



# Round table discussion with The Care Workers' Charity

July 2025

## INTRODUCTION

In July 2025, the Centre for Care (CfC) and The Care Workers' Charity held a round table discussion at The University of Sheffield. This event brought together researchers and operations colleagues from the CfC with staff from The Care Workers' Charity and care workers. Care workers who took part were members of the charity's [Care Worker Advisory Board and Champions Project](#).

This short report summarises the discussion from the day, highlighting the key workforce issues identified by care workers, and their ideas for change.

## EVENT AIMS

1. To hear from The Care Workers' Charity about what they think are the key challenges and issues in the social care workforce
2. To get valuable and constructive feedback on existing Centre for Care work or work in progress, including the potential ways we can use it to make change
3. To get valuable and constructive feedback on project plans, including any potential ways of connecting with The Care Workers' Charity, and potential impact
4. To explore additional issues for the social care workforce which the Centre for Care may explore in future research

In the day's morning session care workers shared their views on the many areas of their work situation where they want to see positive change.

## WHAT DO CARE WORKERS THINK NEEDS TO CHANGE?

### 1. PAY AND MONEY-RELATED ISSUES

The discussions highlighted a range of challenges related to pay, including that often for care workers, the basic rate of hourly pay is low when compared to other sectors, such as retail, and there was an absence of additional pay for overtime and unsociable hours. Higher levels of skills and experience were not recognised with increased pay. This issue was heightened by 'task shifting' from the NHS, where care workers were taking on clinical tasks, which care workers felt should be recognised in higher levels of pay.

People working in domiciliary or homecare reported that they were only paid for contact time, not travel and breaks in between - often meaning payment for a whole shift would only be for half of the hours worked. Reimbursement for travel time too was an issue, with payment often made by estimated mileage (at times at a low pence per mile rate), not the final route taken (for example if road works meant they needed to take a longer route). Care workers also reflected on a lack of or inadequate sick pay and noted that if shifts were cancelled by the care provider, they did not receive any pay.

Care workers also discussed other pay and money-related issues, such as high costs of car-related expenses, including mileage, insurance, wear and tear and parking costs that care workers at times had to meet. Looking ahead and thinking about retirement, there were concerns about how pensions worked and many care workers reported they had opted out of workplace

pensions or had multiple pension pots with different employers, which made things extremely complex.

### Implications

Care workers discussed that these issues related to pay and expenses reflected a wider lack of recognition and respect for care work, and that they wanted their skills and passion to be valued. The implications of issues related to pay and conditions were felt to result in high levels of turnover of staff when they become unsustainable for care workers. This has implications for the quality of care as continuity was deemed to be important for building relationships.

### Suggested solutions

- Care workers want and deserve better pay and conditions
- Care workers are eligible for a range of benefits and discounts (such as the Blue Light Card and Carer Card), but awareness is low. Employers should actively promote these to help with the cost of living
- Care workers would like to see more discounts, for example on public transport
- More advice for care workers on pensions, including how to combine them
- Compare the pay and conditions in other countries and the associated policy measures
- Ensure all local authorities have a 'Carers Parking Permit' system
- Pay for shift work in home care needs to cover travel and waiting time

### 2. WORKLOAD AND WORKING HOURS

#### Issues

Care workers highlighted the intense workloads they experienced, with under-staffing adding to the pressure to take on more work. They also raised the issue of time. Some care workers said they worked 6 or 7 days per week, which was not sustainable. Sometimes care workers were not given enough hours in a working day, which meant they had to work seven days a week to secure a decent wage. Zero-hours contracts caused frustration as care workers felt they had to be constantly available for work with limited control over their working patterns and their free time. There were also differences between local authority and private providers, in terms of how shifts were organised. Care workers' highlighted

that there was often not enough time per client (15-20 mins), and that this was stressful and often made them feel that it had not been possible to offer good, person-centred care. The pressure for workers to get to all of their required visits sometimes left them with little option but to cut corners.

### Implications

These issues meant care workers found it hard to balance long shifts with childcare or other caring responsibilities, or have time to rest, with "no time to yourself to do anything". Again, this was also felt to stem from a lack of respect for care workers - in this case, for their time and their own lives. Some care workers reflected on managers who would 'guilt trip' them to do more work as a result of understaffing. This led to 'near misses' - while the legal consequences on care workers are often unclear, care workers tended to carry more responsibility than they signed up to.

### Suggested solutions

- More collaboration between providers to find solutions to staffing issues
- Shift-working in home care (which would also address pay as noted above)
- Expectations of commissioners and policy makers are unrealistic - they need to do a shift and see for themselves!

## 3. TRAINING AND SUPPORT

### Issues

Care workers also raised issues related to training. Online training was not always seen as appropriate for care work - face-to-face observation and assessment is often needed. Also, care workers did not always have access to a computer. The 'portability' of training was also a concern, with difficulties in transferring certificates and training between employers. This sometimes led to wasted time re-doing the same training. There were discussions that with 'task shifting', there was an absence of training on complex needs and clinical tasks. Care workers also highlighted that the quality of training varied, and was at times 'not good' and often a 'tick-box' exercise. More training around supporting clients with behaviours that challenge was needed, particularly for care workers who were at risk or experiencing physical and verbal abuse and at risk of injury at work.

Care workers also spoke about support, particularly around mental health. Some reflected on how they had experienced a culture of discrimination, bullying and toxic management, with no process to deal with this. Some felt Human Resources (HR) were there to protect the company, not the workers. There were however some examples where people felt they could speak

out and raise workforce issues, but equally some care workers were concerned about disclosing things to managers that may be recorded on their employment record. All of these issues contributed to high stress levels and risk of burnout.

### Implications

Reflecting on what the implications were, care workers felt the lack of training on complex needs and clinical tasks created stress when workers were accountable for the safety and quality of care. There were also issues when supporting clients with challenging behaviours, where it - sometimes felt that you are "expected to just put up with it".

### Suggested solutions

- All workers need to have a safety alarm
- Red Umbrella is an organisation offering free mental health support to workers - where there is no need to tell your manager that you are accessing it
- Greater social support among workers, especially in home care
- Training within the social care sector should be transferable, to avoid repetition that takes time and money (when moving to a new employer)
- Care workers need more training to be able to do health tasks and carry the increased responsibilities and manage the increased risks. It would be important to have clearer role/job descriptions and contracts that are less open to informalisation
- Care workers shouldn't have to put up with violence in their everyday work. Violence and racial abuse from the people they support is normalised. This creates an unsafe environment at work - this is an example when those working in the NHS (in similar roles) are more protected

Broader implications of the issues identified in the first three themes, include:

- The impact on the quality of care and supported people's dignity, including being a factor in the cases of neglect and abuse
- Links to care worker burnout
- Links to difficulties with care worker recruitment



## 4. TREATMENT OF MIGRANT CARE WORKERS

### Issues

Care workers spoke about a range of problems linked with the Health and Social Care Visa. 'Bogus agencies' are prevalent, and workers often found themselves "tied" to specific employers and to care work, severely limiting their ability to move employers or report exploitation. Displaced workers were even more vulnerable, facing heightened risks of abuse and exploitation. Migrant care workers often experienced 'downward occupational mobility', meaning they were forced into roles below their skill level. High visa costs were also a challenge, and The Government White Paper proposing a 10-year route to Indefinite Leave to Remain was deeply unsettling, as it created a sense that rules can change at any moment.

### Implications

These issues had a negative impact on the health and well-being of migrant care workers. While they experienced racism from clients, several care workers said that "exploitation by employers is worse". Those with children faced additional costs for visas; others were unable to bring family members to the UK to support childcare.

### Suggested solutions

- Rules around sponsorship should change, and the contradictions between government narratives and practices around migrant care workers should end
- Safe spaces are needed in order to share experiences of exploitation and abuse
- Introduce a Certificate of Common Sponsorship: "protect the workers rather than punish the employers"
- Introduce creative pathways for career progression within the care sector, for example for those with IT skills promote IT pathways in social care
- Prioritised access to NHS services when sick

## 5. PERCEPTIONS OF AND ATTITUDES TOWARDS CARE WORK AND CARE WORKERS

### Issues

Care workers spoke about the lack of respect and recognition they felt from: the public and wider society, policy, local authorities, employers, the NHS and those working in it, and the media. They often felt others (the general public were mentioned, as well as healthcare workers) looked down on care work and care workers. The 'care workforce' was also felt to be more diverse than people realise, with a huge variety of services within

social care. Care workers also spoke about the perception that care work is for "women only".

### Implications

Care workers said they tend to internalise the way others spoke about them - that they are "just a care worker". Men working as care workers also said they struggled with the public perception that care work is "women's work".

### Suggested solutions

- Social care should be treated as the equal of the NHS and care workers should be treated as working with social workers and health workers.
- The learning from the trauma of the COVID-19 Pandemic should be discussed and changes should be made in response. The pandemic made it clear how much the NHS and social care are interlinked and how great the economic impact of health and care is
- Professionalisation would be a welcome change

## SUMMARY

This overview gives an idea of the scale of challenges facing the adult social care workforce, and the strength of feeling among the workers present. The discussions were part of an ongoing relationship and dialogue between the CWC and the CfC, and our next steps are to continue the conversation and consider how we might be able to act on these issues through collaboration, awareness-raising, and impact.



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**With thanks to those who attended and contributed to the discussions:**

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## ABOUT THE CENTRE FOR CARE

The Centre for Care is a collaboration between the universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, Carers UK, the National Children's Bureau and the Social Care Institute for Excellence. Working with care sector partners and leading international teams, it addresses the urgent need for new, accessible evidence on care. Led by Centre Director Kate Hamblin and Deputy Director Nathan Hughes, its research aims to make a positive difference in how care is experienced and provided in the UK and internationally.

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