

Chapter 2

Who Are Today's Care Workers?

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INTRODUCTION

The question of who are today's care workers is complex, involving decisions about how care work is defined, what types of work are done by care workers, for whom the care work is done, how organised the work is, and whether the work is paid or unpaid or somewhere in between the two. Care work can be considered along a continuum: at one end are those people carrying out care work as a formal paid occupation (the formal care workforce). At the other, there are those who do caring work as an activity without pay or formal employment structures (informal care workers). However, there is much fluidity in the construct and practice of care work, and these different categories of care worker are neither fixed nor mutually exclusive. Moreover, along this continuum are those whose care work shares features of formal and informal care. Examples include voluntary workers, including mentors who may be formally organised but unpaid, or paid expenses rather than salaries, and foster carers who are paid expenses but not usually employed. For the purposes of the discussion in this chapter, these varied roles will be considered together as 'other care workers', while acknowledging that their differences are as many as their commonalities.

In this chapter, we explore the characteristics of the care workforce in Great Britain¹ today, primarily with reference to national statistics from regular surveys. This chapter will present a picture of those engaged in formal, informal, and other forms of care work, derived from statistical data about their characteristics and working conditions. In doing so, it will examine the usefulness of these categorisations of care worker, and thus set the scene for subsequent chapters, which will explore, in more depth, understandings of different forms of care work.

To identify care workers using national statistical data is to define them in terms of the work they do, paid or unpaid. Discussion of the formal care workforce is based on occupational categorisations in census and Labour Force Survey data; information about informal care workers is drawn from national surveys such as the General Household Survey and the census, based on information about those who provide ‘help or support’ to others. Those that we have categorised as ‘other care workers’ cannot be identified from national statistics, and so this element of the discussion is based on other quantitative, but non-national, research evidence.

THE FORMAL CARE WORKFORCE

The care work being carried out by the formal workforce is done as part of their job. This group is, therefore, relatively easy to identify within published statistics that include occupation, because care workers can be recognised by their occupation. Formal care work is characterised by the exchange of payment for a set of services, by the formal organisation of the work (usually a pre-agreed time, place and duration for the

work being carried out) and by a formally defined relationship between the person being cared for and the person being paid to provide the care.

The approach taken in this part of the chapter draws on a major Thomas Coram Research Unit study, entitled ‘Mapping the Care Workforce’(Simon et al. 2003), which was funded by the Department of Health. The formal care workforce was defined for this work by *occupations* using the Standard Occupational Classifications (SOC) (Office for National Statistics 2000). The SOC is a detailed classification of occupations comprised of hundreds of unit groups. Unit groups are sets of specific occupations, grouped together on the basis of tasks performed, qualifications, training, skills and experience commonly associated with those tasks. Occupations were chosen on the basis of their descriptions as those providing direct, ‘hands on’ care: managers and others indirectly involved in the workforce were excluded. We only included those occupations providing social care, excluding other forms of care, such as medical care provided by doctors and the care provided by nurses. We have divided these occupations into two main groups: the childcare workers (those workers involved in the provision of childcare, especially for young children) and social care workers (those workers involved in the provision of social care for both adults and children). This method has been described more fully elsewhere (Simon and Owen, 2003). This analysis has been updated for this book and refers to data from the 2001 – 2003 Labour Force Survey.

The Labour Force Survey (LFS) is the largest of the UK government’s regular household surveys (Owen 1999). It is a national survey collecting data from

approximately 60,000 private households per quarter. The survey is conducted by the Office for National Statistics (ONS); full details of the survey methodology are available in the *LFS User Guide* (Office for National Statistics 1999). The LFS provides information about occupations using the Standard Occupational Classification.

The analyses presented in this chapter refer to Great Britain. All population figures in the tables are population estimates. However, for some categories, the sample numbers for a single year may be too small for reliable estimates (e.g. men working in childcare). Therefore, data have been combined over three years: 2001, 2002 and 2003, in each case using data from the first quarter (March to May)². These figures are shown in tables 2.1-2.3. Table 2.1 shows the occupations that make up each of the two groups of formal workers, and the job titles used to identify the workers within these occupations. It is a workforce that amounts to just over 1 million workers: 307,000 childcare workers and, 839,000 social care workers.

TABLE 2.1 HERE

Table 2.2 shows that the formal care workforce is strongly gendered being 88 per cent female (98 per cent of the childcare workers and 85 per cent of the social care workers). In contrast, 46 per cent of the whole workforce is female. These care workers are predominantly white (95 per cent of the childcare workers and 92 per cent of the social care workers), in line with the workforce as a whole (94 per cent). Childcare workers are younger than the average for the whole workforce, and social care workers are older: 53 per cent of childcare workers are aged 35 years and over compared with 70 per

cent of the social care workers and 63 per cent of the whole workforce. Care workers are mostly married or cohabiting (65 per cent of both childcare workers and social care workers) and have very similar levels of qualifications, with 51 per cent of childcare workers and 61 per cent of social care workers qualified to NVQ level 3 or above. Perhaps reflecting the different age profiles of the groups, childcare workers are slightly more likely than social care workers to have resident children (51 per cent compared with 40 per cent); non-resident children are not asked about in the LFS. Both groups of workers are relatively poorly paid: the childcare workers earn on average £7,850 (£11,302³) per annum gross and the social care workers earn on average £11,672 (£16,805) per annum gross; this compares to an average gross annual income for all workers of £17,859 (£25,713).

TABLE 2.2 HERE

Despite these broadly similar characteristics, there were some important differences between childcare and social care workers, for example in terms of hours worked and hourly pay (table 3). In childcare, workers were employed for on average 29 hours per week, with a mean hourly rate of £5.59 (£8.05), whereas social care workers reported an average 32 hour working week, at a mean rate of £7.15 (£10.29) per hour. Levels of remuneration for both groups were lower than the average hourly rate for all workers, of £9.55 (£13.75), and were even low in comparison to all female workers, whose average pay was £8.24 (£11.86) per hour.

Social care workers were more likely to work full-time (57 per cent than childcare workers (51 per cent), and to have received education and/or training in their jobs during the past 13 weeks (46 per cent compared with 39 per cent of childcare workers). They were less likely to be employed by a private firm or business (40 per cent compared with 63 per cent of childcare workers). There were striking variations between public and private sector⁴ workers in relation to their pay and working conditions. For instance, drawing on figures from the LFS again, childcare workers in the private sector earned an average of £4.64 (€6.68) per hour, compared with average hourly earnings of £6.10 (€8.78) for public sector childcare workers. Similar cross-sectoral variation in pay was found in the social care workforce: private sector workers reported an average hourly rate of £6.85 (€9.86), compared with £8.44 (€12.15) per hour on average in the public sector.

TABLE 2.3 HERE

Workers characteristics' also varied within each of the two main occupational groups. Within the field of childcare, the Standard Occupational Classification (Office for National Statistics 2000) distinguishes between nursery nurses, who care for children under five in settings such as day nurseries; playgroup workers who deliver and facilitate play opportunities for children (usually three to four year olds) in formal and informal settings including playgroups, play schemes, free play locations and after school activities; and childminders and related occupations, who perform a variety of domestic activities in the day-to-day care of children.

As Table 2.2 shows, nursery nurses were younger than other childcare workers (33 per cent were aged 24 or under, compared with 16 per cent of playgroup workers and 18 per cent of the childminders). Given that playgroups tend to operate part-time, it is perhaps not surprising that playgroup workers were unlikely to work full-time (17 per cent compared with 66 per cent of nursery nurses and 50 per cent of childminders).

Childminders were the least qualified childcare workers (26 per cent have an NVQ level 3 or equivalent qualification, compared with 39 per cent of playgroup workers and 46 per cent of the nursery nurses), and the lowest paid, earning an average of £4.64 (€6.68) per hour, compared with £5.94 (€8.55) per hour for nursery nurses and £5.54 (€7.98) per hour for playgroup workers.

The Standard Occupational Classification (Office for National Statistics 2000) distinguishes between the following groups of social care workers: social workers, defined as those who provide information, advice and support to protect the welfare of (various) groups including children, young people, families and people with disabilities; houseparents and residential wardens, who are responsible for the care and supervision of children, young offenders and the elderly within residential homes, schools or institutions for young offenders; youth and community workers, who provide support to individuals or groups of individuals through activities or services that aim to encourage participation in social, political and community activities; care assistants and home carers, who attend to the personal needs and comforts of the elderly and infirm, within residential establishments or at home; and housing and welfare officers, whose role is to assess and address the housing needs of particular localities and individuals, assist

people with disabilities, investigate cases of child neglect or ill treatment, ‘and perform other welfare tasks not elsewhere classified’ (Office for National Statistics 2000: 118).

In line with findings for childcare workers, there was notable variation between these categories of social care workers. Relative to other social care workers, social workers and houseparents/residential wardens were slightly older (80 per cent of social workers and 84 per cent of houseparents and residential wardens were aged 35 years and over, compared with 67 per cent of youth and community workers, 74 per cent of housing and welfare officers, and 66 per cent of care assistants). Care assistants and houseparents/residential wardens were more likely to describe themselves as ‘white’ than other occupational groups (90 per cent of care assistants and 89 per cent of houseparents and residential wardens, compared with 77 per cent of social workers, 74 per cent of youth and community workers, 74 per cent of housing and welfare officers). Care assistants and houseparents/residential wardens were also the least qualified of all social care workers (81 per cent of social workers, 63 per cent of youth and community workers and 66 per cent of housing and welfare officers were qualified to NVQ level 3 or equivalent, compared with 22 per cent of care assistants and 42 per cent of houseparents and residential wardens). Care assistants were also least likely to work full-time (75 per cent of social workers, 63 per cent of youth and community workers, 72 per cent of housing and welfare officers and 83 per cent of houseparents and residential wardens worked full-time, but only 50 per cent of care assistants did so) or to have received on-the-job training during the past 13 weeks (only 42 per cent of care assistants reported such training, in contrast to 57 per cent of social workers, 57 per cent of youth and community workers, 51 per cent of housing and welfare officers and 50

per cent of houseparents and residential wardens). Differences in pay within the sector corresponded to variation in workers' qualifications. The highest paid were social workers, youth and community workers and housing and welfare officers, with average hourly rates of £11.47 (€16.51), £9.67 (€13.92), and £9.76 (€14.05), respectively. This compares with houseparents and residential wardens, who reported average hourly pay of £6.67 (€9.60), and care assistants who earned on average just £5.71 (€8.22) per hour.

INFORMAL CARE WORKERS

In defining some care work as informal, we posit three key characteristics: the work is largely unpaid, it is not formally (externally) organised or regulated, and it consists of caring for a person or people with whom the carer has an existing relationship. Informal care work is thus often carried out within families, for example in the care of elderly parents, or partners, children or grandchildren, and other family members (Mooney et al. 2002). It also includes care provided for non-family members, such as that carried out by neighbours or for friends. According to the 2001 census, 'A person is a provider of unpaid care if they give any help or support to family members, friends, neighbours or others because of long-term physical or mental health or disability, or problems related to old age' (Office for National Statistics 2003b). As well as being unpaid, informal care work contrasts with formal employment in its lack of set working times or duration for the work, and the (often very close) personal relationship that the carer has with the person for whom they are providing care. Informal care work is often carried out in conjunction with some kind of other paid work, and consequently, it must be fitted in around any paid work duties.

The General Household Survey (GHS) of 1985 for the first time included a set of questions about informal care provision (Green 1988). The questions were repeated in 1990 and 2000, and the GHS is now the main source of national data on informal carers (Rickards 2004). According to the GHS for 2000 (Maher and Green 2002), one in six people in Britain aged 16 or over was caring for a sick, disabled or elderly person⁵.

Women were more likely to be engaged in informal care (18 per cent of female respondents) than men (14 per cent), and were more likely than men to carry the main responsibility for caring (11 per cent of women and seven per cent of men were the main carer). Just over half (52 per cent) of those with caring responsibilities were caring for a parent or parent-in-law; one-fifth (18 per cent) were caring for a spouse and a further eight per cent were caring for their disabled or sick children. Further, more than a quarter of these carers spent at least 20 hours a week on caring, with women spending more time caring per week than men. The highest time commitment to caring was found when the carer lived in the same household as the person being cared for. A fifth of carers (21 per cent) had been looking after someone for at least ten years. One fifth (21 per cent) of economically inactive respondents had caring responsibilities, compared with 13 per cent of full-time workers, 17 per cent of part-time workers and 15 per cent of the unemployed.

In 2001, the British census included for the first time questions from the GHS on caring responsibilities (distinct from paid employment) for family members, friends, neighbours or others because of long-term physical or mental ill-health or disability, or problems related to old age, and asked about time spent on caring in a typical week. The

GHS includes more detail on caring responsibilities and a wider range of demographic information than the census. However, the great benefit of the census is that it includes all people, whereas the GHS consists of a sample of approximately 14,000 adults. The census thus allows more reliable estimates to be made for small groups, for which the sample size in the GHS would be too small to be reliable. Where they can be compared, the results from the GHS and the 2001 census are consistent.

The census found that there were 5.2 million carers in England and Wales, including over a million providing more than 50 hours a week of informal care (Office for National Statistics 2003a). Of the 15.2 million employees aged 16-74 in full-time work, 1.6 million were providing at least some unpaid care, of whom, 144,000 providing 50 or more hours a week. Nearly 80,000 people aged 54 or under, providing more than 50 hours of unpaid care per week, stated that their own general health was not good.

Some small-scale studies have also examined the extent and nature of informal caring. For example, Kodz et al. (1999) estimated that six million people in the UK (excluding parents caring for non-disabled children) do some informal caring; Joshi (1995) found that one in seven of the workforce in 1990 were involved in caregiving and Phillips (1999) estimated that as much as a third of any workforce will be carers. To illustrate the characteristics of this informal workforce, this chapter will draw on the recently completed 'Fifty Plus' study (Mooney et al. 2002) which incorporated an analysis of national employment statistics, a large scale survey of employees, and in-depth interviews with both carers and non-carers. The present chapter will highlight findings

from large scale statistical analyses conducted as part of this research; a more detailed account of which is presented in Chapter Nine.

Analyses of national employment statistics (using data from the Labour Force Survey) indicated that growing numbers of women in their fifties and sixties lived in households where both partners work. Consequently, the provision of informal care is likely to involve more juggling of schedules and time commitments than would be the case if one partner was at home full-time. This national picture is helpful in identifying who is potentially available to do the caring, and the amount of potentially available time that individuals (as well as families) have to carry out these informal care duties. However, that interpretation is based on an assumption that less formal working means greater availability for informal care. In fact, the Fifty Plus study showed families and individuals to be under increasing pressure to work longer hours and still carry out informal care.

The employee survey from the Fifty Plus study illustrated the characteristics of this informal workforce in terms of the average length of time spent on care work per week, the gender of the average carer, the average age of carers, the marital status of these carers, the family set-up of carers (own/step children, grandchildren, whether carers parents/parents-in law are still alive), the occupational grouping of carers that were working (the proportions of carers in manual, semi-skilled, skilled, professional or managerial jobs that had caring responsibilities), and the amount of paid work being carried out by informal carers. Most of the results from this employee survey corresponded to findings from analysis of the General Household Survey. In particular,

it was evident that women, rather than men, did most of the caring and that caring often took place in combination with some other, paid, employment.

Phillips et al. (2002) have also examined the experiences of working carers of older adults. These informal carers often had multiple caring roles, juggling work and the care of both adults and children. Very few carers lived with the people they cared for, although one in three lived close by (within a ten-minute drive). Two out of three carers in their study spent less than 10 hours per week looking after others. Help with shopping and transport, emotional support, and 'checking' on people were the most commonly performed tasks, with few working carers providing very 'heavy' personal or physical care.

OTHER CARE WORKERS

As discussed earlier in this chapter, much care work today cannot be clearly categorised as formal or informal. Rather, it seems to cross-cut the definitions of the two previous groups, sharing features from both. For instance, the care work may be voluntary (and unpaid) but linked to some sort of formal organisation, or there may be a formal relationship between the person being cared for and the carer, as in the case of mentoring (see Chapter Seven) or the carer may not be formally employed, but nevertheless paid some fees or expenses (e.g. foster carers).

Volunteers working in social care offer our first example of these workers. They do not include paid workers employed by the voluntary organisations, but rather provide

unpaid help to other individuals on a voluntary basis. They have their lack of payment in common with informal care providers, but perhaps have more similarities with formal care workers. For example, voluntary workers do not generally have a close personal relationship with the person or people for whom they provide care, and often their care work is linked to, and regulated by, a large formal organisation. Voluntary organisations may also use procedures similar to those used in formal employment, for example in recruiting, assessing and training potential workers.

Since 1997, the UK Government has developed a number of policy initiatives which emphasise the role of the voluntary sector in public service provision (Kendall 2000). A recent Home Office survey of almost 15,000 adults living in England and Wales (Munton and Zurawan 2004) found that 28 per cent volunteered formally at least once a month, with 37 per cent reporting informal voluntary activity in the preceding month. Of those engaged in formal voluntary work, nearly one quarter (23 per cent) reported activities related to health, disability, or social welfare; 16 per cent described their field of interest as 'the elderly', and a further 26 per cent did voluntary work relating to out-of-school activities with children and young people. Without more detail of the voluntary work itself, it is not possible to judge what proportion of these voluntary workers were engaged in care work, rather than other activities such as fund raising. However, as an indication, 19 per cent of all those volunteering formally were involved in 'befriending or mentoring work'. Compared to figures for 2001, the survey indicated a growing proportion of adults doing voluntary work, although women describing their ethnicity as 'white' formed the largest proportion of formal (30 per cent) and informal (41 per cent) volunteers. This finding is consistent with the observations of Knapp et al.

(1995) that mostly females are attracted to volunteering. These authors also noted that adults and retired people are more likely to volunteer than young people (peaking at middle age), that people of white ethnic origin are more likely to volunteer than those from minority ethnic backgrounds, and that people with greater educational attainments and higher incomes are more likely to volunteer.

Organisations in the voluntary sector often focus on a particular group, such as children, older people, or one-parent families, or on a particular issue such as drug dependency, homelessness or dementia. Examples of such organisations include Barnardos, Age Concern and the National Association for Care and Resettlement of Offenders (NACRO). Barnardos, for example, has a number of ways that volunteers can contribute to the organisation's work: helping as a shop assistant, a driver collecting donations, as an administrative assistant, as a fundraiser. These examples show that volunteers even in an organisation involved in care provision may not be involved in direct care. However, there are also roles for volunteers which involve direct support to the target group (for Barnardos, children), such as befriending young people at risk of going into care, befriending young people leaving care without the support of a family and assisting care leavers develop independence and become a positive part of their community.

Mentors provide another example of volunteers playing a part in the care workforce, sharing features of both formal and informal care work. Mentors are similar to the informal care workforce in that they are usually unpaid, they are not employees, and so do not have a formal job description. However, they have similarities with formal care

workers: the working organisation for which they volunteer defines their role, and they may make a commitment to volunteer for specific amounts of time. In addition, they have a formally defined relationship with the client. In this case, their role is to work directly with young people deemed to be in need of some specific support, working alongside that young person towards achieving a pre-stated desired goal.

Chapter Seven draws on the interim findings from an evaluation of national mentoring programmes for the Youth Justice Board for England and Wales, to describe in detail mentors that work with young people at risk of offending. These mentors contribute in many ways – from befriending them and by talking and doing activities with young people such as the cinema, bowling and sports venues to helping them to improve their basic numeracy and literacy skills – all with the aim of trying to reduce the likelihood of the young person re-offending. The chapter argues that all volunteer mentors should receive some training to help them work directly with young people in this way, although only half of the mentors included in the evaluation had completed their training before being assigned a young person to mentor. The mentors involved in this research had usually been assigned a particular individual to work with for a set number of hours, and more than half (57 per cent) of the mentors were also in paid employment, either full-time or part-time. The average age of these mentors was 34 years; 66 per cent were female, and 63 per cent were ‘white’. This percentage is much lower than for workers in other parts of the care workforce, both formal and informal, and can be explained by the mentoring projects’ recruitment policies, which aimed to include a high proportion of mentors from a minority ethnic background.

For the purposes of the discussion presented here, foster carers can also be defined as other care workers. Foster care is a regulated work practice, the caring is for a young person not related to the carer, and the work is usually done for some sort of payment. These characteristics would seem to suggest that foster carers are formal care workers. However, the fee paid to foster carers potentially has two components: an element to cover the expenses incurred in looking after the child, and an element of reward. Only the 'reward' element is taxable. Each year, the Fostering Network publishes its estimate of the weekly costs of fostering a child, according to geographical location and the age of the child. In 2004, these allowances ranged from £108.49 (€156.20) for a child aged under five years in Outer London to £224.50 (€323.23) for a young person aged 16 and over in Inner London (Fostering Network 2004). Nevertheless, the Fostering Network has shown repeatedly that the majority of local authorities do not even pay enough to cover the actual costs, quite aside from any element of 'reward', so that most foster carers are arguably receiving no pay for their work (Fostering Network 2003). Foster carers therefore have a lack of financial remuneration in common with informal care workers. The growth in kinship care also has similarities with informal care work. Increasingly foster carers are caring for relatives and others already known to them: in 2003, 18 per cent of foster placements in England were with relatives or friends (Department for Education and Skills 2004).

In terms of demographic characteristics, Bebbington and Miles (1990) defined the archetype foster family as consisting of two adults, only one of whom was in full-time employment, with children of their own but none under the age of five, with a mother between the ages of 31 and 55, and living in a home with three or more bedrooms. The

Berridge report (Berridge 1997) highlighted in addition the limited availability of foster carers from minority ethnic backgrounds. More recently, Triseliotis et al. (2000) confirmed these patterns. They found that 99 per cent of foster carers in their study described themselves as white, that only eight per cent of fostering households had no children of their own, that four-fifths of carers were living with partners, mostly married and seven out of ten carers owned their homes with no more than three bedrooms. They also found similar patterns of employment for foster carers – 72 per cent of men and 37 per cent of female carers were in employment, and 60 per cent of the employed female carers were in part-time employment.

However, some men contribute equally with their partners to the provision of foster care (Sellick and Connolly 2001) and there has been a rise in the proportion of minority ethnic carers (Sinclair et al. 2000). Indeed, even Triseliotis et al. noted that only 35 per cent of foster carers fit the traditional image of the woman caring for the children at home while the man provides the family income outside the home. Like the other care workers in this group, female foster carers are increasingly seeking employment in addition to the care activities they are carrying out, and most of this paid work is within the social care sector: around two-fifths of female carers had a social care sector job, including childminding and nursery work (Triseliotis et al. 2000).

CONCLUSIONS

In this chapter, we have drawn a practical distinction between two forms of care worker: the formal and the informal. The formal care workforce is defined by its constituent

occupations: these workers are paid for the care work they do, they may be required to have some degree of formal training, and they are regulated in what they do. At the opposite end of the spectrum, we have situated the informal workforce. These care workers have little or no formal recognition for the work they do, no requirement for formal or informal training, and they often provide care work in addition to other paid work. We have also argued that other workers, such as volunteers and foster carers, share qualities of both formal and informal care.

In describing the characteristics of formal, informal and other care workers, the chapter has highlighted undeniable differences between the three workforces, but also a number of important similarities. Shared characteristics include gender (more females than males in each case), age (people of 'middling age' are most attracted to the work, although, as we have discussed earlier, childcare workers, and particularly nursery workers, are relatively young care workers). Arguably, these groups of workers might also share common values, underpinning their motivation to participate in what is often low paid or unpaid work, an issue that will be illuminated by the contrasting discussions of different forms of care worker in Chapters Six to Nine.

Government policy places great emphasis on the importance of volunteering and its role in citizenship (Kendall 2000; Popple and Redmond 2000), but it has been argued that changes in the voluntary sector are in danger of squeezing out the volunteer - 'the new climate of contracts and professionalisation will result in a squeezing out of volunteers altogether, or at least a fundamental shift in the values and culture of volunteering' (Commission on the Future of the Voluntary Sector 1996). At the same time, there are

dangers in assuming that the voluntary sector offers low cost means of service provision, given evidence of the costs and organisational demands of reliance on a volunteer workforce (e.g. McGonigle 2002).

With the costs of social care escalating as the UK struggles to cope with an ageing population, the government has emphasised the need for families to provide more of the care themselves. In England, a National Strategy for Carers (Department of Health 1999) has recently been published. In a forward to the strategy the prime minister, Tony Blair, says, 'we all may need care, or to provide care... Carers will have better information. They will be better supported. They will be cared for better themselves. What carers do should be properly recognised, and properly supported - and the Government should play its part.' (Department of Health 1999: 3-4). The strategy includes proposals to increase the carers allowance by an extra £50 (£70) a week in real terms by 2050, schemes to help carers to return to work, better information for carers about the health of the person they are caring for and how to cope with that, support for neighbourhood services such as carers centres and special funding for breaks for carers.

This chapter has also highlighted the common experiences of different parts of this care workforce, for example, relating to lack of payment of informal and some other care workers, such as volunteers. As one example, the variations in the payment of expenses between local authorities is said to have led many foster carers to leave the public sector altogether, or to move into the independent sector. According to one local authority manager of social care services for children and families, 'In the first five months of this year alone, the council has seen 10 of its 100 carers leave and move across to the private

sector to be employed by independent fostering agencies (IFAs)' (Community Care 2003). According to this article, it is not only the lack of basic expenses payments that has led to this crisis, but also the lack of support and perceived value of foster carers' work.

There have been some movement towards procuring greater value from the care work for the carer themselves. For instance, voluntary work can offer a potentially flexible means for those with other commitments, such as work or family responsibilities, to gain training and experience that could create future opportunities for paid employment. This benefit has, however, concomitant organisational implications (and costs) relating to turnover of voluntary workers.

In summary, the discussion presented here illustrates the inter-relatedness of formal, informal and other care workers, and as noted earlier, these are not mutually exclusive categories, but rather a useful definitional rubric for analysing the field. As subsequent chapters in this volume illustrate, these forms of care work each have a role to play in future developments, and they are clearly envisaged as doing so in English policy today. For example, unpaid informal or voluntary workers may be seen as offering a partial solution to cost concerns, or to staff shortages in the formal workforce. And, just as the formal/paid workforce recruits workers from the 'in-between' workforce in times of shortage, the 'in-between' workforce may recruit workers from the formal/paid workforce to meet shortfalls in supply (Boddy et al. 2004). The care workforce may be unusual, in relation to other sectors of work, in that it relies on a substantial component of informal workers to address shortfalls in the supply of formal paid workers. That

said, questions remain about how far the different groups of workers are equivalent, and the remainder of the book will highlight these issues – for example, with regard to the need for a professional knowledge base for care, or the particular values that underpin unpaid work such as mentoring.

Our distinction between formal, informal and other care workers is arguably artificial, but provides a necessarily practical means for determining ‘who are today’s care workers’, in terms of the specific occupations that underpin the formal care workforce and the characteristics of those carrying out care work. However, the analysis has not addressed the inter-relatedness of different elements of the care workforce, or the movement into, out of and between care occupations, or of how different forms of care work might interact over the lifecourse. This chapter has made use of a number of statistical data sources, which may focus on different aspects of care. The proposal for the Office of National Statistics to combine its five major household surveys into one survey (Office for National Statistics 2004) may make it easier in the future to get a more joined-up picture from a single source.

Table 2.1: The formal workforce

Care workforce group	Occupations	SOC codes	Related job titles	Total numbers of workers (thousands)
1. Childcare	nursery nurses	6121	<ul style="list-style-type: none">nursery nurses	136
	childminders etc.	6122	<ul style="list-style-type: none">nursery assistantssenior nursery staff	113
			<ul style="list-style-type: none">childminders	
	playgroup workers	6123	<ul style="list-style-type: none">nannies	59
			<ul style="list-style-type: none">playgroup/preschool workersplaygroup/preschool leadersplayworkers and play leaders	
<i>Total childcare workers</i>			307	
2. Social care	social workers	2442	<ul style="list-style-type: none">child care officerchild protection officersocial workerteam leader	77
	youth and community workers	3231	<ul style="list-style-type: none">youth workerscommunity workersfamily centre workers	73
			<ul style="list-style-type: none">advice workercare officercounsellor (welfare services)education welfare officerhousing officerwelfare officer	
	housing and welfare officers	3232	<ul style="list-style-type: none">advice workercare officercounsellor (welfare services)education welfare officerhousing officerwelfare officer	117
			<ul style="list-style-type: none">houseparents (boarding schools, residential care)residential wardensfoster carers	
	houseparents and residential wardens	6114	<ul style="list-style-type: none">houseparents (boarding schools, residential care)residential wardensfoster carers	31
			<ul style="list-style-type: none">care assistanthome care assistantnight care assistantresidential social worker	
	care assistants and home carers	6115	<ul style="list-style-type: none">care assistanthome care assistantnight care assistantresidential social worker	541
			<i>Total social care workers</i>	
	Total care workers			

Table 2.2: Some characteristics of childcare workers and social care workers

	% female	% white	% aged 24 and under	% aged 35+	% below NVQ 2	% NVQ 3 equivalent or above	% married or living with a partner	% co- resident children
Childcare workers								
nursery nurses	99%	95%	33%	44%	20%	46%	58%	43%
childminders etc.	98%	94%	18%	57%	22%	26%	65%	53%
playgroup workers	94%	94%	16%	67%	22%	39%	80%	69%
<i>Total</i>	<i>98%</i>	<i>95%</i>	<i>24%</i>	<i>53%</i>	<i>39%</i>	<i>38%</i>	<i>65%</i>	<i>51%</i>
Social care workers								
social workers	77%	86%	3%	80%	4%	81%	68%	43%
youth and community workers	74%	90%	8%	67%	11%	63%	58%	40%
housing and welfare officers	74%	91%	4%	74%	11%	66%	65%	38%
houseparents and residential wardens	89%	99%	3%	84%	15%	42%	71%	32%
care assistants and home carers	90%	92%	13%	66%	20%	22%	65%	40%
<i>Total</i>	<i>85%</i>	<i>92%</i>	<i>10%</i>	<i>70%</i>	<i>41%</i>	<i>37%</i>	<i>65%</i>	<i>40%</i>
All care workers								
<i>Total</i>	<i>12%</i>	<i>93%</i>	<i>14%</i>	<i>56%</i>	<i>40%</i>	<i>38%</i>	<i>65%</i>	<i>43%</i>

Table 2.3: Working conditions of childcare workers and social care workers

Occupations	Average gross annual Pay	Total usual hours in main job	Average gross hourly pay	% in permanent job	% working for private firm or business	% Full-time in main job	% received education and training in past 13 weeks (in work)
Childcare workers							
nursery nurses	£9,328 €13,430	31	£5.94 €8.55	92%	50%	66%	45%
childminders etc.	£7,158 €10,305	32	£4.64 €6.68	79%	89%	50%	26%
playgroup workers	£5,204 €7,493	19	£5.54 €7.98	91%	44%	17%	51%
<i>Total</i>	<i>£7,850 €11,302</i>	<i>29</i>	<i>£5.59 €8.05</i>	<i>89%</i>	<i>63%</i>	<i>51%</i>	<i>39%</i>
Social care workers							
social workers	£19,811 €28,524	36	£11.47 €16.51	90%	6%	75%	57%
youth and community workers	£15,837 €22,802	33	£9.67 €13.92	81%	11%	63%	57%
housing and welfare officers	£16,383 €23,588	34	£9.76 €14.05	88%	13%	72%	51%
houseparents and residential wardens	£13,031 €18,761	45	£6.67 €9.60	96%	38%	83%	50%
care assistants and home carers	£8,986 €12,938	31	£5.71 €8.22	94%	55%	50%	42%
<i>Total</i>	<i>£11,672 €16,805</i>	<i>32</i>	<i>£7.15 €10.29</i>	<i>92%</i>	<i>40%</i>	<i>58%</i>	<i>47%</i>
All care workers							
<i>Total</i>	<i>£10,776 €15,515</i>	<i>32</i>	<i>£6.79 €9.78</i>	<i>91%</i>	<i>46%</i>	<i>56%</i>	<i>45%</i>

References

¹ Data for Northern Ireland are not included in this chapter.

² Material from the Labour Force Survey is Crown Copyright, has been made available by the Office for National Statistics (ONS) through the UK Data Archive and has been used with permission. Neither the ONS nor the Data Archive bear any responsibility for the analysis or interpretation of the data reported here.

³ An exchange rate of £0.69455 per euro has been used. This was the exchange rate quoted by the European Central Bank on 27 October 2004:

<http://www.ecb.int/stats/exchange/eurofxref/html/index.en.html>

⁴ Definitions are taken from the Labour Force User Guide (April 2003): the private sector consists of all private firms or businesses or limited companies, and public companies (plc); the public sector is defined as being comprised of nationalized industries/state corporations, central government, civil service, armed forces, local government or council, universities, polytechnics, other grant funded educational establishments, health authorities or NHS trusts, charities, voluntary organizations or trusts, and 'other' organisations (*ibid.*: 69).

⁵ These only include children if they fall under the criteria of sick or disabled. All other forms of childcare are not included here.