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Exploitation and slavery — or just business as usual for care?

The poor treatment of sponsored workers from overseas has hit the headlines again recently. However, many of the practices described in these apparently shocking exposés will be not at all surprising to many care workers. The care industry has always depended on exploited, overworked and underpaid workers. Our social care expert (and former care worker) Zoë-Dawn Anderson reflects on the issues.

The exploitation and financial abuse of sponsored workers has shone a welcome light on the problems faced by far too many staff working in social care. Particularly in domiciliary care, it can often feel like a provider's business model is predicated on underpaying and overworking staff. Care workers who do not require sponsorship can usually vote with their feet and find another care job (contributing to the high turnover rate or "churn" in our sector), but overseas workers will not find this as easy.

The Homecare Association's current minimum price for homecare is currently £28.53 in England, rising to £32.14 in April — and England is the cheapest of the regions. Their calculated amount is based on the minimum, legally compliant pay rate for care workers (excluding any enhancements for weekend or bank holiday working), their travel time/mileage and various wage-related on-costs. The rate also includes the minimum contribution towards the costs of running a care business to meet quality and other legal requirements.

This would suggest that it's actually impossible for providers to meet their obligations to staff and people for the prices paid by commissioners: according to the Association, the

average fee rate for regular homecare contracts from local authorities and health trusts in 2024–25 was £23.26 per hour.

There are, of course, legitimate savings to be made by providers, particularly those operating at scale. Many providers don't even bother with local authority contracts these days to ensure they can stay compliant, and there will be many services where privately paying individuals are effectively subsidising people with "funded" services. However, there are also many negative methods used by negligent providers. Well-intended providers can also find themselves slipping into bad practice through a lack of awareness, so new providers at the "doing everything themselves" stage must ensure they understand their legal obligations as an employer.

All of the poor practices below are well-embedded in our industry, but must be religiously avoided by providers who wish to attract and retain quality staff, regardless of where they are from.

Unpaid travel time

One well-established and ongoing way in which domiciliary care workers are often exploited is by not paying them for travel time, meaning that many are on the road for many more hours than their payslip indicates they have worked.

This is endemic to the industry — in 2023, UNISON reported that 75% of care workers that they surveyed were not being paid for travel time. As care workers typically spend a fifth of their day travelling between visits, this amounts to an awful lot of unpaid time. With home care work often advertised at minimum wage or just above, it's easy to see how not paying for travel time results in staff making significantly less than the legal minimum.

HMRC knows this, yet the onus is still on care workers to report concerns to them. Companies guilty of underpaying their staff have not been "named and shamed" since February 2024 and, out of the 500 on the list, only a handful were care providers.

Call cramming

On the other hand, there's no worries about not being paid for travel time if there's none allocated on your rota! Particularly before the advent of more sophisticated scheduling and call monitoring systems, it was common for home care staff to have no travel time or even overlapping visits, with it chiefly being up to them to know whose calls could run short to give time to travel and to juggle people's needs and preferences. Some staff often preferred this as it allowed them to keep their wages up.

This is still common but is also something any inspector or local authority commissioner knows to look for — and they are also likely to know exactly how shady providers try to cover up this practice.

While it's certainly true that occasionally staff may need to squeeze in extra visits due to colleagues being unexpectedly absent — and popular care workers may find themselves willingly working hard — having to regularly call-cram to stay competitive and keep wages

up is a red flag. Either your service is badly run or your local authority isn't paying enough (or both).

Working time breaches

Employers must ensure that workers restrict their working hours to no more than 48 hours a week (averaged over a "reference period", which is usually 17 weeks), unless the worker has volunteered to opt out. Although care workers are often expected to opt out of the maximum 48-hour week, they are not obliged to and cannot be sacked or treated unfairly for refusing to do so. The agreement must be in writing and can be for a certain period or indefinitely. Staff are also able to withdraw their agreement if they give notice.

Workers are also entitled to 11 hours rest between shifts, as well as an uninterrupted 24 hours without any work each week (or 48 hours a fortnight). Where a worker has a shorter rest, as is not uncommon in care because of an emergency or their shift pattern changes, they have the right to make up for any missed rest. This is called "compensatory rest".

Although the legal requirement for breaks during a shift of six hours or more is only 20 minutes, employers must also consider any need for extra breaks for the health and safety of everyone, depending on the type of work their organisation does — and care is definitely a relevant type, with long shifts and hard work.

Staff may occasionally have to work through their break due to unexpected circumstances, but they should still get their break — also considered compensatory rest — as soon as possible.

Staff breaks must be:

- uninterrupted
- away from where they work, for example away from their desk
- at a time that's not the very start or end of their working day.

This means that staff in care homes who have their meals with residents are working and not having a break.

Dodgy deductions

One issue that has been amplified by the exploitation of sponsored workers is the often-egregious deductions made by dishonest or desperate providers.

Deductions must not take someone's pay below the National Minimum Wage, unless the deduction is for:

- tax or National Insurance
- something an employee's done which their contract says they're liable for, such as damage to a vehicle through reckless driving

- repayment of a wage advance or loan, or an overpayment made by mistake
- buying shares, other securities or share options in the business
- accommodation being provided by an employer
- something the employee benefits from — for example trade union subscriptions or pension contributions
- voluntary training — the employee must have agreed in writing beforehand to pay back the costs.

No other kind of company benefit (such as food, a car, childcare vouchers) counts towards the minimum wage.

Even within these allowed deductions, employers have found room to cheat their staff, for example, by charging too much for substandard accommodation. Another cheat is to supply "free" accommodation but then pay more below the minimum wage than is permitted in such circumstances.

Unfortunately, this is an area where even the most well-intentioned providers can fall afoul of the law without realising.

Unpaid training, shadowing and meetings

There is, quite rightly, a lot of mandatory induction and ongoing training in this sector — whether the training is paid or unpaid varies greatly between providers and the contracts they offer. However, this can be a difficult area to navigate and providers must be aware of how the law affects this.

Training time is not usually an issue if the training intentionally takes place when staff are working a paid shift, as would usually be the case in a care home. In fact, many care homes now have designated areas where staff can complete online training in peace and on a computer with a decent-sized screen, as well as practical training being done as a group during work hours.

If staff are expected to complete tasks "off the clock", as would be the case for most domiciliary staff completing training at home or visiting the office to do so, then in theory they do not have to be paid if their contract says they won't be. However, this time counts as work and if as a result their wages drop below minimum wage for the total hours, then that is not permitted. As most care staff earn the minimum wage or close to it, this means their training time should be paid.

As a rule, if staff have to do it then they are on the clock and should earn minimum wage for it.

Absolute minimum staffing levels

A problem found in both residential and domiciliary contexts is the slashing of staff numbers to the bare minimum, meaning that there is no room to breathe when a colleague is unexpectedly absent for whatever reason. In a recent poll of 700 UK care workers, two-thirds said they were frequently too short-staffed to provide a high quality of care to patients, defined in the survey as "when the number of staff is too low compared to the needs of patients". A third said this was "always" the case, while just 8% said they were "never" or "rarely" short-staffed.

This puts people at risk, both due to a lack of supervision and support, but also due to staff feeling obliged to work even when sick with "minor ailments" like colds, Covid-19 and flu, which can easily be fatal to elderly and other vulnerable people. In domiciliary care, it also leads to difficulties for staff who are on-call as they have to arrange cover for visits while also maintaining communication with affected people.

There is a greater risk of accidents and incidents when staff are trying to do too much, endangering everyone involved. Permanently overworked staff leads to the conveyor belt of care at best and neglect and injuries at worst.

Cutting costs too far

A few years ago, I inspected a care home operating under a well-known name and was there for the evening meal, which was a plate of baked beans and scrambled eggs served in an echoing, barren dining room. There wasn't even any toast!This was several years ago, so I imagine that by now they are feeding their residents gruel and punishing people who ask for more…

All jokes aside, lowering the quality of your offering can be a useful way of saving money if done properly, but any cuts must only be made once the impact of the changes has been assessed. Money savings must be real — there's no point in switching to toilet roll that is half the price if people will end up using twice as much. Switching to cheaper cleaning products also often turns out to be something of a false economy, but with food the experience varies; genuine savings can sometimes be made by switching suppliers or brands.

Conclusion and further reading

Shady business practices and cutting costs to the bone are a sign of a failing service and will not be sustainable in the long run. Further reading for providers concerned about the quality of their service includes:

- 9 signs of a failing care home
- 9 signs of a great domiciliary care service
- Are services for people with learning disabilities declining in quality?

For more information about looking after your staff, both sponsored and local, please see:

- Staff Wellbeing and Mental Health Topic
- Stress at Work Topic
- Wellbeing challenges for domiciliary care staff
- International recruitment toolkit
- International Recruitment of Social Care Staff Topic
- Modern Slavery for Care Managers Training Presentation
- Recruiting staff from overseas — pastoral care
- Induction for beginners

For the tell-tale signs you are short staffed, see this feature article. We also have in-depth topics Staff Complement and Deployment in Care Homes and Staff Complement and Deployment in Domiciliary Care.

External links

- *Working Time Rules if Someone Travels for Their Job*, ACAS
- *Rest and Breaks at Work: The Right to Rest*, ACAS
- *Rest and Breaks at Work: Missed Rest and Compensatory Rest*, ACAS
- *Majority of Homecare Staff Are Unpaid for Travel Between Visits*, UNISON
