Total	152			13.50	13.92	13.30	13.76

There is a marked difference between the pay rates offered by the local authority, the independent, and the voluntary sector, with especially low rates of pay offered by the voluntary sector (Table 10).

Table 10: Pay by type of provider – Band AB, personal assistants (hourly pay, £)

	N	Min	Max	Mean – bottom	Mean – top	Median – bottom	Median – top
Independent / private	47	10.00	17.46	13.25	13.59	13.08	13.30
Local authority	80	12.25	19.58	13.86	14.45	13.18	13.40
Voluntary	9	12.21	13.12	12.78	12.78	12.75	12.75
PA	16	12.60	13.50	13.01	13.06	13.00	13.00
Total (excl. PAs)	137			13.56	14.02	13.30	13.76
Total	152			13.50	13.92		

Mean and median pay in Band A and B equivalent roles are around the real living wage. The pay differential across bands is narrow, except for Band E equivalent managerial roles that require specialist qualifications (Table 11).

Table 11: Pay by bands (hourly pay, £)

	N	Min	Max	Mean – bottom	Mean – top	Median – bottom	Median – top
AB	136	10.00	19.58	13.56	14.02	13.30	13.76
C	14	13.12	18.65	15.06	15.84	14.43	16.42
D	5	14.06	16.04	14.95	14.95	14.70	14.70
E	3	17.95	30.77	22.42	26.19	23.66	24.73
PA	16	12.60	13.50	13.01	13.06	13.00	13.00
Total	**174**			**13.82**	**14.31**	**13.30**	**13.76**

3.5.3. How does pay in social care compare to other sectors?

Further contributing to the desk-based review and identifying three key comparative employment sectors, IPC also compared social care pay offers with pay in retail, early years / education, and the NHS (health care assistant roles).

Information about pay was extracted from 15 early years, nine education support, and 10 retail vacancies. Early years vacancies included nursery teaching assistant, early years practitioner, nursery practitioner, play worker, nursery worker roles from entry level to senior practitioner or team leader roles. Education support vacancies included Level 1 and Level 2 teaching assistant roles, midday / breakfast club supervisor and supervisor assistant, and learning support assistant roles. Retail vacancies included customer advisor, sales / retail / store / stock assistant, and team leader roles. Table 13 provides a comparison of pay offered in these sectors.

Table 12: Pay in other sectors (hourly pay, £)

	N	Min.	Max.	Mean – bottom	Mean – top	Median – bottom	Median – top
Early years	15	12.31	16.44[6]	13.06	13.48	12.76	13.00
Education	9	12.65	15.31	13.23	13.62	13.12	13.26
Retail	10	12.21	14.30	12.69	-	12.55	-

[6] Team leader role

Overall, hourly pay in these sectors appear similar to or a little lower than rates offered in social care, particularly in early years and retail. However, retail jobs often offer store discounts and enhanced rates for night work. The value of these could not be quantified but could potentially be significant.

We also extracted all Band 2 and Band 3 NHS vacancies – health care assistant roles fall into these bands. Table 13 provides an overview of NHS pay rates. Of the 86 vacancies, 20 were advertised as health care assistant, health care support worker, or nursing support worker roles – seven at Band 2 and 13 at Band 3.

Table 13: NHS Agenda for Change Band 2 and 3 pay rates in Wales

		Annual pay	Hourly pay
2025/26	Band 2	£24,833	£12.73
	Band 3 entry step point	£25,331	£13.00
	Band 3 top step point	£26,999	£13.85
2026/27	Band 2	£25,272	£12.96
	Band 3 entry step point	£25,760	£13.21
	Band 3 top step point	£27,476	£14.05

Source: https://www.nhsemployers.org/articles/pay-scales-202627, rates for Wales may differ

3.6. Summary of findings

Analysis of 174 social care job adverts from February–March 2026 shows that pay in the social care sector remains low. Many new entrants in roles equivalent to Bands A and B continue to be offered wages close to the National Living Wage—below the Welsh Government's ambition for all registered care workers to earn at least the real Living Wage.

There is considerable variation in pay across the sector. Workers employed by voluntary organisations or supporting working-age adults with learning disabilities are most likely to receive lower wages. In contrast, local authority providers and older adults' care homes tend to offer higher rates, typically around or slightly above the Real Living Wage.

Pay differentials between roles are minimal, offering limited incentives for career progression or taking on additional responsibilities. Most vacancies—78% including PA roles and 86% excluding them—are advertised as "entry level", with no qualifications or experience required. Half of the roles offer no higher pay rate for experienced or qualified staff. While this may attract new entrants, it risks negatively affecting retention.

Personal Assistants (PAs) are not currently included in the pay and progression framework for social care in Wales, despite carrying out work comparable to that of the wider social care workforce. They are currently among the lowest-paid in the sector, and their exclusion may widen this gap as the Framework is implemented. This could create challenges for people who employ PAs and may affect the sustainability of self-directed support in Wales.

In conclusion, when considering the broader pay landscape, social care offers pay that is comparable to, or in some cases (e.g. early years) slightly better than other sectors often viewed as competing for the same workforce.

3.7. How important is pay for social care workers?

Pay and employment conditions are widely recognised as significant factors that influence individuals when choosing a job. In recent years, several studies have examined how wage levels and other aspects of employment—such as employment security, career progression opportunities, and working conditions—affect staff retention and turnover within social care roles.

3.7.1. Pay and wages

Debate continues regarding the extent to which pay acts as a primary motivator for social care workers, with some research suggesting that people enter and remain in care roles not primarily for financial reward but because they derive satisfaction from helping others and making a meaningful difference (Adams & Sharp, 2013; Bjerregaard et al., 2015; Maben et al., 2012). Evidence examining the influence of pay on recruitment and retention within the sector is mixed, and much of it is based on cross-sectional studies conducted in the United States. For instance, Rosen et al. (2011) found that hourly pay did not significantly predict intentions to leave the care sector, arguing that the influence of wages may be offset by non-monetary influences such as health concerns, lack of health insurance, or low job satisfaction. Conversely, Morris (2009) reported that moving between care roles was significantly associated with higher wages, while Howes (2005) demonstrated that doubling wages for independent homecare providers (personal assistants in the UK context) substantially improved retention. Similarly, Rapp and Sicsic (2020) identified a positive association between hourly wages and retention in the care sector.

More recent UK-based research indicates that both wages and broader employment conditions influence workers' decisions to stay in or leave their roles. Vadean and Saloniki (2023), for example, found that a 10% wage increase was associated with a 3% reduction in the probability of a care worker quitting. Although this may appear modest, the authors argue that wage effects vary significantly across wage levels and settings. For example, their analysis showed that increasing the average hourly wage in a private residential care home to match that of a local authority care home—equivalent to a 26% increase—reduced the likelihood of workers leaving by 27%. Moreover, the wage effect on retention was substantially larger than in other sectors; for example, a 10% wage increase for NHS-employed nurses was found to reduce the probability of nurses leaving their job by 6% each year (Frijters et al., 2007). This difference in wage affect may be related to the employment power held by the NHS for nurses, with limited alternative job opportunities available.

While these findings support the argument that improving pay can positively influence retention in the care sector, the evidence also highlights the importance of wider job quality. Vadean and Saloniki (2023) found that reductions in turnover were more pronounced when wage increases were accompanied by improvements in contractual arrangements—particularly full-time contracts and guaranteed hours—as well as positive leadership and management practices. They did not find consistent evidence that training opportunities improved retention, suggesting that the limited pay progression structures within social care may undermine the value of enhanced skills or qualifications.

Analysis of the Adult Social Care Workforce Data Set similarly suggests that pay in isolation has only a small direct effect on long-term retention. Atkinson et al. (2024) reported that a £1 increase in hourly pay in 2015 was associated with an average increased length of service of just 0.02 years between 2015 and 2023. However, the same study found that job switching was strongly associated with higher pay, with workers who moved between employers receiving an average 2% wage uplift and an 8% increase in contracted hours—indicating that workers change jobs not only for better pay but also for improved working arrangements.

In Scotland, the Cabinet Secretary for NHS Recovery, Health and Social Care commissioned research to assess the impact of increasing the adult social care minimum wage from £10.90 to £12.00 per hour on employment levels (Scottish Government, 2024). The analysis suggested that a 1% wage increase would lead to an increase in employment of between 1.75% and 1.8%, depending on the baseline wage. Holding other factors constant, raising the minimum wage to £12.00 per hour was predicted to increase employment rates by 2.7–4%, while a subsequent rise to £13.00 per hour was forecast to increase employment by 8.4–11.2%. The study concluded that wage increases are likely to have a positive effect on employment in adult social care.

In Wales, the *Have Your Say* survey conducted by Social Care Wales in partnership with Buckinghamshire New University, the British Association of Social Workers, and Bath Spa University (2025) explored factors influencing recruitment and retention. Around 69% of the workforce reported satisfaction with the terms and conditions of their employment, although this was more pronounced amongst managers. Satisfaction with pay, however, was notably low across all roles: only 38% of respondents reported being satisfied with their pay, while 42% expressed dissatisfaction. Fewer than half (46%) stated that they were able to manage financially, and 48% reported that their financial situation was challenging—although this represented a slight improvement from the previous year (59%). These findings suggest a potentially improving picture but indicate that low pay continues to exert significant pressure on the workforce and likely influences both retention and recruitment.

This aligns with findings from Cordis Bright (2025), whose evaluation of the Real Living Wage (RLW) in Wales found that only 21% of social care workers reported satisfaction with being paid the RLW. Nearly half (41%) said they found it difficult to manage financially, even while receiving the RLW. Dissatisfaction appeared closely linked to the level of responsibility carried by the workforce, with 74% of RLW-paid

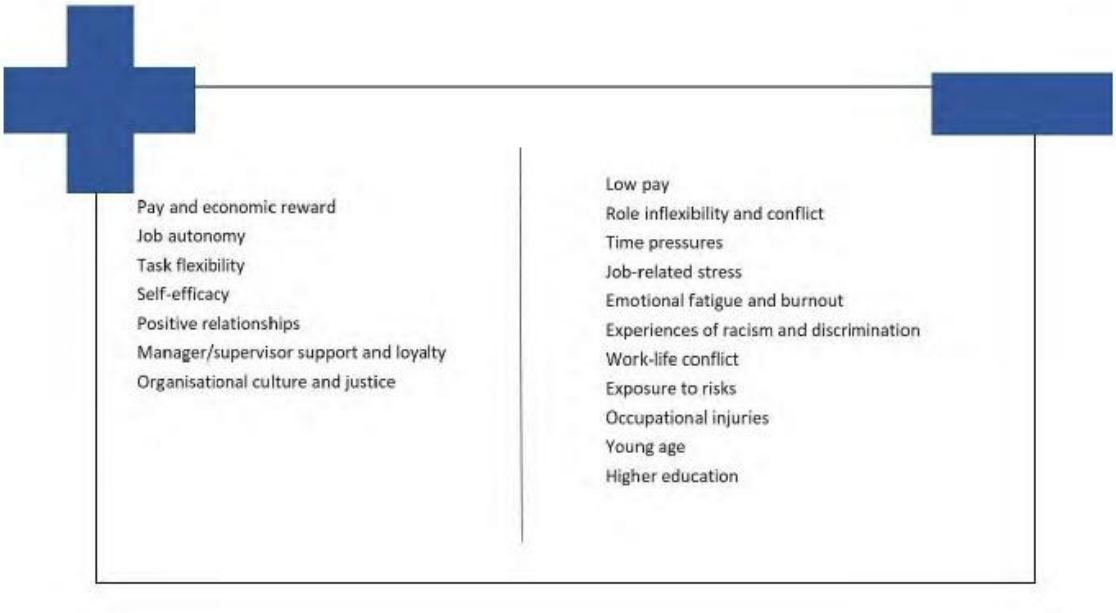
respondents reporting that the RLW did not adequately reflect the accountability or requirements of their role.

Overall, the evidence suggests that pay is an important factor influencing the recruitment and retention of the social care workforce, particularly given the complexity, responsibility, and skill required in care roles. While other job quality factors also matter. Improvements in pay—especially when accompanied by more secure and supportive working conditions—are likely to play a central role in strengthening workforce stability.

3.7.2. Other factors seen to influence recruitment and retention in the social care workforce

A literature review (Turnpenny & Hussein, 2020) explored international published literature (available in English) over the previous 15 years to understand the main factors associated with retention and turnover in social care. This concluded that enhancing pay and reward in the social care sector is essential to attract and retain workers. However, these alone are unlikely to offset the impact of poor-quality jobs and unfavourable working conditions (Figure 4).

Figure 4: Summary of individual and job-related factors influencing retention in social care



Source: Turnpenny & Hussein, 2020

The *Have Your Say* research (Social Care Wales et al, 2025) found that nearly 20% of survey respondents intended to leave their current role in social care, with an average tenure of just 14 months among those planning to exit the sector. The reasons cited for wanting to leave included:

- Low pay
- Lack of recognition
- Poor working conditions

- Lack of career development opportunities

Some of these influences, plus other factors outlined in the research that affect retention in social care are outlined below:

3.7.2.1. Age and years in service

Atkinson et al. (2024) found that several factors influence length of service among care workers, including age, experience, the availability of 'on-the-job' training, the presence of permanent contracts, and provider quality as measured by CQC ratings. Evidence also shows that younger care workers are more likely to leave their roles compared with those who have been in the sector longer or who enter care work later in life (Vadean & Saloniki, 2023).

Earlier work by Vadean and Saloniki (2020) similarly identified that turnover rates were highest among care workers aged 35 or below. While some of this may be attributable to personal factors—such as childcare commitments—there is also evidence that it relates to career progression aspirations. Workers in this age group may be more motivated to seek roles offering clearer development pathways, rather than remaining in positions with limited opportunities for advancement:

> "This raises, however, questions on potential strategies to be employed by care providers to retain young people who show an interest in care work: how can social care jobs be made more attractive for young labour market entrants?" (Vadean and Saloniki, 2020, p. 11)

3.7.2.2. Other personal characteristics

Pay has also been found to vary by region and demographic characteristics, with women, people from the global majority, and non-British nationals receiving lower wages on average (Atkinson et al., 2024). These disparities have implications for workforce stability: individuals belonging to these groups were found to have shorter lengths of service within the care sector, indicating that unequal pay may contribute to reduced retention.

There is further evidence that employment in the care sector can negatively affect work–life balance, particularly for workers with caring or family responsibilities, and that this strain contributes to higher turnover rates (Weale, Wells & Oakman, 2019). This finding is especially important to note given the demographic profile of the workforce: in Wales, for example, 81% of the social care workforce is female (Social Care Wales, 2024), a group that could be more likely to have caregiving duties. The interaction between low pay, insecure working conditions, and work–life pressures therefore continue to present a significant challenge for recruitment and retention within the sector.

Other personal characteristics associated with a higher turnover of staff in care including:

- Health conditions, such as musculoskeletal complaints and other occupational injuries arising from the physical nature of a job in care, including lifting and handling
- Being of a younger age (people are more likely to leave a job in care the younger they are as identified in the previous section)
- Having higher education experience (Turnpenny & Hussein, 2020)

3.7.2.3. Leadership and Management

Effective leadership has been found to be vital to satisfaction within a care worker role – it supports a positive working environment and a strong workplace culture.

> "…being a good place to work is important, and these ranges from high CQC ratings to robust induction training, from financial forms of rewards such as bonuses to non-financial forms of reward including recognition schemes" (p 10).

However, the employment sector of care workers has suggested that these strategies are only effective when pay is at an acceptable level.

Poor management style (e.g., not giving staff autonomy over tasks and/or not asking staff for input in decision making) has also been found to increase staff turnover in care roles (Donoghue and Castle, 2009).

3.7.2.4. Opportunity for training and professional development

Atkinson et al., (2024) found limited evidence in the independent, private care sector of skills- and experience- based pay systems, and where increments are offered for gaining qualifications and experience, these are minor and sometimes only an additional few pence per hour is offered. In addition, this research concluded that as there are limited career opportunities in care, motivation to gain qualifications will be limited. As such, "career pathways are in isolation unlikely to position adult social care work as an attractive option" (Atkinson et al., 2024, pp 7).

> "Gaining qualifications has no clear impact on retention" (Atkinson et al., 2024, p. 9)

The *Have Your Say Survey* (Social Care Wales et al., 2025) found that around 40% of respondents expressed an interest in progressing into leadership roles. However, interest in pursuing such roles has declined in recent years, particularly among social care workers, falling from 53% in 2024 to 45% in 2025. The survey also reported a decrease in workers' confidence in their ability to take on leadership positions when comparing 2025 responses with those from 2024, "suggesting a reduced optimism about career development" (Social Care Wales et al., 2025, p. 5).

3.7.2.5. Employment Terms and Conditions

Atkinson et al. (2024) found that pay plays a positive, although relatively small, role in the retention of care workers. Their analysis of job-to-job moves among staff who remained within the sector indicated that workers often reported better pay as a factor influencing their decision to change employers. However, improved working conditions were also cited frequently, suggesting **that both pay and working conditions are critical to effective retention.** Factors such as staffing shortages, workload pressures, and minute-by-minute commissioning practices—combined with a heavy reliance on zero-hour contracts in homecare—were identified as having a negative impact on retention. Conversely, enhanced terms and conditions, including paid sick leave, guaranteed hours, flexible working arrangements, health and wellbeing support, training opportunities, and greater autonomy in roles, were associated with improved retention. These findings indicate that while pay is important, it must be complemented by improvements to broader employment conditions to support sustainable workforce retention.

Vadean and Saloniki (2020) similarly found that, after controlling for other variables, staff turnover was positively correlated with the proportion of staff employed on zero-hour contracts. Although zero-hour arrangements work well for some workers—for instance, 36% of respondents on such contracts in the Have Your Say survey reported wishing to remain on them—the broader evidence suggests that the absence of guaranteed hours negatively affects retention. Contributing factors include unstable and unpredictable income, which many workers reported as a significant challenge (Social Care Wales, 2025).

Further analysis by Vadean and Saloniki (2023) demonstrated that, holding other factors constant, improvements to pay and employment conditions (such as full-time contracts and contracts with guaranteed hours) significantly reduced the likelihood of care workers leaving their jobs. Better working conditions included a more balanced workload, high-quality services—as reflected in CQC ratings of ‘Good’ or ‘Outstanding’—and employment in establishments with lower vacancy and turnover rates.

3.7.2.6. Organisational and job characteristics

Research has shown that staff turnover in social care is influenced by several organisational characteristics, including employer size, lower staffing levels, operating as a ‘for-profit’ organisation, and employment in homecare services (Castle, 2008; Castle & Engberg, 2006; Hussein et al., 2016).

Evidence consistently indicates that **homecare employers experience higher turnover rates than other care settings**, such as residential care homes. This elevated turnover is thought to reflect greater dissatisfaction with working conditions, linked to features specific to homecare roles, including unpaid travel time and very short care visits (Hussein, 2011; Vadean & Saloniki, 2020).

Turnpenny and Hussein (2020) also identified additional characteristics of care work that are associated with turnover and retention, including:

- **Emotional labour:** Working with individuals who may be at the end of their life or who are experiencing complex and challenging health conditions can contribute

to emotional fatigue and burnout. This has been linked to increased turnover among care workers (Kim & Kim, 2017).

- **Job-related stress:** High workloads, time pressure, and administrative demands contribute to elevated stress levels, which in turn increase the likelihood of staff leaving their roles (Barken et al., 2018). The Have Your Say Survey (Social Care Wales, 2025) similarly found that anxiety levels among social care workers were significantly higher than the national average.

Encouragingly, the same survey reported improvements in wellbeing compared with 2024, including increased life satisfaction, a greater sense that life is worthwhile, and higher levels of self-reported happiness among the social care workforce.

In contrast to the factors associated with turnover, certain job characteristics have been found to support staff retention. These include higher levels of job autonomy, greater task flexibility, and organisational practices that enable workers to focus on the relational and meaningful aspects of a career in care (Baughman & Smith, 2012).

3.7.2.7. Opportunities for Pay Progression or Bonuses

Pay structures within the independent / private care sector appear to offer limited variation between new or junior care workers and those in more senior positions. This suggests that pay rates often do not reflect the increased levels of responsibility associated with senior roles, and that the small differentials between grades provide little incentive for staff to progress into more advanced positions (Atkinson et al., 2024).

Cordis Bright (2024) also identified several unintended consequences arising from the implementation of the Real Living Wage (RLW) policy in Wales. These included:

- reductions in overtime opportunities and bonus payments
- a narrowing of pay differentials, which makes senior care worker roles less attractive and may constrain longer-term workforce development.

The evaluation therefore concluded that, while the RLW policy had important benefits relating to fairness and baseline wage levels, it had only a limited impact on retention. This reinforces the wider evidence that, although pay remains a significant factor, it cannot alone address the structural and organisational challenges affecting recruitment and retention in the social care sector. Improvements to broader opportunities for and recognition of progression is essential.

3.7.2.8. Current turnover rates

Teo et al. (2022) found that turnover among care workers negatively affected retention within the wider staff team. Their analysis suggested that improved retention is associated with higher employment growth—reflected in more successful recruitment rounds and lower vacancy rates. This relationship was particularly pronounced in the private and voluntary care sectors, when compared to the public sector.

Similarly, Vadean and Saloniki (2020) also reported that workforce stability plays a critical role in shaping both retention and employment conditions. Organisations with lower turnover and more stable staffing structures tended to offer more favourable working environments, which further supported retention.

3.7.2.9. External factors

Turnover and vacancy rates have also been found to be influenced by a range of external factors—elements that are largely outside the direct control of social care employers. These include local labour market conditions, such as unemployment rates, which shape the availability of alternative employment opportunities. The type of service provided is another important factor: homecare care, and particularly the way in which it is organised and commissioned by local governments and therefore delivered, has been associated with higher turnover (e.g., traditionally commissioned via a time and task model). In addition, higher job mobility among younger workers seeking professional employment progression has been shown to increase the likelihood of staff leaving their roles (Vadean & Saloniki, 2020).

3.7.3. Concluding remarks

Research suggests that pay directly influences the recruitment and retention of social care workers, and there is evidence that increasing the wages and salaries of the sector can help the viability of social care workforce's future. However, the evidence is equally clear that pay increases alone may not be sufficient. To effectively stabilise the workforce, improvements in pay must be accompanied by broader enhancements to job quality— including secure and predictable contracted hours, formal recognition of the skills and responsibilities required in care roles, manageable workloads, and ensuring supportive organisational cultures and leadership practices.

The commissioning and delivery model for care appears to shape the factors that are important for recruitment and retention in the sector, including pay. This is particularly notable in homecare, where the arrangement and delivery often require workers to travel between appointments, sometimes without pay or fuel / travel expenses reimbursed, which further decreases take-home wages, meaning people are more likely to leave their job.

When considering the broader pay landscape, social care offers pay that is comparable to, or in some cases (e.g. early years) slightly better than other sectors often viewed as competing for the same workforce. However, it is noted some the other sectors potentially involved lower levels of responsibility -e.g., retail.

The disparity of pay is pronounced when comparing social care roles with equivalent positions in the NHS—such as healthcare assistants or Band 3 workers—who potentially perform similar responsibilities but receive higher pay alongside more favourable employment benefits.

Of particular concern is the high prevalence of in-work poverty or those that report to be struggling financially among social care workers. A significant proportion of the

workforce is unable to meet basic living costs, and this financial strain is likely to impede both recruitment into the sector and the retention of experienced staff.

Finally, although increases to the Real Living Wage and other baseline wage enhancements have improved attractiveness of a social care job at entry level, they have also contributed to a narrowing of pay differentials between junior and senior care roles. This compression of pay structures diminishes incentives for career progression and disproportionately affects younger workers, who may be seeking clearer development pathways, with more significant enhanced pay rates as they progress into more senior roles.

4. Stakeholder engagement

Employers of social care workers, as well as care workers working directly within the sector in Wales were contacted with an opportunity to contribute to and strengthen this review. The aim of the stakeholder engagement was to further gather the range of pay and wages offered to the social care workforce, aligned with the pay and progression framework for social care in Wales (Social Care Wales, 2026), as well as understand the influence of pay on the recruitment and retention of the workforce, both from a employer and a direct care worker point of view.

Using Social Care Wales networks and distribution lists, as well as contacting national organisations to endorse and share the research opportunity (e.g., the Welsh Government, Welsh Local Government Association and Care Inspectorate Wales), employers and employees across the adult and children's social care sector were invited to take part in a range of engagement exercises:

- Employer focus groups
- Employer anonymous survey
- 1:1 care worker interviews

These groups were invited to express their interest in taking part in this research offering approximately two weeks to sign up to the 1:1 interviews or focus groups, with approximately three weeks to complete the online survey.

4.1. Social Care Employers

4.1.1. Anonymous online survey findings

The survey was completed by 180 employers, including partial responses. Of these, 93 responses included information about social care worker pay and wages. Aligned with the aim of this review, therefore, only the 93 responses have been analysed and presented in this report. These employers are summarised in Table 14 below:

Table 14: Characteristics of 93 survey respondents

Characteristic	Detail
Sector	Private / independent (69); Voluntary/not for profit (10); local council employer (14).
Main type of service	Residential or nursing homes (30); homecare/domiciliary care (32); supported living (20); services for children (5); other services (6).
Number of services provided in Wales	One service (31); between 2 and 4 (27); between 5 and 10 (16); between 11 and 20 (7); more than 20 (10).
Number of services provided in the UK	One service (31); between 2 and 4 (24); between 5 and 10 (18); between 11 and 20 (5); more than 20 (13).
Sponsorship	Holding a sponsor licence to recruitment non-UK staff (38); not holding a sponsor licence (54).

4.1.1.1. What are care workers being paid and how does this vary?

The survey asked employers to map their job roles to the proposed five-bands in the pay and progression framework for social care in Wales, outline the pay and wages associated with each role, and describe the key tasks and responsibilities as accurately as possible. It was acknowledged that not all employers would have roles across all five bands and that aligning posts to a specific band might not always be straightforward. Employers were therefore asked to select the band they felt was the best fit.

At the time of completing the survey, the pay and progression framework for social care in Wales had not yet been published, so respondents were unlikely to be familiar with it. As a result, employers may have viewed the framework as a theoretical model rather than an established approach to workforce organisation. Some interpretation was therefore required when analysing the findings.

Table 15 summarises the information provided on pay and responsibilities across the proposed job bands. The pay figures shown refer to basic hourly rates only and exclude any enhanced payments.

Bands A and B have been combined. This is because nearly three-quarters of respondents did not differentiate wages between new entrants to care and junior care workers with some experience. Where separate rates were given, the average difference was only £0.49 per hour.

Table 15: Survey findings – Basic hourly pay for each care worker job band (not including additional payments for overtime, evening or weekend pay) with range of responsibilities / tasks

Job Band	Description	Hourly pay given in survey responses	Range of responsibilities given in survey responses
A & B	A - A social care worker who is new to the sector and employed in providing care and support while gaining the required skills and knowledge. B- A worker who is employed in providing care and support directly to an individual.	Mean: £13.00 per hour[7] Median: £12.80 per hour Range: £12.21 - £15.75 per hour	Personal care, hygiene and continence support, medication prompting, administering medication. Mealtime support, household tasks such as cleaning and laundry, help with daily living skills (e.g., budgeting and attending appointments). Companionship, helping maintain contact with friends and family and support connecting with local community[8]. **Additional tasks for Band B** include shift leading, mentoring new staff, working unsupervised / lone working, working with more complex needs, medication management.
C	A worker who is employed in providing care and support, sometimes at an advanced level of specialism, directly to an individual.	Mean: £13.07 per hour Median: £13.25 per hour Range: £12.21 - £18.50 per hour	In addition to the tasks for Bands A&B: Inducting or mentoring new/junior staff, leading teams to oversee all aspects of care delivery or the running of a care home. Administering medication, risk assessing and care planning without supervision, providing specialist care for people with more complex needs. Spot checks and quality assurance roles.

[7] Please note, this average reduces to £12.92 per hour if children care services are removed. As explained in section 4.1.5, hourly pay in children residential services were reported to be slightly higher than adult care services.
[8] Most of these roles / tasks were listed for both Band A and Band B.

Job Band	Description	Hourly pay given in survey responses	Range of responsibilities given in survey responses
D	A worker who is employed as a deputy manager, team leader, or a lead practitioner overseeing specialist areas of care and support or advocacy. They may also have a role in assessing care and support needs.	Mean: £15.61 per hour Median: £14.95 Range: £13.00 - £25.00 per hour	Additional tasks identified for Band D included: Being responsible for the day to day running of a care home or care service, coaching / mentoring and/or managing the workforce, providing cover for the manager when needed Multi-agency working, including representing the care service at multidisciplinary team meetings and liaising with other professionals Acting as safeguarding lead, managing falls and other incidents, quality assurance and conducting audits. Responsible for the storage and stock checks of medication, financial oversight of service. Meeting with families Recruitment and training of the workforce
E	A worker who manages a service and is responsible for the overall professional management of the direct provision, supervision, and quality assurance of care and support provided.	Mean: £21.36 Median: £20.59 Range: £14.00 - £38.00 per hour	Full oversight and management of a home or care service – often the Responsible Individual. Responsible for planning, completing rotas, managing budgets / finances, compliance, quality assurance and all audits. Managing complaints. Overall office management, ensuring supplies are adequate. Safeguarding Lead and CIW contact Responsible for HR, recruitment, training, appraisals, disciplinaries, the wellbeing of the workforce and leading the culture, values and continuous improvement of the service Key contact for the local authority, contracts and invoicing

4.1.2. Real Living Wage compliance

A minority of respondents (14%, n=13) reported paying Band A and Band B care workers at or just above the National Living Wage (NLW), rather than the Real Living Wage (RLW). In some cases, however, additional payments for evening, weekend, or bank holiday work could raise a worker's average hourly earnings above £12.60 (required RLW rate at time of writing). Based on our calculations, and taking these enhancements into account, ten respondents (11%) were still offering an average hourly rate below the current RLW.

4.1.3. Additional or enhanced pay rates reported

Fifty-five employers (59%) reported paying enhanced rates for evening, weekend, or bank holiday work. Using a set of assumptions outlined in appendix B, a revised average hourly rate for each such employer was calculated. The analysis showed that enhancements had some effect, increasing calculated hourly rates by an average of £0.60. For example, when enhancements were included, the overall average hourly rate for Band A and B care workers increased from £13.00 to £13.36 per hour.

Additionally, 53 respondents (57%) reported employing waking-night staff. Of these employers, 20 paid a higher rate for waking-night work, 32 paid the same rate regardless of the time of day, and one employer paid waking-night staff a lower wage.

4.1.4. How does direct care workers pay vary by organisation type?

As illustrated in Table 16, the voluntary sector offered the lowest pay to direct social care workers (aligned to Band A-B). Pay rates are slightly higher in the private / independent care sector, and significantly higher when the employer is a local authority:

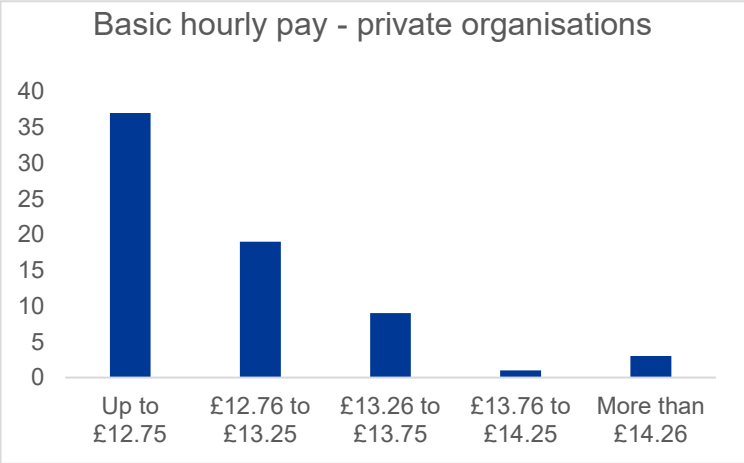
Table 16: Direct care worker hourly pay (basic and enhanced) by organisation type

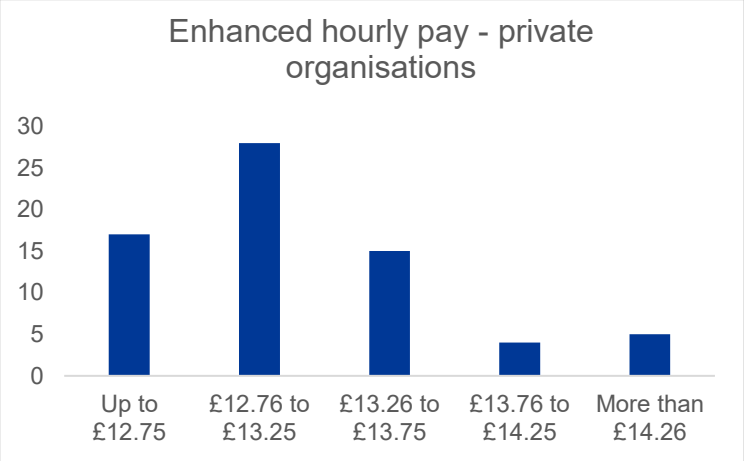
Type of organisation	Basic hourly pay (average)	Enhanced hourly pay (average)
Voluntary or charity organisation	£12.81	£12.95
Private / independent organisation	£12.88	£13.15
Local authority	£13.73	£14.66

Figures 5 to 10 further illustrate the range of basic and enhanced pay reported from each type of organisation. This shows a clear disparity of the pay offered to the

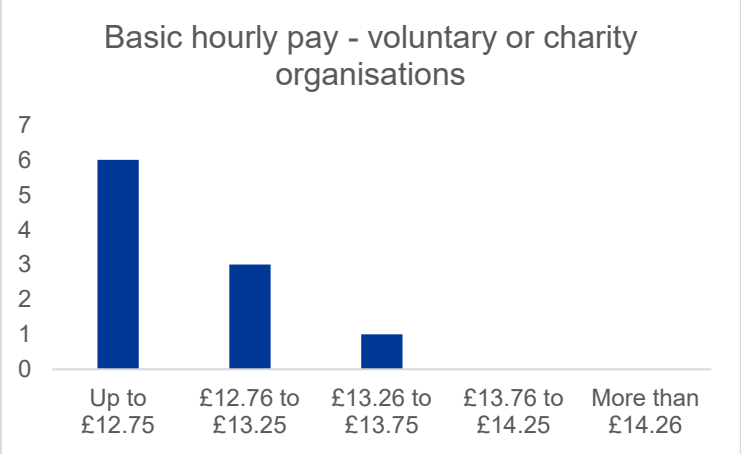
social care workforce depending on the type of organisation they are employed by, with local authorities able to offer much more attractive pay and wages.

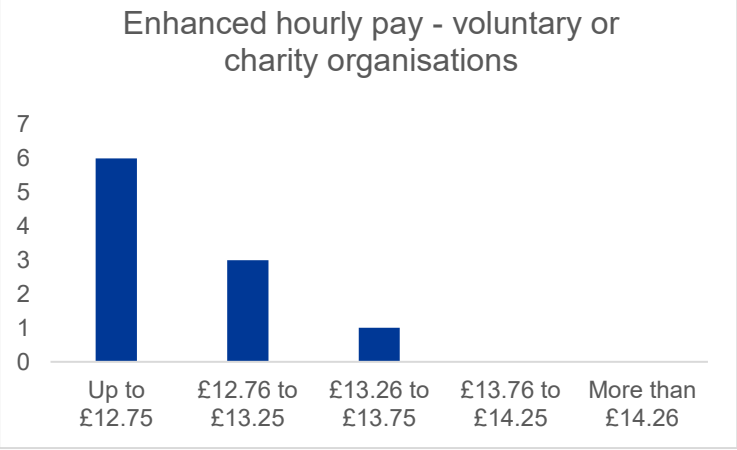
Figures 5 and 6: Hourly pay for care workers (bands A-C), basic and enhanced rates, by private or independent organisations



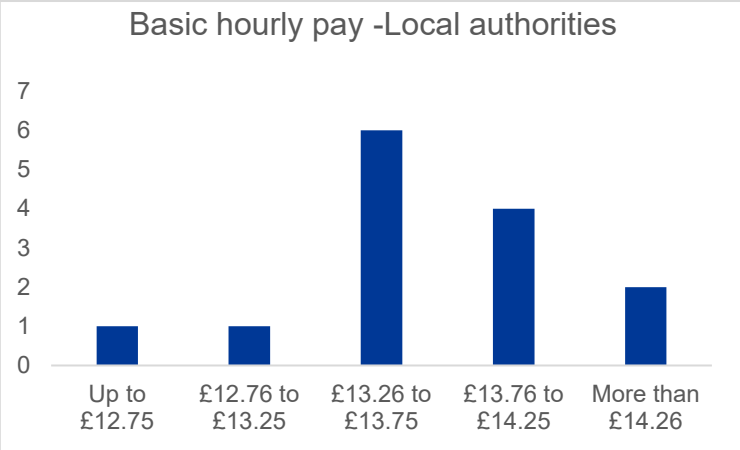


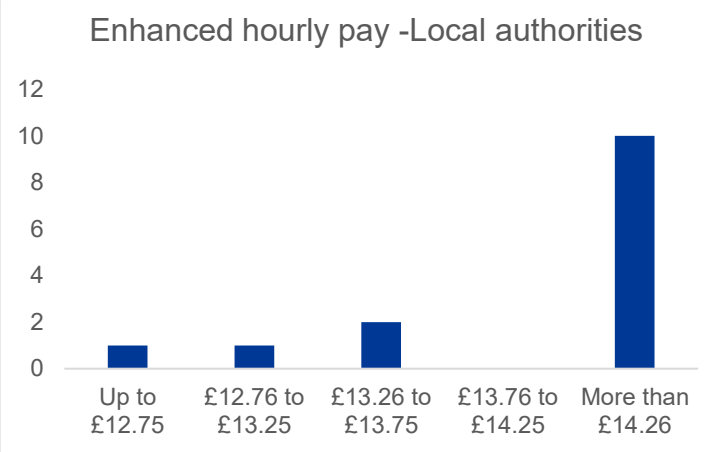
Figures 7 and 8: Hourly pay for care workers (bands A-C), basic and enhanced rates, by voluntary or charity organisations





Figures 9 and 10: Hourly pay for care workers (bands A-C), basic and enhanced rates, by local authority organisations





4.1.5. How does direct care worker pay vary by care setting?

As illustrated in Table 17, direct care worker pay (Bands A-B) was broadly similar between residential/nursing homes, homecare/domiciliary care and supported living, but higher in services for children and "other" services, including extra care. These included brain injury rehabilitation and support, day services and direct payments personal assistants.

Table 17: Direct care worker hourly pay (basic and enhanced) by care setting

Care Setting	Basic hourly pay (average)	Enhanced hourly pay (average)
Residential or residential nursing care homes	£12.82	£13.03
Homecare or domiciliary care	£12.95	£13.44
Supported Living	£12.85	£13.19
Extra Care	£14.31	£14.31
Children's residential homes	£13.98	£14.59
Other services for children	£14.13	£14.62
Other	£13.91	£14.44

Children services appear to offer slightly higher hourly pay when compared to the more traditional adult care settings.

4.1.6. How does direct care worker pay vary by the size of the organisation?

As illustrated in Table 18, from our survey sample, medium size organisations (i.e., employers who own or operate between 5 and 20 services either in Wales or across the UK) offer a slightly higher hourly basic pay and enhanced rate, compared to smaller and larger organisations:

Table 18: Direct care worker hourly pay (basic and enhanced) by organisation size

Organisation Size (number of services owned or operated)	Basic hourly pay (average)	Enhanced hourly pay (average)
1 service	£12.81	£13.16
Between 2 and 4 services	£12.93	£13.24
Between 5 and 10 services	£13.22	£13.61
Between 11 and 20 services	£13.23	£13.54
More than 20 services	£13.05	£13.37
Unknown	£13.92	£14.92

4.1.7. How does direct care worker pay vary by the source of funding?

Most employers reported that all, most, or the majority of the people they supported were publicly funded (n=80, 86% of respondents). Among the small proportion of providers with a higher share of self-funders (14% of respondents), slightly higher pay rates were reported. However, these differences were not substantial and should be interpreted cautiously due to the much smaller sample size. This is illustrated in Table 19.

Table 19: Direct care worker hourly pay (basic and enhanced) by source of funding

Source of funding	Basic hourly pay (average)	Enhanced hourly pay (average)
All or almost all are publicly funded	£13.04	£13.40
It's a mixture but the majority are public funded	£12.87	£13.20
It's about 50/50	£12.98	£13.69
It's a mixture but most are self-funded	£13.42	£13.62

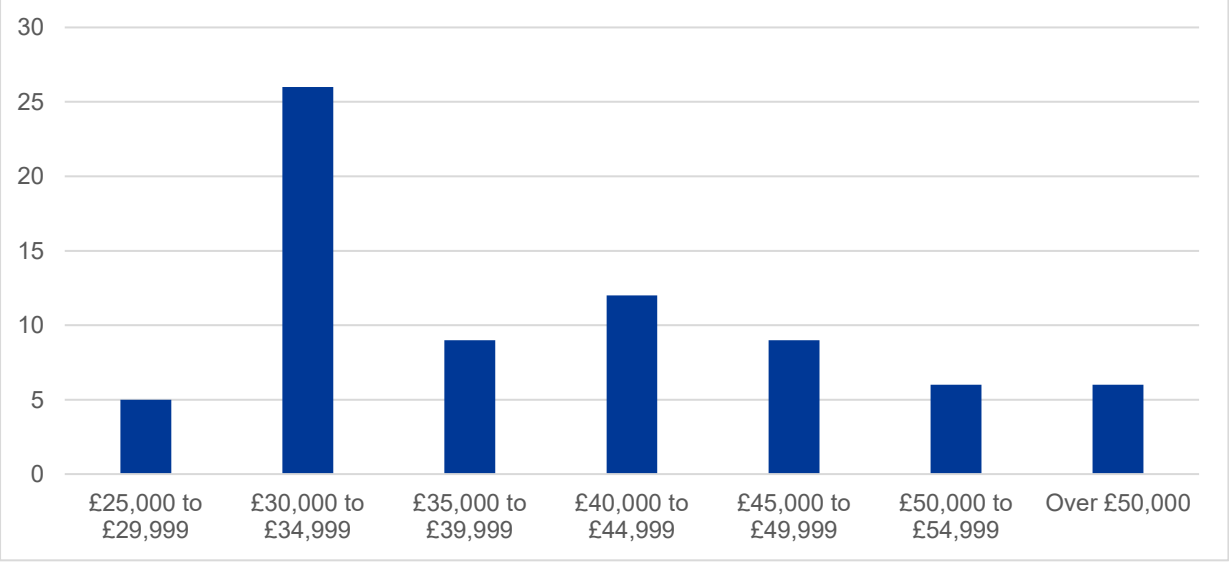
4.1.8. How much are service managers being paid?

Seventy-three survey responses provided information on pay for roles mapped to Band E of the pay and progression framework for social care in Wales. Some employers reported an annual salary, while others provided an hourly rate. Where only an hourly rate was supplied, an equivalent annual salary was calculated using the assumptions outlined in appendix B.

It is possible that some service managers receive additional pay—for example, for antisocial hours, on-call duties, or overtime—but no consistent information was available to factor these elements into the analysis.

With this caveat, the average annual salary for service managers was £40,222. However, there was substantial variation in Band E pay levels, as illustrated in Figure 11.

Figure 11: Service manager's salary, per annum



There was variation of the salaries of service managers observed both by sector and types of service as illustrated by tables 20 and 21.

Table 20: Service manager's average wage (hourly and annual)– by sector

Care Sector	Average hourly pay	Average annual salary
Local authority	£23.68	£45,823.00
Voluntary or charity organisation	£18.81	£36,399.00
Private / independent organisation	£20.95	£40,540.00

Table 21: Service manager's average wage (hourly and annual) – by type of care service

Type of care service	Average hourly pay	Average annual salary
Children's homes	£22.35	£43,249.00
Other services for children	£25.52	£49.403.00
Extra care	£25.54	£49,422.00
Supported living	£19.05	£36,864.00
Homecare / domiciliary care	£20.42	£39,515.00
Residential or nursing home	£22.64	£43,811.00
Other	£21.98	£42,533.00

This variation is unsurprising, as the role of a service manager can differ substantially both across and within care settings. For example, a residential care home manager may oversee care for only two or three people in a single service, or they may be responsible for a much larger number of individuals across multiple locations. As a result, the scope of management responsibilities, levels of accountability, and therefore salary expectations can vary widely.

4.1.9. How much are employers contributing to their employees' pensions?

Employers provided information on their pension contribution rates. Some responses were excluded due to ambiguity or because they appeared to contain errors or outliers. In total, 63 responses were included in the analysis.

The average employer pension contribution across these 63 organisations was **4.5%**.

- **62%** of respondents contributed the statutory minimum of **3%**.
- **26%** contributed between **3% and 5%**.
- **2%** contributed more than **5%**.

Local council employers reported the highest average contribution, at **11%**. However, there was substantial variation across the five councils that provided data, with reported rates of **3%**, **4%**, **10%**, **18.8%**, and **19%**.

Notes on the data:

- Some employers offered a higher contribution rate for managers than for direct care staff. In these cases, the contribution rate for direct care staff was used.
- Some employers simply stated that they contributed the "statutory minimum" or "basic amount." In these instances, a contribution rate of **3%**, reflecting the current statutory minimum, was assumed.

4.1.10. Recruitment and retention of the social care workforce

Employers were asked to summarise how they were finding recruitment and retention in the survey, by selecting one of the statements in table 22:

Table 22: Survey responses to how employers were currently finding recruitment and retention in their care service(s)

Statement	Number of responses	Total %
1. Recruitment and retention are so challenging that we don't know how much longer we will be able to maintain our services	5	5%
2. We have a significant number of vacancies; staff turnover is high and it is often a real struggle to fill vacancies. This can affect the quality and consistency of our services.	12	13%
3. We usually have a small number of vacancies, our staff turnover is a bit higher than we would like, and it can take a couple of attempts before we are able to fill a vacancy.	37	40%
4. We are usually fully staffed, our staff turnover is low, and we are quickly able to fill any vacancies; but we have difficulty with recruitment or retention	21	23%

Statement	Number of responses	Total %
for one or two particular type(s) of post or in particular places.		
5. We are usually fully staffed, our staff turnover is low, and we are quickly able to fill any vacancies that do occur with good applicants.	18	19%

- Residential and nursing homes were least likely to report significant challenges with recruitment and retention (93% respondents choosing statement 3 or above).
- Supported living settings were more varied with this question, with 20% (n=4) choosing statement 2, but the other 80% (n=26) choosing statement 3 or above.
- Homecare was most likely to report challenges with recruitment and retention, with a quarter of respondents choosing statement 1 or 2 (n=8)
- Only domiciliary care and homecare providers reported that **recruitment and retention pressures were so severe that they were unsure how much longer they could sustain their services** (n=5). This suggests a particularly acute challenge within this part of the sector. All respondents selecting this option were independent or private homecare organisations, typically supporting older people. These employers reported that recruitment and retention had become more difficult over the past six months due to:
  - **Low pay relative to other sectors**, driven in part by low fee rates paid by local councils in some areas.
  - **Increasing challenges with sponsorship recruitment.**
  - **Rises in state benefits**, which they felt made social care wages even less competitive.

4.1.11. Has recruitment and retention improved or got more difficult across all care sectors?

Of the employers who reported improvements suggested the following reasons for improved recruitment and retention. Most of these were because of internal changes or efforts:

- Changes or improvements to their recruitment processes.
- Improvements in the management or culture of their service(s).
- Improved reputation and staff - having become better established or having become part of a larger organisation.
- Offering better pay.
- Offering better career development.

A small number of employers mentioned external factors supporting improved recruitment and retention:

- Reduced competition from other services.
- More job applications received per advert – e.g., a result of the increased cost of living.
- Support of international recruitment.

Among those who reported that recruitment and retention had become more difficult, the reasons given were as follows. In contrast to the issues noted above, these challenges were described as almost entirely external to the service or organisation's own efforts:

- Low pay, sometimes linked to local authority funding and/or competition from other sectors.
- Increased expectations and responsibilities of care workers.
- Increased educational or qualification requirements.
- A lack of interest in a career in care, either generally or from younger people from the UK.
- Loss of international staff.

Other reasons included: people are less willing to work anti-social hours a rise in welfare benefits, the older / ageing workforce is leaving / retiring, negative publicity for a career in care, domiciliary care workers not being paid between visits and higher costs such as car business insurance. One employer also highlighted that changes in the mean-tested benefits system (e.g., removal of the 2-child cap in April 2026) has also resulted in members of their workforce resigning.

There was no role or post that employers felt was more difficult to recruit.

4.1.12. What do employers feel impact recruitment and retention?

From a list of nine options, employers were asked to select the top three factors they felt had the biggest impact on their recruitment and retention. This is displayed in table 23, noting that some employers selected one or two options rather than the suggested three:

Table 23: Factors that impact recruitment and retention the most, according to social care employers.

Factor impacting recruitment and retention	Employers selecting this factor as one of (up to) three having the biggest impact
Pay and conditions	66.7%
Ability to offer flexible working arrangements	49.5%
The availability of local jobs in other sectors	41.9%

Factor impacting recruitment and retention	Employers selecting this factor as one of (up to) three having the biggest impact
Staff being able to provide people with the quality of care they deserve	32.3%
Possibilities for career progression	30.1%
Harmonious working within the staff team	15.0%
The local reputation of the service	11.8%
The skills and experience of service managers	6.7%
The quality of the physical environment of the service	5.4%

Therefore, from employers' perspectives, pay and conditions, the availability of flexible working arrangements, and competition from other sectors are the factors with the greatest influence on recruitment and retention in the social care workforce in Wales.

When asked specifically about the pay-related factors that impact recruitment and retention, employers felt the basic hourly rate had the most significant impact, as illustrated by table 24:

Table 24: Pay-related factors that impact recruitment and retention the most, according to social care employers.

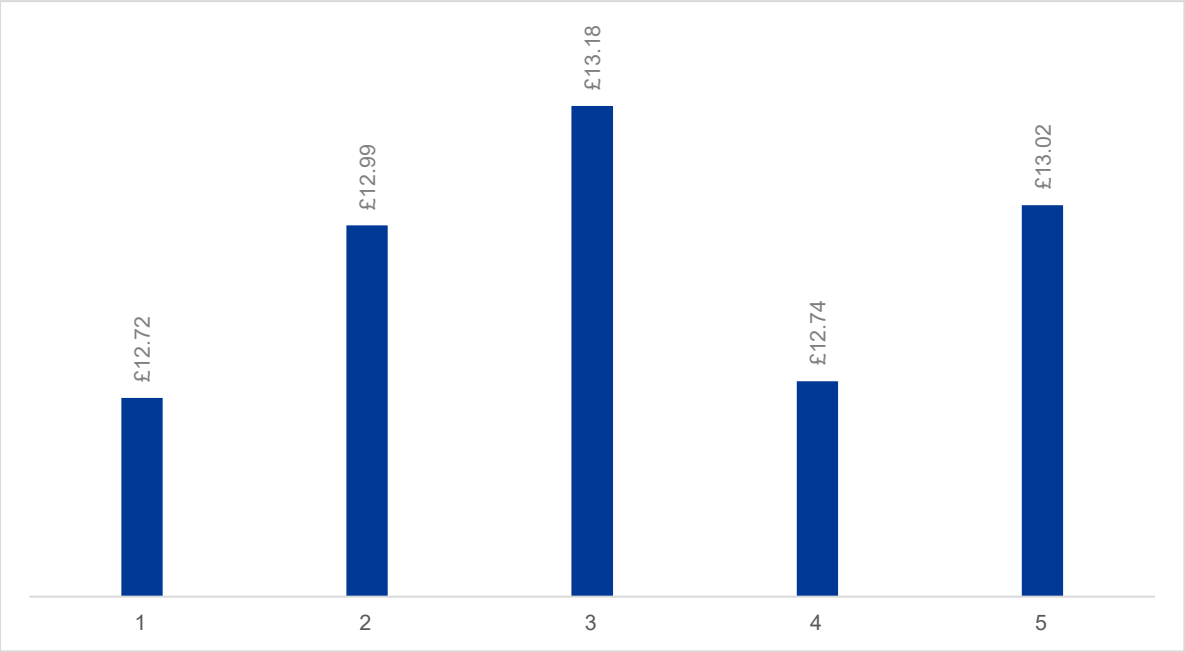
Rank of impact on recruitment and retention *(1st having the most impact, 5th having the least)*	Factor
1st	The basic hourly rate
2nd	Enhanced rates for evenings, weekends and bank holidays
3rd	Availability of additional hours

Rank of impact on recruitment and retention *(1st having the most impact, 5th having the least)*	Factor
4th	Amount of annual leave per year
5th	% pension contribution

Over four fifths (82%) of survey respondents reported that the basic hourly rate had the greatest impact on recruitment and retention, indicating that pay is viewed by employers as a critical factor in sustaining the social care workforce.

However, when employers' views on their current recruitment and retention challenges (as described in Section 4.1.10) were compared with their basic and enhanced hourly rates for direct care workers, **no clear relationship** was found between hourly pay, and the statements employers selected. This is illustrated in Figure 12.

Figure 12: Average basic hourly rate for direct care workers, by recruitment and retention statement selected[9].



4.1.13. Use of agency staff in the social care workforce

Most survey respondents (90%) reported that less than 10% of their care shifts required agency staff cover. Only a very small proportion stated that agency staff were needed for 25% to 50% of shifts.

Looking ahead, most employers (57%) felt that their reliance on agency staff would remain unchanged over the next 12 months. A further 29% expected their use of agency staff to decrease, either slightly or significantly. Only 14% anticipated that their use of agency staff would increase.

A relatively small proportion of employers who completed this survey were heavily dependent on agency staff. Moreover, more respondents expect their reliance on agency workers to decline rather than rise over the coming year.

[9] 1= Recruitment and retention are so challenging that we don't know how much longer we will be able to maintain our services, 2= We have a significant number of vacancies; staff turnover is high and it is often a real struggle to fill vacancies. This can affect the quality and consistency of our services, 3= We usually have a small number of vacancies, our staff turnover is a bit higher than we would like, and it can take a couple of attempts before we are able to fill a vacancy, 4= We are usually fully staffed, our staff turnover is low, and we are quickly able to fill any vacancies; but we have difficulty with recruitment or retention for one or two particular type(s) of post or in particular places, 5= We are usually fully staffed, our staff turnover is low, and we are quickly able to fill any vacancies that do occur with good applicants.

4.1.13.1. Additional comments

Just under half (44%) of survey respondents provided additional comments in the final open-text box. Of these, 41% highlighted concerns about local authority fee rates. Comments focused on the following issues:

- Costs associated with implementing the Real Living Wage (RLW) were not reflected in local authority fee levels.
- A lack of consistency in fees paid by different councils.
- Increasing difficulty in maintaining pay differentials between roles.

Additional themes raised by respondents included:

- **Funding constraints:** Employers noted that increases in staff pay are only possible when local authority service charges rise accordingly. While the RLW increase is supported in principle, providers reported being required to pay it without corresponding fee uplifts or adjustments for other inflationary pressures.
- **Rising operational costs:** Providers described ongoing increases in staff wages, pension contributions, PAYE and National Insurance, utilities, food, insurance, and regulatory compliance. Without fair and sustainable funding, they felt at risk of financial instability, workforce pressures, and difficulty maintaining high-quality care.
- **Concerns about future RLW increases:** Some employers argued that the planned 7% RLW increase for 1st May 2026 was unrealistic and unsustainable without additional financial support.
- **Impact of National Insurance:** Several respondents noted that National Insurance cost increases were significant enough to raise concerns about business viability.

Respondents also felt that pay levels do not adequately reflect the training, qualifications, registration requirements, or responsibilities associated with social care roles. For example, one employer highlighted that the length and complexity of the service manager qualification may be hindering recruitment into these roles.

A number of employers also shared details of their approaches to supporting and retaining their workforce, including:

- **Strong workplace culture:** Many emphasised the importance of ensuring staff feel valued, heard, and supported. Several referenced positive impacts of compassionate leadership approaches.
- **Training and development:** Ongoing training, supportive management, and flexible working arrangements were all seen as important contributors to job satisfaction and retention.
- **Recognition and rewards:** Employers described non-financial recognition strategies such as long-service awards, “employee of the month” schemes, and annual staff conferences.

There were also a range of individual comments including that:

- Public perceptions of working in social care need to improve.
- Support to offer driving lessons would be helpful.
- UK Visas and Immigration changes are making it more difficult to recruit and retain non-UK staff (including when Leave to Remain (LTR) increases beyond the date that employers can offer a renewal of employment).
- The workforce is ageing, and it is increasingly difficult to attract younger people.
- In homecare, employers felt there should be guaranteed hours or pay by the hour, rather than pay per call.
- Limited access to childcare for children under three remains a barrier for staff.
- Universal Credit rules discourage some staff from working additional hours.

4.1.14. Focus group findings

IPC arranged and publicised a series of online focus groups designed to allow more detailed discussion with employers. A total of 14 employers registered to join a focus group and, of those, only five joined the discussion they had booked to attend. All employers that attended were from the private or voluntary sector and included representatives from:

- A national provider of care homes for older people
- A local specialist service for people with brain injuries
- Small and medium sized providers who supported adults with learning disabilities in care homes or supported living arrangements

While the numbers were small, these discussions offered in-depth employer perspectives and commentary.

4.1.14.1. Recent experiences of recruitment

Overall, employers described recruitment as challenging but not impossible. The following points were highlighted:

- **Geographical variation:** Recruitment difficulties differed by location. One employer noted that the greatest challenges were in rural or less populated areas where the pool of potential applicants is smaller.
- **Finding the right candidates:** Employers reported difficulties attracting people with the right values and, ideally, relevant experience.
- **Reliance on sponsored workers:** One employer stated that recruiting UK staff was “impossible” and that they relied entirely on sponsored workers.
- **Differences across age groups:** One respondent observed that older staff were generally more willing to work in care than younger people.
- **Pay as a key factor:** Several employers emphasised that pay plays a major role in recruitment; with many jobs available across sectors, applicants tend to choose the highest-paid roles.

> *“Yeah, it is a huge, I can't really underestimate the impact of salary level.”*
>
> *(Private Residential Care Employer)*

Reputation was also considered important, with several employers reporting that "refer a friend" schemes had been particularly effective in supporting recruitment.

4.1.14.2. Recent experiences of retaining the workforce

Employers generally reported good levels of retention**.** One organisation noted significant variation between two of its care homes in different locations: one had a stable, older workforce, while the other employed a younger staff group who tended to stay for shorter periods.

One service reported having many staff with 20 years' experience, attributing this to a strong culture / systems in place that support the workforce. Others emphasised the importance of training and development, the value of a small and supportive team environment, and the positive impact of gestures such as a Christmas bonus**,** which staff greatly appreciated.

Some employers highlighted the high level of responsibility associated with care roles as a reason staff sometimes leave. Pay was also identified as a challenge, with supermarkets cited as offering higher wages for roles with far less responsibility.

> *"I think if we do lose people, it is because of the responsibility element, which is very high. And I think people have to have that maturity to cope with that."*
>
> (National Private Residential Care Employer)

One employer also noted that staff sometimes moved into the NHS, often starting as bank staff in hospital settings.

> *"'I've experienced a lot of people that would leave our services to go and work somewhere like a hospital… as bank staff, because they get paid a lot more money for a lot less responsibility."*
>
> (Responsible Individual, Voluntary care provider)

> *"NHS staff are paid more, better terms and conditions. And that's obviously a big, big draw away from social care."*
>
> (National Private Residential Care Employer)

There were mixed views about the impact on recruitment and retention of increased qualification requirements.

> *"People who aren't very academic find it very difficult to get into social care now because they've still got to be very academically minded to complete the NVQs… so it puts people off."*
>
> (Manager, small private care home company)

However, another viewed the increasing professionalisation as a positive factor for recruitment and retention, saying:

> *"If it's very clearly mapped and people can see the benefits over working, say, from McDonald's or somewhere in a supermarket…"*
>
> (National Private Residential Care Employer)

4.1.14.3. Impact of the Real Living Wage and other inflationary costs

All the employers said they wanted to pay the real living wage and to offer staff annual pay increases. However, they highlighted significant concerns about the level of funding available, and the approach taken by local councils and health boards to uplifting fee rates, which they felt constrained their ability to do so.

> *"I know that they've earmarked money for us, for care homes and for social care employers, but there's no clarity on where that money is going… they're not transparent on where the funding goes."*
>
> (Manager, small private care home company)

> *"The increases annually don't cover the real living wage increases. So we have to make cuts elsewhere to enable us to keep the staff pay higher."*
>
> (Manager, small private care home company)

> *"We've already committed to paying the real living wage because we want to keep, we want to value them. So for then, for commissioners to say, oh, actually, we're not going to honour that, it just takes the carpet out from underneath us."*
>
> (National Private Residential Care Employer)

Recent increases in employers National Insurance contributions were also highlighted by several employers as having increased costs significantly.

4.1.14.4. What would improve recruitment and retention?

Employers were asked what actions from Social Care Wales and from local and national governments would be most helpful. The most common responses related to funding, particularly to cover the costs associated with ensuring all care workers are paid the Real Living Wage, as well as other rising costs such as National Insurance contributions.

Respondents also called for greater transparency in how councils allocate the additional funding they have received to support the Real Living Wage implementation across the social care workforce, and for more consistency in fee rates across local authority areas.

Several employers suggested that increased national support for awareness-raising and promoting social care as a positive career option would also be beneficial.

4.2. Social Care Workers

IPC conducted individual discussions with eight care workers: four direct care or support workers, one senior care worker, one team leader, and two service managers. They supported a wide range of people, including older adults, individuals with mental health needs, people with a learning disability, and autistic people. Their services spanned care homes, supported living, and children's homes.

A key limitation was that no homecare care workers took part, as those contacted after expressing interest to be interviewed either did not respond or did not attend scheduled conversations. In addition, none of the participants were sponsored workers.

The eight participants came from diverse career backgrounds. One was nearing the end of a 40-year career in care, while another had worked in the sector since leaving college eight years earlier. Others had previously worked in other industries, including but not limited to factories, transport, or office-based roles.

All were experienced and well-established in social care services. The least experienced had worked in the sector for six years and the most experienced for forty, with an average of 14 years' experience across the group. Three individuals reported entering the care sector at least partly due to personal experiences of caring for family members or supporting relatives with disabilities.

Current rate of pay / wage was explored in these interviews. Care workers' responses reflected the diversity of their roles and were broadly consistent with the employer survey findings. As such, no additional detail on pay is included in this summary of care worker feedback.

4.2.1. What is good about your care worker role?

Overwhelmingly, care workers talked positively about working with the people they supported:

> *"It's a very, very rewarding job, especially when you see people moving on to living independently". (*Senior Care Worker, Supported Living Organisation)

> *"We can help give people some life, I really love this, it gives me a sense of purpose".* (Care Worker, residential care service)

> *"I love talking to people. I love meeting people and you know, they've got some amazing life stories".* (Care worker, residential care home)

4.2.2. What is not so good?

When asked what they found less positive about their jobs, care workers mainly highlighted issues related to budgets, pay, staffing levels, and organisational culture. Specific concerns included:

- Low pay.
- Budget constraints, which limited what they were able to do in their roles.
- Fixed routines and a lack of time to have meaningful conversations with the people they support.
- Being short-staffed, which increased pressure on the team.
- Reductions in sleep-in rates.
- Working with staff motivated only by money, who were perceived as lacking creativity or passion for the role.
- No sick pay, leading some staff to come into work when unwell.
- Frequent last-minute changes to shifts or hours.
- Declining incentives, such as reduced long-service rewards.
- Lack of support from owners / employers, with some saying they only heard from managers when something had gone wrong and that supervision felt like a tick-box exercise.
- A lack of recognition from managers, even following excellent CIW inspection outcomes.
- One person also noted the emotional impact of becoming attached to individuals and the difficulty when those people die.

4.2.3. Job satisfaction

When we asked care workers how they would describe their overall job satisfaction, there was a wide range of responses, including:

> *"Very good, I really enjoy my job".*
>
> (Senior Care Worker, Supported Living organisation)

> *"It varies from day to day, can be four or five out of 10 one day and eight another".*
>
> (Manager, residential care home)

> *"At the moment it is very low".*
>
> (Care Worker, residential care home)

Where reasons were provided, they generally aligned with what care workers had already described as the good and less positive aspects of their roles. The care worker who reported very low job satisfaction explained that this was because they had recently been moved from one service to another without any discussion.

4.2.4. Satisfaction with pay and wages

Only one person expressed strong dissatisfaction with their pay for themselves in their own situation. Others reported that pay was "okay" or "not terrible" with one care worker stating that the pay is reasonable if you are willing to put to hours in.

> *"For me, the pay is irrelevant, but if I was working full time I would be very dissatisfied".*
>
> (Care Worker, residential care home)

However, there was a strong and widespread dissatisfaction with pay levels when compared to the responsibility of the job and when compared to jobs in other sectors, with factories, supermarkets and the NHS mentioned as being more attractive:

> *"I'm not satisfied with the hourly rate for the work we do, a lot of people don't fully understand the paperwork needed, the full weight of what might happen".*

(Team leader in residential children's home)

"We work with a lot of high-end medication, and we are not trained nurses. It can be life and death medication. This should be factored into the discussion about pay. If you got it wrong, you could go to prison".

(Care Worker, residential care home)

"I have friends who are NAs (nursing assistants) in hospitals who are being paid more than me and they aren't responsible for medication. I think if you are giving out the medication that we are, I think maybe some extra money should be given for that, I don't think we are paid enough for what we do".

(Senior Care Worker, Supported Living Organisation)

For several of the care workers we spoke to, a specific concern was that, despite being paid at or near the Real Living Wage, they often work unsupervised. Although they have access to line-management support, there is usually no manager, senior, or team leader on duty during most shifts.

Two care workers also highlighted issues with pay differentials between direct care staff and more senior roles. One team leader reported being paid only 50p per hour more than direct care workers. Another support worker explained that seniors in their organisation received just 20p per hour more, which had resulted in very few people taking up these roles.

4.2.5. The importance of pay to social care workers

Pay was generally viewed as being important, but not the only thing that is important.

"Pay is a big thing; we all work because we need the money. A lot of it across the board is that we don't get paid enough for what we do".

(Senior Care Worker, Supported Living Organisation)

"you don't work in care to get rich, but we want to help people, and this is what keeps a lot of people in that job- we enjoy it and we are good at it".

(Senior Care Worker, Supported Living Organisation)

"You only do the job long term if you have the right attitude and the care mentality"

(Team leader in residential children's home)

Other important factors that supported people to remain in their social care employment included:

- Shift patterns and flexibility.
- General culture of the organisation, and the team getting on well together.
- Personal wellbeing of the workforce being considered a priority.
- Personal factors, such as living close to work.
- Good communication by management and feeling heard.
- Feeling you are cared for / supported by a more senior person that the manager of the service.
- Access to training.

"we are really lucky as we have a clinical team in the company, nurses, access to psychologists – if something happens in work, we are offered a reflective practice, so clinical staff will work with us to think of how best to work with that individual. Its very person-centred care– and really important to have the support of that extra staffing.

(Senior Care Worker, Supported Living Organisation)

4.2.6. Future plans of the social care workers

One care worker said that they were planning to look for another job. Another said that they do look around but their current job is only a couple of minutes from home and therefore it works well for them currently.

The other six appeared to be settled with their current employer, with some seeking career progression, but others reporting feel content within their current role and had no immediate plans to leave or change this.

5. Summary and conclusions

This review provides an examination of pay and its impact on recruitment and retention across the social care workforce in Wales. Drawing on a combination of national evidence, employer survey findings, focus groups, and direct conversations

with care workers, it highlights a sector that is both deeply committed and under sustained pressure. The findings underscore the central role that pay and wider job quality play in shaping the sustainability of social care in Wales.

Pay levels across the social care workforce remain low, with limited differentials between junior and senior roles

While the introduction of the Real Living Wage has raised the minimum level of pay for many care workers in Wales, basic hourly rates remain low relative to the complexity, responsibility, and emotional demands of care work. The blending of Bands A and B by most employers reflects the very limited pay progression available to new or junior staff. Only marginal increases are typically seen as workers gain experience or take on more complex roles.

Pay becomes more varied further up the bands of the pay and progression framework for social care in Wales, particularly for service managers. However, this variation could reflect differences in responsibilities, scale of service, and organisational structure rather than a consistent, sector-wide approach to valuing leadership roles.

Overall, wage compression—especially between Bands A–C -risks undermining career progression and may contribute to turnover among staff who see limited financial recognition for additional responsibility, particularly for the younger workforce.

Social care pay is uncompetitive with other industries when considered alongside the level of responsibility required. Our desk-based review shows that while pay in social care is similar to other low-paid sectors such as early years, education and retail—and occasionally slightly higher—the responsibilities and accountabilities in those sectors can be much lower, or the demands in social care are more complex. This makes them more attractive alternatives for potential applicants. The NHS also represents strong competition, as equivalent roles (such as nursing assistants) offer higher pay and additional employment incentives.

Pay levels vary significantly by sector and setting

The review highlights notable differences in pay between local authority, private, and voluntary sector providers, with local authorities consistently offering higher rates. Children's services and extra care settings also tended to offer higher hourly wages than traditional adult care settings such as residential, nursing, and homecare care.

These disparities contribute to an uneven labour market, potentially creating internal competition and limiting the ability of some providers—particularly private and voluntary organisations—to attract and retain skilled staff.

Pay levels are potentially contributing to an increase of in-work poverty for social care workers

The desk-based review identified potentially significant evidence that suggests social care worker pay not only remains low but may also be contributing to in-work poverty. This refers to situations in which individuals, despite being employed either full-time or part-time, are unable to meet basic living costs due to insufficient income.

In-work poverty is typically defined as households earning less than 60% of the median income after housing costs. While low pay appears to be the primary driver to the workforce's financial challenges, its impact is likely exacerbated by insecure working hours and limited access to incentives or supplementary payments, including sick pay.

Funding pressures are the most significant barrier to improving pay

Employers were unequivocal in describing the financial pressures that limit their ability to increase wages. Many stated that fee rates paid by local authorities do not reflect the true cost of delivering care which now include the requirements to pay their workforce the Real Living Wage as a minimum, as well managing other recent inflationary pressures such as National Insurance increases, pension contributions, and rising operational costs.

A consistent theme was frustration with the lack of transparency in how local authorities allocate funding intended to support wage growth, and the variation in fee levels between council areas. These inconsistencies create uncertainty, and limit providers' ability to improve pay structures.

Recruitment is challenging across the sector—but especially in homecare

Homecare providers were the only group reporting that recruitment and retention challenges are so severe that service viability is at risk. The arrangement of homecare, including local authority commissioning arrangements, appear to be driving this – including not being paid for journeys in-between care calls, and the cost of delivering homecare by the social care workers, including petrol and car insurance, which is not reimbursed by employers.

While pay was identified by 82% of employers in our survey as the most important factor affecting recruitment, analysis of the survey responses received did not show a strong direct link between hourly pay levels and employers' reported recruitment challenges. However, qualitative feedback suggests that the causes of recruitment pressures extend beyond pay alone.

Retention can be driven by non-pay related factors

Despite significant concerns about pay, many employers reported stable retention, supported by strong workplace cultures, compassionate leadership, supportive teams, and flexible working arrangements. Care workers themselves consistently emphasised the intrinsic rewards of the role and the satisfaction of supporting individuals to live full lives. This was also reflected in the desk-based review.

However, retention remains fragile. Care workers cited:

- Limited recognition and feedback
- High emotional and administrative demands
- Low pay relative to responsibility
- Lack of sick pay
- Variable supervision
- Constant shift changes

- Declining incentives to progress into more senior roles and reduced bonuses

The narrowing of pay differentials between junior and senior roles was repeatedly highlighted as a deterrent to progression, especially for younger staff seeking a clear career pathway.

The Real Living Wage has improved baseline fairness of pay but has not resolved all pay-related issues

The RLW has contributed to greater parity at entry level but has also resulted in unintended consequences, including:

- Challenges maintaining pay differentials between care worker bands and responsibilities.
- Reduced overtime and bonus opportunities.
- Limited impact on recruitment and retention in isolation.

Many employers support the RLW in principle but report that without appropriate fee uplifts, it places additional strain on financial sustainability.

Care workers are motivated by values – but feel undervalued by pay

Social care workers consistently described their work as meaningful and rewarding. However, many felt that pay and conditions did not reflect:

- The complexity of their role
- High-risk responsibilities (e.g., medication administration)
- Working unsupervised
- The emotional toll involved
- Increasing qualification expectations

This disconnect between the value of the work and how it is remunerated contributes to dissatisfaction and limits the attractiveness of the role and the motivation to progress within the sector to more senior roles.

Pay is important, but not the only driver of recruitment and retention

The evidence is clear that pay matters—but it is not the only determinant of workforce sustainability. Improvements in pay will have the greatest impact when combined with:

- Secure and predictable working hours.
- Fair and transparent progression, recognised in pay structures.
- Strong organisational culture and leadership
- Recognition and support.
- Adequate training and manageable workloads.
- A commissioning model that supports better conditions, particularly in homecare.

In conclusion, improving the social care workforce pay—especially within a clear, transparent progression framework—is important but must be supported by wider

changes including wider employment terms and conditions, working practices and culture, and public authority funding and commissioning arrangements.

6. Considerations for the sector

Based on the findings of this review, IPC suggest the following is considered by Social Care Wales and the Social Care Fair Work Forum for the future:

Minimum pay rate or range for all job bands in the pay and progression framework for social care in Wales

The pay and progression framework for social care in Wales currently advocates for a salary starting point aligned to the Agenda for Change Band 3- top step point, beyond the current Real Living Wage position. Whilst this is a positive move to increase attractiveness into the sector, as well as address the risk of in-work poverty, evidence from the implementation of the Real Living Wage shows that only setting a single minimum rate can unintentionally suppress progression points elsewhere in the system. To avoid this, a sector-wide approach is needed to establish minimum rates for each job band (particularly A-D) that support genuine progression and do not compress the pay structure.

Thus, as the work of the Social Care Fair Work Forum progresses, the group may wish to introduce minimum pay rates across all bands within the pay and progression framework—set at levels that reflect sector responsibilities.

This should be developed collaboratively with Welsh Government and public authorities to fully assess the funding required to implement these minimum rates sustainably across the whole social care sector.

Include the role of employment terms and conditions in any recruitment / retention strategy or policy for the social care workforce

As well as pay, policymakers need to consider how to support care employers to offer attractive employment terms and conditions, including guaranteed hours contracts where possible, access to occupational sick pay, and the consistent offer of enhanced payments for unsocial hours. Together with pay, such measures may reduce the risk of in-work poverty among social care workers, as well as improve workforce stability and support retention.

Develop recruitment and retention strategies for the younger social care workforce

This research indicates that younger care workers are more likely to leave the care sector, often to seek clearer progression and development pathways in other careers. As such, policymakers and/or employers may need to develop targeted recruitment and retention strategies aimed at younger people, including clearer career progression pathways, structured training and development opportunities, and improved visibility of long-term career prospects (with notable pay increases as they progress) within social care. These measures would help address high attrition among younger workers and reduce the risk of an ageing workforce that may be unable to meet future care demand.

More urgent support required for the homecare sector

This review suggests that homecare is the part of the sector that is under the greatest pressure to achieve a stable and high-quality workforce. As such, a more targeted or urgent approach to this sector may be required which will need to consider:

- The consequences of public commissioning arrangements which tend to focus on 'time and task' and therefore private or voluntary providers are only paid / funded for the time of care visits only.
- The knock-on effect this has on the workforce's pay and wages – which often means workers are not paid for travel time, mileage or other travel costs – even though travel plays a key role in this sector.
- Other support that might be available to sustain this sector, such as additional incentives for more rural areas, locality commissioning models, support with driving lessons, or access to vehicles or other transport options as part of the employment offer.

Consider and plan for the potential impact of the Pay and Progression Framework on Personal Assistant wages

Personal Assistants (PAs) are not currently included in the social care pay and progression framework in Wales, as they are not required to be registered care workers. However, it is important to recognise that PAs undertake work that is comparable to that of the wider social care workforce.

This research indicates that Personal Assistants are among the lowest-paid workers in the sector. As a result, there is a risk that any changes arising from this research—particularly through the implementation of the Framework—could unintentionally widen existing pay disparities for this group. This may create challenges for individuals who directly employ PAs and could undermine the sustainability of self-directed support in Wales.

In light of this, Social Care Wales, the Social Care Fair Work Forum, and other policymakers may also wish to consider how Personal Assistant pay can be maintained at a level that is fair, sustainable, and reflective of their roles, responsibilities, and contribution to the wider care system.

Consider non-pay related support within the Pay and Progression Framework for social care in Wales

Continue to recognise within the pay and progression framework for social care in Wales that pay alone does not significantly improve recruitment or retention, and that a broader package of support is required to strengthen workforce stability.

Alongside pay reforms, Social Care Wales and the Social Care Fair Work Forum should continue to consider a range of non-pay measures as part of the wider range of support for the sector, including, but not limited to:

- **Training for Responsible Individuals (RIs) on compassionate and values-based leadership**, to improve workplace culture and support staff wellbeing.
- **Encouraging the wider adoption of guaranteed-hours contracts**, offering greater security and reducing turnover linked to insecure work patterns.
- **Providing opportunities for reflective practice or additional psychologically informed support via access to clinical supervision or coaching**, helping staff manage emotional demands, build resilience, and feel supported in their roles.

Integrating these elements into the Framework would create a holistic approach to workforce improvement, addressing the wider factors that influence recruitment, retention, and job satisfaction across the sector.

7. Appendix A

Analysis of job adverts for social care work and comparable industries in Wales – Methodology and potential limitations.

A combination of web scraping[10] and manual extraction was used to retrieve information about job vacancies, including job title, pay, hours, type of contract, employer, and basic information about the job, such as skills and settings where relevant. All job adverts extracted were for roles in Wales.

The following websites were searched for job vacancies:

- **Local authority websites** – we selected five local authorities using stratified random sampling to include different types of local government (city, borough, and county councils) as well as different areas of Wales[11]
- **We Care Wales**
- **Indeed**[12]

Additional information about pay rates in retail was also retrieved directly from the websites of three major supermarket chains.

Searches were conducted on the 12th and 13th of February 2026 (LA websites, Indeed) and the 9th of March 2026 (We Care Wales, Indeed).

Information about jobs was collated into a Microsoft Excel spreadsheet and processed for further analysis. This included:

- Checking eligibility and excluding non-social care jobs or jobs that do not fall under the scope of the Framework (e.g. domestic assistants, chefs).
- Converting pay into hourly rates for comparability. The following formula was used: hourly rate = FTE[13] / (52 × 37.5). Where necessary, FTE pay was calculated using the pro rata pay and hours. Extras, such as milage and enhanced pay for bank holidays etc. were disregarded.

Vacancies were also coded by:

- **Care sector**: residential care for older adults (e.g. care homes, nursing homes, extra care housing), homecare, learning disability services (e.g. supported living, day opportunities), personal assistants, reablement, other (e.g. live-in care).
- **Type of provider**: local authority, independent / private, voluntary sector.

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[10] We used Parse Hub, a free web scraping tool: https://www.parsehub.com/
[11] Caerphilly County Borough Council, Cardiff City Council, Monmouthshire County Council, Swansea Council, Wrexham County Borough Council
[12] We used industry filters for social care ("health care" and “non-profit & NGO”) and retail (“retail”) jobs, and the search term “early years” for jobs in early years and education. Results were then filtered for jobs posted in the last 7 days. This returned more than 200 vacancies in social care. From these, we reviewed the first 45 entries and manually extracted the social care vacancies.
[13] Full Time Equivalent

- **Equivalent job bands:** most vacancies do not clearly distinguish between Band A and Band B roles; therefore, these were coded together as **Band AB**.
- **Employment type:** including working hours (full- or part-time, zero hours) and contract type (permanent, fixed-term).

Data was analysed using descriptive statistics in Microsoft Excel.

Limitations of this exercise

Our rapid overview has some limitations that should be considered when interpreting the results:

- The search strategy – drawing on We Care Wales, local authority websites, and recent Indeed postings—likely over-represents local authority vacancies and may therefore overestimate average pay in social care. Similarly, focusing on Level 1 and Level 2 teaching assistant roles likely underestimates pay in education, where most roles require a Level 3 qualification.
- We analysed base pay only and did not include factors such as paid travel time in domiciliary care, enhancements for nights/weekends/bank holidays, pension contributions, or paid leave. Including these features may have increased the observed variation within social care and between sectors. Other job characteristics, such as progression opportunities and location, may also influence overall attractiveness of each sector.

8. Appendix B

Assumptions when analysing the care employers survey responses:

In some cases, IPC have needed to make assumptions to convert data provided by different employers into a consistent format for analysis.

Service manager's pay

While most employers gave their pay rates for service managers as an hourly rate, IPC felt that an annual salary figure would be a more quickly understood way of presenting the information. The assumptions we used to convert hourly rates to the annual salary figures were:

- Service mangers work 36 hours per week; and that
- There are 52.3 weeks in the year.

Additional payments for work in the evenings, at weekends and on bank holidays

As noted in section 4.1.3, a number of employers made additional payments of this kind, in some cases making a significant difference to how much workers were paid.

The approaches and the way in which employers provided this information varied significantly and IPC needed to make several assumptions to be able to use this information in the analysis. These are as follows:

- Care workers have shift patterns that mean that, on average, they work evenly across daytime hours and days of the week.
- Evening work at weekends or bank holidays is paid at the weekend or bank holiday rate rather than having an additional enhancement.
- Day time hours run from 7am to 10pm, so covering 15 hours per day and 105 hours per week.
- Evenings run from 6pm to 10pm, Monday to Friday, therefore covering 20 hours per week.
- Full time care workers work 5 days per week for 46 weeks of the year, therefore working 230 days per year.
- There are eight bank holidays per year.

This has led to quite a complex calculation, which, inevitably will sometimes generate a larger or smaller average enhancement than would be the case in practice. However, to give the fullest picture possible of what care workers are being paid in practice, we felt that it was a calculation that should be made.

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