

West Yorkshire Health and Care Partnership Board

16 July 2024

Summary report	
Item No:	9
Item:	Real Living Wage Review
Report author:	Kate Sims, Director of People, NHS West Yorkshire Integrated Care Board and members of the Real Living Wage Review Group
Presenters:	Kate Sims, Director of People, NHS West Yorkshire Integrated Care Board Louise Bestwick, CEO, Bradford Care Association Michelle Atkinson, Chief Officer, Leeds Care Association
Executive summary	
<p>Two of the West Yorkshire Health and Care Partnership’s 10 big ambitions are to:</p> <ul style="list-style-type: none"> • increase the number of years that people living good health; and • to address the health inequality gap for households with the lowest incomes. <p>One way of achieving this is to ensure as many people as possible in West Yorkshire are in good jobs that pay a real living wage. As a significant number of people are employed in our Partnership’s health and care organisations, it was agreed that we would look at the feasibility of a “whole system” commitment to paying people at the Real Living Wage and above. (Paragraphs 12 to 14 of this paper sets out the distinction between the National Living Wage (national minimum) and the Real Living Wage).</p> <p>A cross-sector group of partner members has reviewed the current position across the Partnership including a short survey of partner members on their ability to pay at Real Living Wage and above.</p> <p>This paper provides the context and findings from the work undertaken and sets out the issues shared with the review group for further discussion at the Partnership Board, to test out our Partnership’s capacity and appetite to becoming a Real Living Wage system.</p>	
Recommendations and next steps	
<p>The Partnership Boards is asked to:</p> <ul style="list-style-type: none"> • note the findings summarised by the Review Group in this paper, and discuss how best to proceed; • agree an outline timeline for any action arising from the discussion; and • if required, assign resource to take forward any further practical steps, including professional financial resource modelling, to quantify the pay gap by organisation and sector. 	

Introduction

1. The West Yorkshire Partnership Board has previously considered the impact of the cost of living on our workforce, for example at its meeting on 6 September 2022 where members considered [the role of the Partnership in helping to alleviate the impact of poverty](#) as well as the core connection between income and wellbeing in our population, including the Partnership's most recent commitment to the [West Yorkshire Fair Work Charter](#) at its meeting on 5 March 2024.
2. From these discussions, partner organisations have taken action to reduce the impact of the cost of living for staff with the lowest household incomes. Examples include temporarily adjusting the mileage rates for staff essential car users; adjustments to pay processes to respond to rising debt in month and retrospective receipt of expenses; alongside access to quality financial well-being support and advice.
3. Whilst such activity has been significant across the system, there remains a clear disparity in pay levels that partner organisations are able to offer staff, and the capacity within sectors to respond to the financial challenges faced by their staff.
4. In 2023, the [West Yorkshire Integrated Care Strategy](#) was refreshed which included significant engagement across the partnership, resulting in formal approval by the WY Partnership Board. In the accompanying discussion, partners reflected on how we could achieve the scale of ambition set within the strategy, and reflected on the core role each organisation plays as an Anchor Institution and core employer for over 110,000 people – and that our ambition for our whole population, could be reflected in paying our workforce a living wage. A “living wage” is internationally defined as a wage that reflects a cost of living, most often set by a calculation, based on the actual cost of a basket of household goods and services, including accommodation. This is distinct from the minimum wage which is usually set around median income.
5. Recognising that there is a challenging financial context for all partner organisations, that there is large variation in operating budgets, and employing terms and conditions across partner organisations – the WY Partnership Board requested the West Yorkshire People Board undertake a review to explore the feasibility of aiming that all health and care partner organisations would be able to achieve paying a living wage as a minimum standard across West Yorkshire.

The Case for Change

6. Almost one in three people in West Yorkshire live in “very low” income households¹. And whilst employment can be one of the main ways to get out of poverty, over half of people experiencing poverty live in a household where at least one adult is in paid work, and over 70% of children live in a household where at least one member of the

¹ [UK Poverty 2024: The essential guide to understanding poverty in the UK | Joseph Rowntree Foundation \(jrf.org.uk\)](#)

family works.² In work poverty has significantly increased over the last two decades and sharply in the last 4 years, with large increases in the cost of everyday living: such as housing, fuel and food³.

7. The ambition behind offering a living wage is to enable employees to earn sufficient income:
 - to meet their basic needs (food, housing, clothing, utilities) for a satisfactory standard of living;
 - to prevent them from the ill effects of poverty – including physical and mental illness and premature death; and
 - to enable them to live and work productively – to not see their potential wasted, or happiness constrained, by a poorer quality of life.
8. In West Yorkshire this is particularly important because the people earning below the Real Living Wage are those who are already more likely to be facing greater inequalities in their lives. Those earning less than the living wage are most likely in work poverty, they are disproportionately more likely to be living in areas with multiple deprivations, in poorer quality and more insecure housing, they are more likely to be from minority ethnicities and more likely to be female, and / or to be a sole carer.
9. When people are continually paid below the Real Living Wage it compounds these inequalities and limits their ability to make the changes and the choices that could improve their wellbeing and life chances and those of their dependants.
10. In West Yorkshire we have a higher proportion of people living in poverty than the national average, and a similarly higher proportion of people facing 'in work' poverty. The Joseph Rowntree Foundation estimates that about £1 in every £5 spent on UK public services is responding to the way that poverty damages people's lives⁴. Using this indication, it is therefore highly likely that in West Yorkshire, we spend more than 20% of our public money on the direct consequences of poverty.
11. If our overall health and care system ambition is to prevent ill-health and reduce inequality, committing to paying the Real Living Wage for those employed in our system would be both an ethical and practical step. It is posited that a full workforce, earning the real living wage would:
 - **Reduce the number of people living in poverty** in West Yorkshire: not just direct employees, but also their dependents.
 - **Increase workforce satisfaction and improve retention** – Real Living Wage employers have reported higher levels of staff satisfaction, greater staff retention and improved recruitment rates.

² 1 Tinson A. Living in poverty was bad for your health long before COVID-19. The Health Foundation; 2020 (<https://www.health.org.uk/publications/long-reads/living-in-poverty-was-bad-for-your-health-longbefore-COVID-1>)

³ [In-work poverty trends - The Health Foundation](#) April 2024

⁴ [Counting the cost of UK poverty | Joseph Rowntree Foundation \(jrf.org.uk\)](#)

- **Increase workforce productivity** – Real Living Wage employers have reported improved staff satisfaction and reduced turnover; and expect in the long term to see a reduced number of sick days as a consequence of poverty-related ill-health.
- **Be an important step towards parity** – between those parts of the health and care workforce with statutory pay protections (e.g., Agenda for Change) and those without, and be a step towards ensuring that all those who work for a healthier West Yorkshire, see their contributions valued and recognised equally.

Definitions

12. For the purpose of the review, the Real Living Wage⁵ is defined as that set by the Living Wage Foundation. The Living Wage Foundation emerged from a Citizens UK campaign that argued that a ‘living wage’ should reflect the actual cost of living (rather than be set by what employers were already paying). The Real Living Wage (RLW) is set by a calculation, based on a selection of household goods and services, (set for London and for the rest of the UK separately). The 2024/25 Real Living Wage rate is £12.00 per hour.
13. The National Living (minimum) Wage from April 2024 is £11.44 per hour (for those age 21 and over) with the minimum wage for those under 21 and apprentices, from April 2024, reaching £8.60 per hour. The national living wage from April 2023 (when this review first commenced), was £10.42.
14. There are 14,000 Real Living Wage employers across the UK who pay the current real living wage rate of £12 per hour.

The West Yorkshire Partnership’s Living Wage review

Review Group

15. A task and finish group was established to undertake the review, chaired by the NHS WY ICB Director of People, Kate Sims, with members from across all West Yorkshire Care Associations, Local Authorities, the Voluntary, Community and Social Enterprise sector and the West Yorkshire Hospice Collaborative. The group has met regularly, with our primary focus being to gather as much intelligence as possible to provide a clearer picture on the current level of wage differential across the partnership to then understand the financial and logistical implications, if all entry level salaries were elevated to the Real Living Wage level as a minimum.

West Yorkshire Living Wage Survey

16. A cross sector survey was undertaken of health and care partners in October 2023, promoted within each sector by members of the working group. Whilst a high return rate was not anticipated, recognising the limited capacity of many small partner

⁵ <https://livingwage.org.uk/what-real-living-wage>

organisations, the results of the survey mirror national data research, referenced below. More detailed results of the survey can be found in Appendix 1 (at the time of the survey the real living wage was the 2023/24 figure of £10.90 an hour).

17. A large majority of returns to the survey were from either the Independent Care Sector or the Voluntary and Community Sector (note, the Social Enterprise were a separate category in this survey). Whilst about two-thirds of respondents confirmed that they were a Real Living Wage employer (both those accredited with the Real Living Wage Foundation, and those who take the decision annually, based on their funding position), about one third of respondents confirmed that there were n www.probonoeconomics.com ot able to guarantee the Real Living Wage for their workforce. This ranged from one third of those, who could not guarantee paying the Real Living Wage for “all or nearly all” of their employees, to one third who had under 20% of employees earning less than the Real Living Wage.
18. This corresponds with findings from the Low Pay Commission⁶ that adult social care workers – who are mostly women – are among the lowest paid in the UK.
19. A range of roles across sectors were identified as those not paid the Real Living Wage, with the largest groups being administration staff, care and support workers, domestics, drivers, maintenance staff and in some cases reference to senior care workers.
20. About half of respondents indicated that their statutory funding was not enough to cover the majority of staff costs, with those who pay the Real Living Wage indicated that they supplement their statutory income through charitable and commercial income, peer trading, using reserves, and a reference to the business partners taking a pay cut to supplement their staff’s wages.
21. Nearly all respondents referenced concern for their ongoing ability to meet the Real Living Wage, citing annual uplifts, occupancy levels, delays in contractual payments and uncertainty regarding future income streams. Significant concern was also raised on the challenge of being able to maintain pay differentials for those in more senior roles, who may be managing or supervising staff in entry level positions.

Findings and context

Social Care

22. The WY Partnership Board has previously received reports on the interconnecting funding and workforce crises in the social care sector, for example in December 2020 [41-20 Social Care in the WYH Health and Care Partnership.pdf](#) (wypartnership.co.uk) reflecting both operational and ethical challenges for managing our integrated care system.

⁶ [Low Pay Commission - The National Minimum Wage in 2024 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

23. According to Skills for Care data⁷ there are around 57,000 people in the adult social care workforce in West Yorkshire, more than half of whom, 32,000, are care workers in the independent sector. An estimate 43% of these, 13,500 care workers, and over 7,000 people in other roles such as domestics or laundry staff, are paid less than the Real Living Wage. **28% of independent sector care workers in West Yorkshire are on zero-hour contracts**, so their monthly salary is variable and not within their control, as they are dependent on how many hours they are allocated to undertake each week.
24. A Health Foundation report The Cost of Caring⁸ found over a quarter of the UK's residential care workers lived in, or were on the brink of, poverty. This is the third highest rate of any occupation, after catering, and retail. Nearly **1 in 10 experienced food insecurity**. And around **1 in 8 children of residential care workers were 'materially deprived'**, meaning they may not have access to essential resources such as fresh fruit and vegetables or adequate winter clothing.
25. Social care covers a range of skilled roles, but the level of remuneration across the board does not reflect this. However, we do see a difference between social care roles – and **turnover rates in staff are significantly lower, where wages are higher**. In particular, research found that higher pay significantly improves retention in social care specifically.⁹ Indeed, in November 2021, the West Yorkshire Health and Care Partnership was able to take decisive action to utilise winter pressures funding to bring forward the National Living Wage increase from April 2022 to December 2021 for low paid social care workers, and this successfully reduced the turnover rate of staff during a particularly challenging winter season.

Impact of Fee Rates in the Residential Care Sector

26. There are over 1,100 residential care and nursing homes in West Yorkshire. In about half of all spaces, people pay for their care themselves, known as “self payers”. The other half are financially supported, either wholly or partly, by their local authority or, sometimes where their health need takes precedence, by the NHS.
27. Whilst the number of people living in care homes dipped during the pandemic, creating some oversupply of places, with more families choosing to care at home, it is predicted that the care home population will return to pre-pandemic levels by the end of 2024. And that with the increasing demographic pressures of more people living longer, and an increasing number of people requiring complex care, we will start to see shortages of available places from as early as mid 2025¹⁰.

⁷ [Adult social sector and workforce in Yorkshire and the Humber \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk)

⁸ The cost of caring: poverty and deprivation among residential care workers in the UK ([health.org.uk](https://www.health.org.uk))

⁹ Retention and Sustainability of Social Care Workforce (RESSCW) is part of the Health Foundation's Efficiency Research Programme and found that higher pay significantly improves retention in social care: [Job Quality and Job Separation of Direct Care Workers in England | Innovation in Aging | Oxford Academic \(oup.com\)](https://www.oup.com/academic/view/9780191013911)

¹⁰ Care Home Trends 2023 www.carehome.co.uk

28. In the last 4 years, average care home fees have risen well above the rate of inflation. Many independent care providers are under significant financial pressure due to recruitment challenges and increasing operational costs including the cost of energy, food, materials and agency staff, and many are struggling to sustain their organisations. Self-funders typically pay more for a care home place than a local authority. Therefore, some care homes are seeking to reduce the proportion of residents who pay below the actual cost of providing care and increase the number of self payers. This may become a critical issue for our Integrated Care System if it causes delays to people being able to choose residential care, with more substation care at home packages required, or an increase in delayed discharges.
29. A significant cost to care homes is recruiting and training staff, where chronic low pay is cited to cause high turnover, alongside job insecurity.

International Recruitment

30. The Independent Care Sector struggles to recruit high quality staff due to competition with the retail and hospitality sector who offer significantly better hourly rates of pay ranging from £11.50 to £16 per hour. In response to this, some services have undertaken International Recruitment but are now struggling to recruit through this route due to changes to the immigration laws and the negative publicity of poor practices that have been undertaken by some unscrupulous operators, masquerading as care providers. Where such agencies have had their sponsorship licenses revoked, this has itself resulted in an impact on the wider system, as those staff who were employed by that agency, were often also working for other legitimate care providers in the area. Once revocation occurs, the sponsored worker has only 60 days to find an alternative sponsor before being deported to their country of origin and the worker may not be able to find alternative work with a sponsor, within the same area or indeed at all. There is a requirement for international recruits to be paid at a minimum of £11.90 per hour, (a higher rate than their UK counterparts) as a care worker, so this also limits the number of international recruits that providers are able to afford to recruit.

Workforce crisis

31. In surveys undertaken with care staff in Bradford by the Bradford Care Association in July 2022 and again in 2023, the key challenges for staff, reported by the 250+ respondents were:
- Poor pay levels and real difficulties in meeting rising costs of living.
 - Having to choose on a daily basis between heating and eating.
 - Concerns about being able to afford petrol, car insurance / repairs, and childcare costs, and the impact of the not being able to get to work.
 - Zero-hour contracts – not being in control of their income / no set monthly income.

- Only paid Statutory Sick Pay when ill, and the related fear of the impact of going off sick.
 - Worry and the stress of not being able to provide adequately for their children.
32. 45% of staff reported that these financial challenges were negatively impacting on their health and well-being, including:
- constant feelings of anxiety and fear about the situation they were in;
 - increased stress levels;
 - lack of sleep due to worries / constant tiredness;
 - exhaustion due to working extra shifts and juggling family responsibilities;
 - headaches / poor concentration;
 - depression / feelings of hopelessness; and
 - increased sickness (making situation worse)
33. **21% of staff reported that their financial challenges were negatively impacting on their ability to work effectively.**
34. Respondents to the Real Living Wage survey were given the option to add further comment on what would be beneficial to their workforce challenges. Responses included:
- *‘The cost of living has increased – [even] the real living wage, still does not allow staff to live comfortably.’*
 - *‘Aldi has a starting rate of £11.40 (2023), increasing to £12.00. This is for retail, which requires little training.’*
 - *‘Care staff need to be paid more, which would make them feel more appreciated and would help with retention, as they wouldn’t need to look elsewhere for better paid jobs.’*
 - *‘Other benefits and the working environment are equally important. We are a real living wage employer and still find it hard to attract candidates.’*
35. From these responses, it is clear, that low pay is not the only issue affecting the social care workforce. Equally key to improved retention is secure employment (such as full-time contracts and guaranteed working hours) feeling valued at work and in society, access to training, career progression, professional support and working culture.

The Voluntary, Community and Social Enterprise (VCSE) sector

36. More than 50 VCSE sector organisations responded to the Real Living Wage survey and national research from Third Sector Trends survey¹¹, The Bright Network, Pro Bono Economics, the Living Wage Foundation and the Bank of England all support the trends identified here in West Yorkshire.

¹¹ People, Places and Policy Third Sector Trends 2023 www.communityfoundation.org.uk/wp-content/uploads/2023/05/Third-Sector-Trends-2023-People-Places-and-Policy.pdf

- The hourly wage gap between those working in the charity sector and the rest of the economy (accounting for differences in characteristics such as age, qualifications, and job roles) is estimated to be 7.0%¹²
- Charities grew their average wage costs by only 3.8% in the year to May 2022, compared to 5.6% in private business¹³
- **An estimated 17% of all third sector workers earn less than the Real Living Wage¹⁴** this represents 9,019 third sector employees in West Yorkshire.
- **36% of VCSE respondents said they are unable to pay all their staff the Real Living Wage** with administrators, care, and support workers; domestic staff and charity shop managers among the roles more frequently paid below this level.
- Approximately a third of the VCSE organisations have indicated that they supplement staff salaries from reserves or self-generated income.

37. Feedback from third sector respondents included:

- The rising costs of living and employer on-cost contributions are outstripping annual uplifts. To date, contract uplifts, when they have been given, have not been sufficient to cover wage increases in line with maintaining the Real Living Wage or in many cases even the National Living Wage.
- Many organisations have static funding, and will struggle to find even the predicted increased in National Living Wage
- Increases to the Real Living Wage do have a knock-on impact on salary bandings and maintaining pay differentials for those in more senior roles.
- Uncertainty of funding and the current financial context brings additional challenges.
- The third sector is struggling to recruit – with highly experienced staff leaving for better pay and conditions in the public or private sector, and many low paid staff choosing to work in retail or manufacturing, where wages are consistently higher.

West Yorkshire Hospices

38. As of June 2024, there is a wide range in the ability for the Hospice sector to pay at the Real Living Wage. This includes:

- some hospices are aligned to Agenda for Change, but for clinical roles only.
- some aspiring to meet Real Living Wage but currently unable to do so due to financial constraints.
- a small number of hospices across West Yorkshire who are able to meet real living wage across the majority of roles. – because of sophisticated fund raising and long term commissioning.

¹² [The price of purpose? Pay gaps in the charity sector | Pro Bono Economics](#)

¹³ [Agents' summary of business conditions - 2023 Q2 | Bank of England](#)

¹⁴ [Low Pay In The Third Sector Research Briefing | Living Wage Foundation](#)

39. All hospices within the collaborative aspire to be in the position to align to the Real Living Wage but the current funding model and **funding uncertainty is preventing this aspiration from becoming a reality.**

Local Government

40. Since 2016/17 all five West Yorkshire Local Authorities have voluntarily paid all staff at the Real Living Wage, and since March 2024, the West Yorkshire Combined Authority has been an Accredited Real Living Wage employer.
41. However, the Local Government Association has warned that there is **a funding gap of more than £6 billion facing local services over the next two years**¹⁵ fuelled by rising cost and demand pressures. This is on top of the estimate 40% drop in real terms spending power since 2010, plus a sharp increase in costs and increase in demand for social care services that have added almost 29% to cost of delivering council services since 2021/22.
42. All five local authorities in West Yorkshire have had to take drastic action to reduce costs and overall staffing levels to meet their fiscal responsibilities. Social care is a statutory responsibility and so spending on social care for children and adults has been largely protected, however, this has increasingly had an impact on councils' commissioning power, particularly for community and preventative services, that work in conjunction with social care. And as alluded to in the section of the paper describing the context and findings in relation to social care, Local Authorities have been forced to seek best value from the local care market, to ensure that the reduced budget can stretch to all those who need social care to be provided for them.
43. It has been a national priority to reform how social care is funded through local authorities for over a decade, and most recently in 2021, Government set out a high-level 10-year vision for improving social care¹⁶, but key components have since been delayed and scaled back and **there is no long-term funding settlement for achieving this vision.** Local government has continued to advocate, that alongside any plans to protect more people from the high costs of care, there must also be a plan to increase the size of the social care workforce, boost pay and conditions, and fund better support unpaid carers.

NHS organisations

44. Since 2018, through NHS Staff Council and devolved negotiating structures, collective agreements were made between NHS trade unions and employers covering the Agenda for Change (AfC) pay scales and contained key measures to tackle low pay for directly employed NHS staff. For the first time, **this brought minimum basic pay above the Real Living Wage rate for all directly employed NHS staff across the UK.**

¹⁵ [Local Government White Paper | Local Government Association](#)

¹⁶ [Build Back Better: Our Plan for Health and Social Care - GOV.UK \(www.gov.uk\)](#)

45. However, because the Agenda for Change pay bands and the Real Living Wage pay rates are announced at different times of the year – some NHS staff on the bottom of Agenda for Change Band 2 (the lowest of the NHS pay scales) will still be paid at the 2023/24 rate of £11.45 per hour (55p per hour below the Real Living Wage) until the 2024/25 pay uplift is agreed and awarded.
46. As the pay for Agenda for Change Band 2 has remained comfortably above the Real Living Wage for a number of years, and because of positive terms and conditions that include things like sickness absence payments and pension contributions, there has been the tendency to assume that all NHS employed staff are protected from the impact of cost of living. Yet as of March 2024, 12,915 members of staff (10,267 whole-time equivalent) in the NHS and wider primacy care sector in West Yorkshire are paid at Band 1 or Band 2, making up **15% of the workforce who are paid very close to the Real Living Wage level.**

Estimated cost of closing the pay gap

47. Given that there are in the region of 15,000 different employing organisations (11,996 alone in the VCSE sector) in the West Yorkshire Health and Care partnership, employing over 110,000 people –to calculate the full cost of the gap between current pay and all organisations paying at the Real Living Wage and above, would require some significant financial modelling. Not least, because increasing the pay for lowest paid workers requires adjustments to the salary bands immediately above the lowest grade.
48. The Living Wage Foundation estimates that it would cost equivalent to between 2% and 5% of the entire social care budget for the coming year to pay the Real Living Wage as a minimum. Other estimates suggest it would be between £530 and £880 per person. Without significant financial modelling however, it is impossible to estimate even a best guess for how much this would cost in West Yorkshire.

Conclusions

49. The work undertaken by the cross sector Review Group, demonstrates that in all sectors in West Yorkshire, **we have a gap between the ambition** of the sector to offer the Real Living Wage as the minimum entry salary **and the financial reality** which falls below this.
50. The Review Group recognises that the financial position for all partner organisations has become even more challenging in the 12 months since this review was first discussed, and felt it was timely to return to the Partnership Board for further discussion and to agree a direction of travel.
51. Paragraphs 6 to 11 of this paper set out the case for change:

- As a moral imperative - to address the material deprivations being faced by our lowest paid colleagues.
 - As a practical response – to reduce the number of people who are getting sick because they are not earning enough to stay warm or live healthily.
 - As an operational necessity – to reduce existing workforce turnover, and to be able to attract and retain our future workforce.
52. The context and findings section of this paper sets out the financial constraints of our current operating context:
- All sectors are facing real terms cuts to operating budgets in 2024/25
 - Local government funding, which would have the most impact on low paid social care staff, is at an all time low and facing higher costs and higher demand pressures.
 - Voluntary and community, social enterprise and hospice sectors are seeing an overall decline in charitable donations, and more competition for non-statutory grant funding.
 - NHS funding for 2024/25 will only see a real terms increase of 0.2% compared to last year and may not fully offset rising costs and ongoing pressures withing the system.
53. The Review Group would like to note that whilst the terms of this group were to look at the feasibility of paying the Real Living Wage – there are issues that cannot be divorced from overall pay that also have a material effect on the economic security of employees, such as guaranteed minimum number of hours per week, the right to a contract that reflects accurate hours worked and advance notice of shifts¹⁷; as well as access to paid sick leave and an employer pension. Additionally, that all health and care workers could equally access the health and wellbeing support services provided. It is not to say that parity can be achieved across the whole workforce on these issues in the short term, but that they should be considered in the overall context of workforce wellbeing.

Recommendations

54. The Partnership Boards is asked to:
- note the findings summarised by the Review Group in this paper, and discuss how best to proceed;
 - agree an outline timeline for any action arising from the discussion; and
 - if required, assign resource to take forward any further practical steps, including professional financial resource modelling, to quantify the pay gap by organisation and sector.

¹⁷ [Living Hours | Living Wage Foundation](#)

Real Living Wage Survey Responses

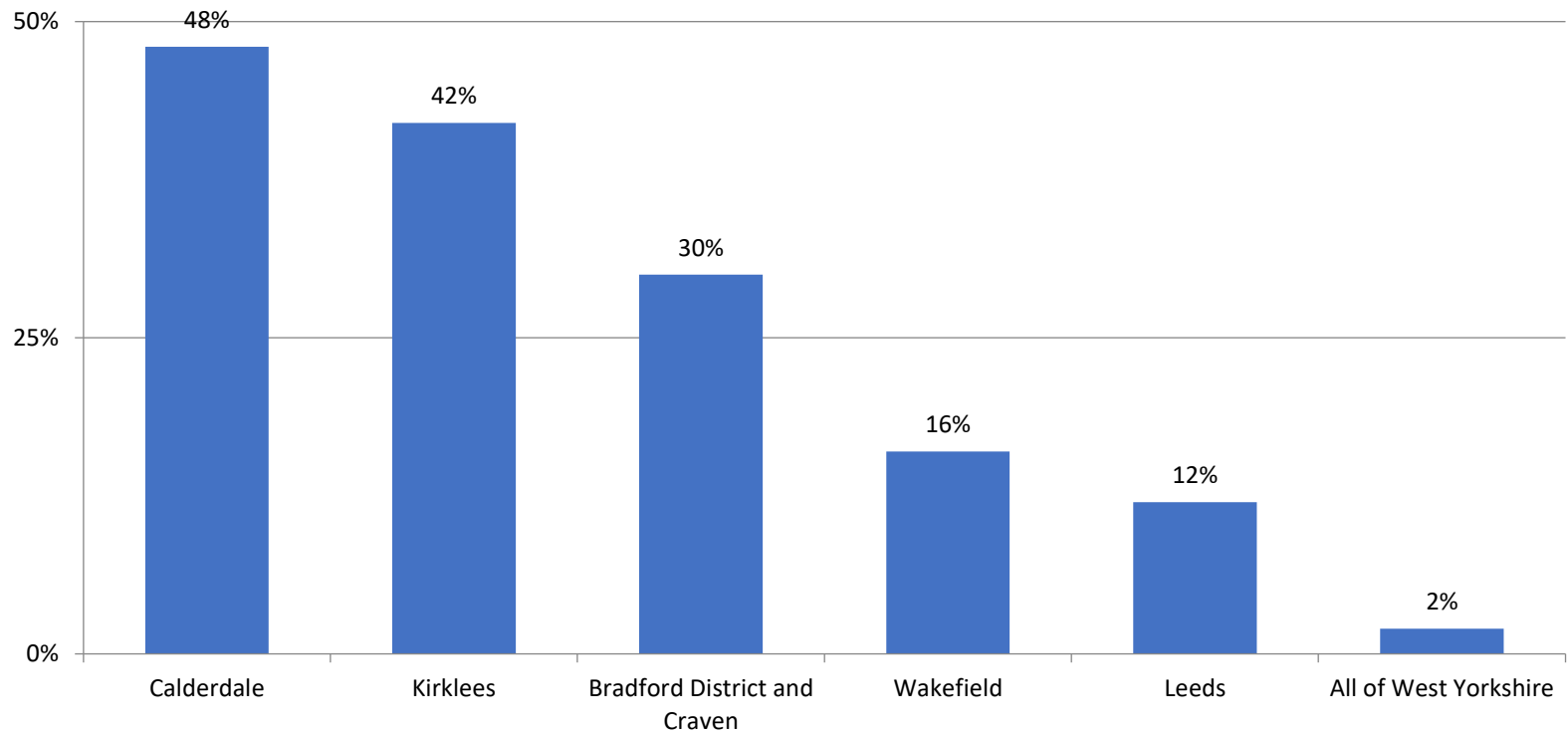


Real Living Wage Survey

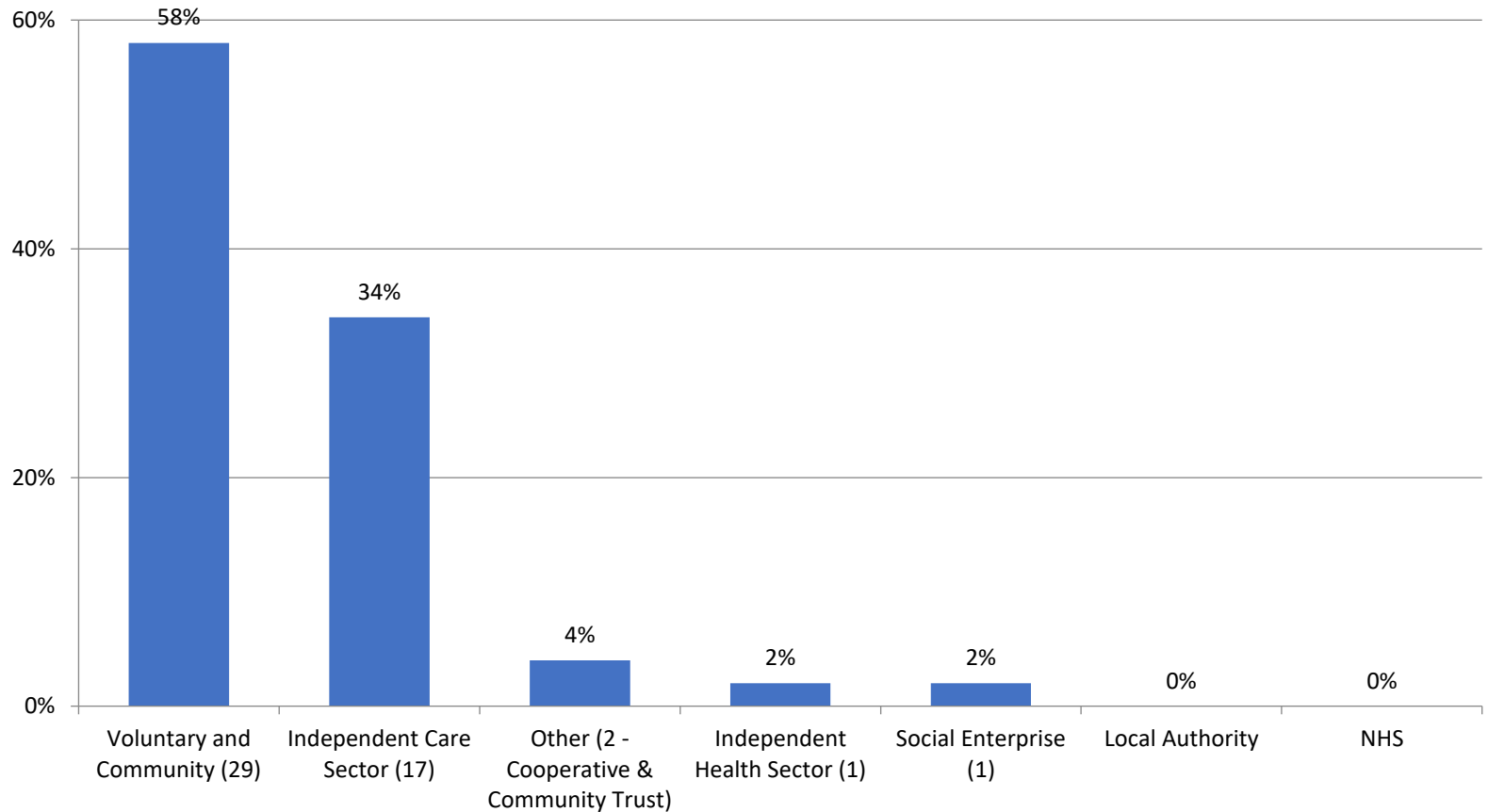
- Sent via the working to organisations across
 - Independent Social Care
 - Voluntary and Community
 - Social Enterprise
 - Hospice Collaborative
- 50 responders
- Local associated surveys – sector specific
- National and local research data



Which of the following local authority/ies areas do you operate in? *Please tick all that apply



Which sector do you work in?

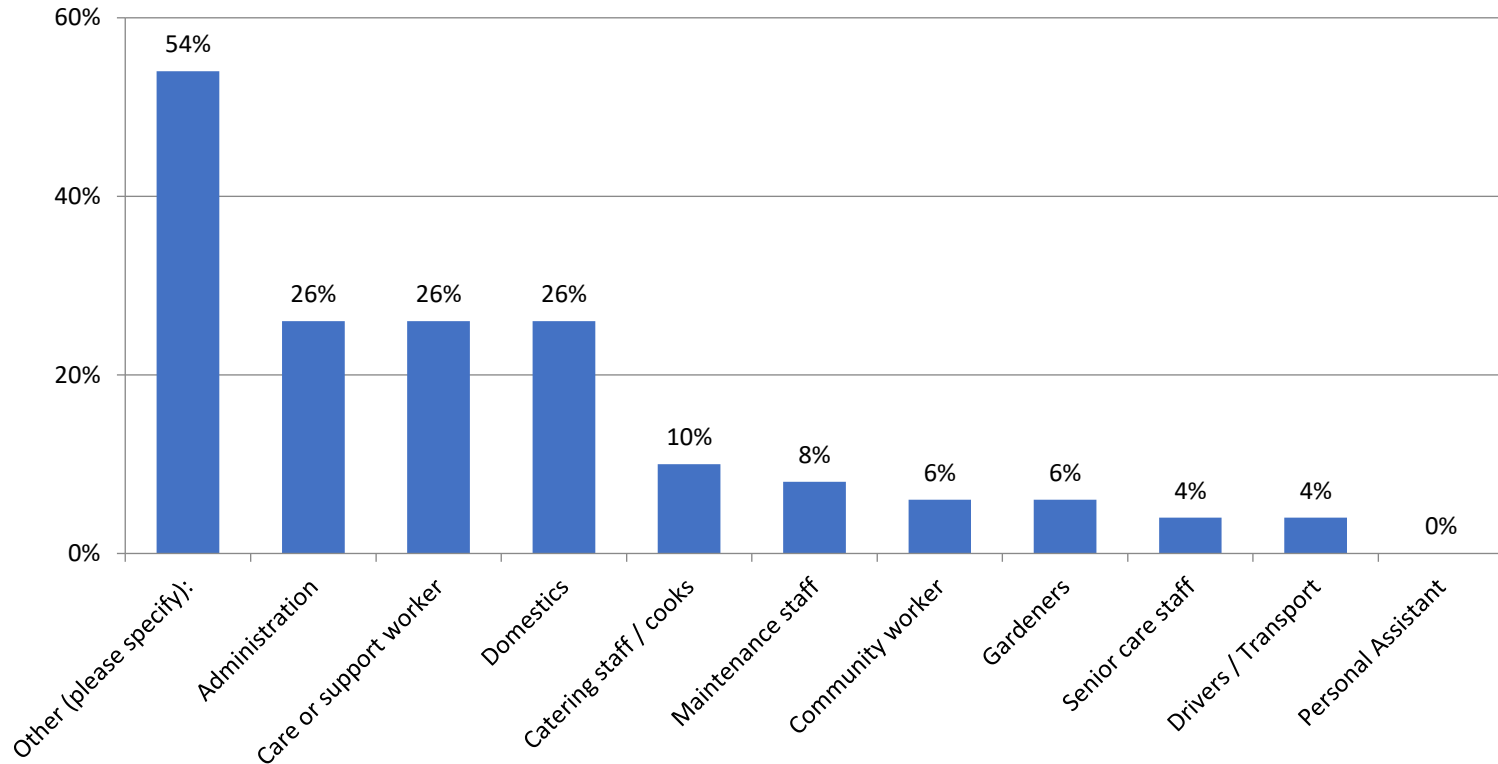


What was your total number of Full time equivalent (FTE = 35+ hours per week) employees in the financial year 2022/23?

- A broad range of responses from 0 to 1370 FTE.



Which types of roles currently earn below the Real Living Wage of £10.90 per hour?

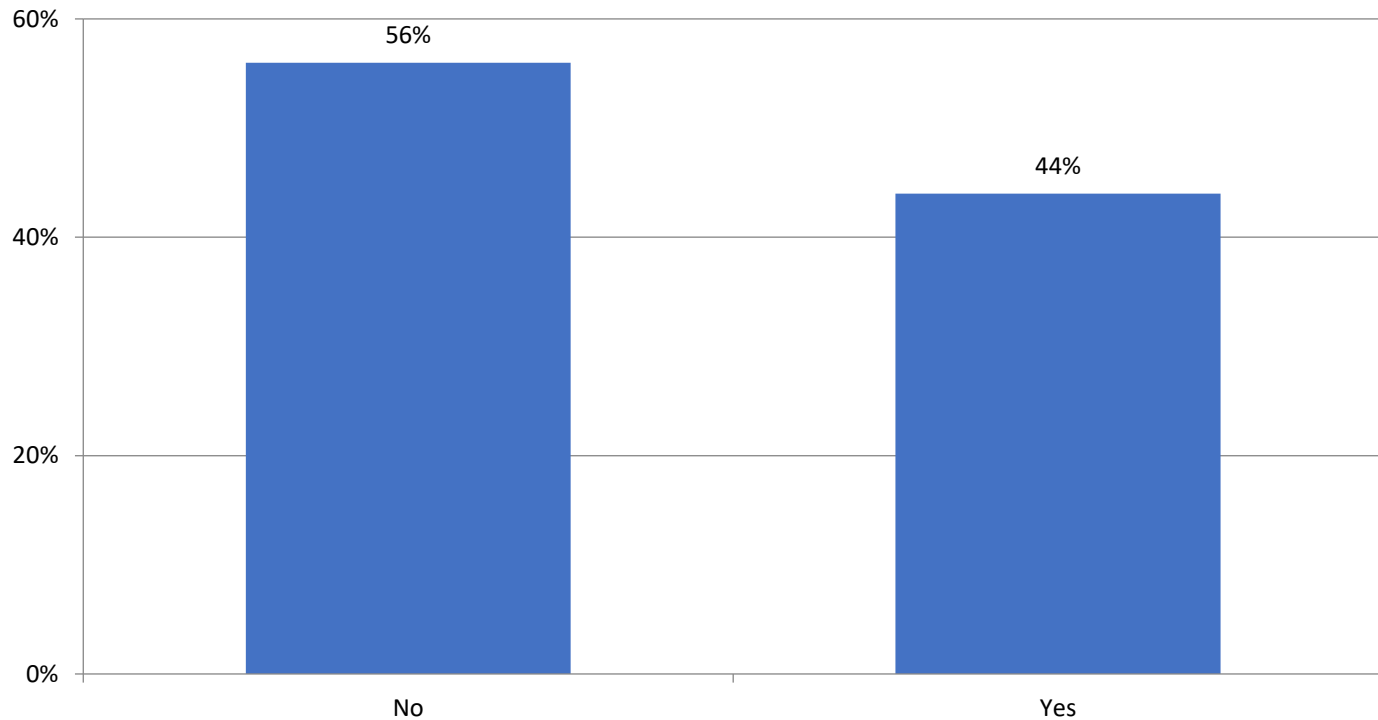


Other category includes 23 respondents who do not have any roles that are paid less than the Real Living Wage.

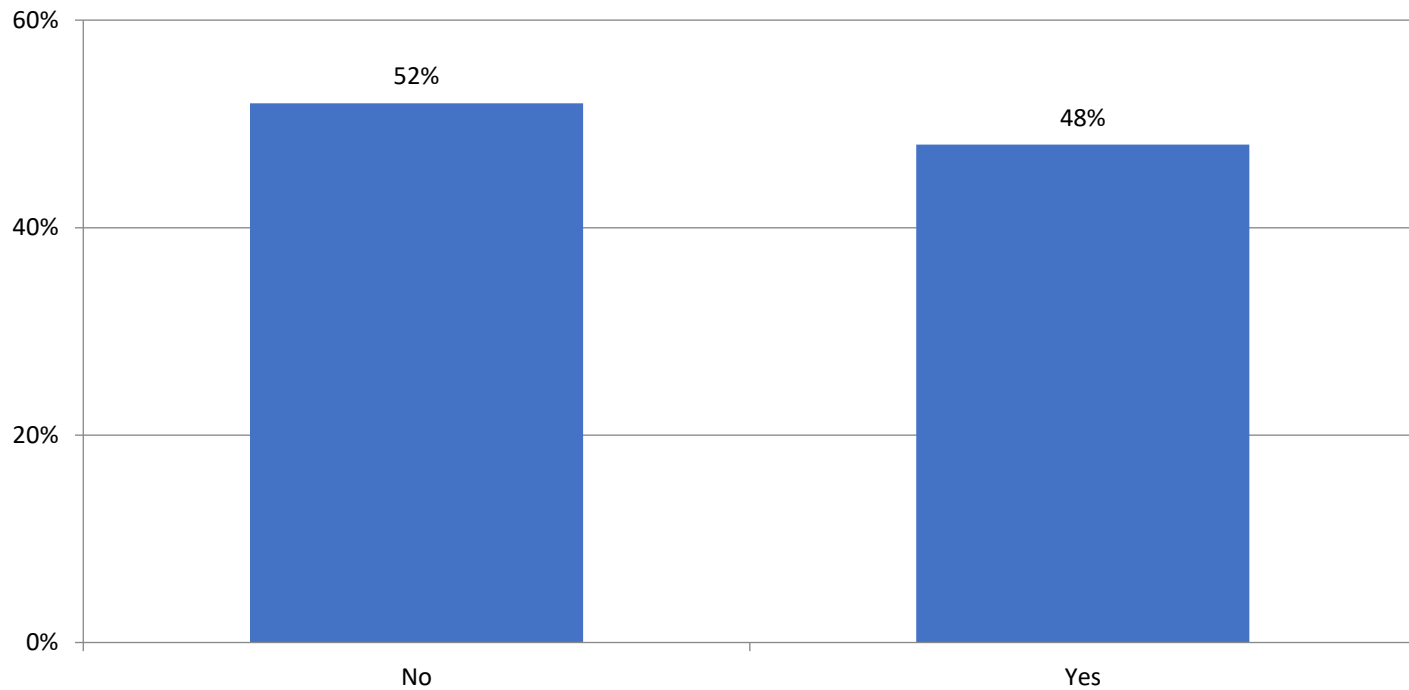
2 respondents pay Apprentices only less than the Real Living Wage.



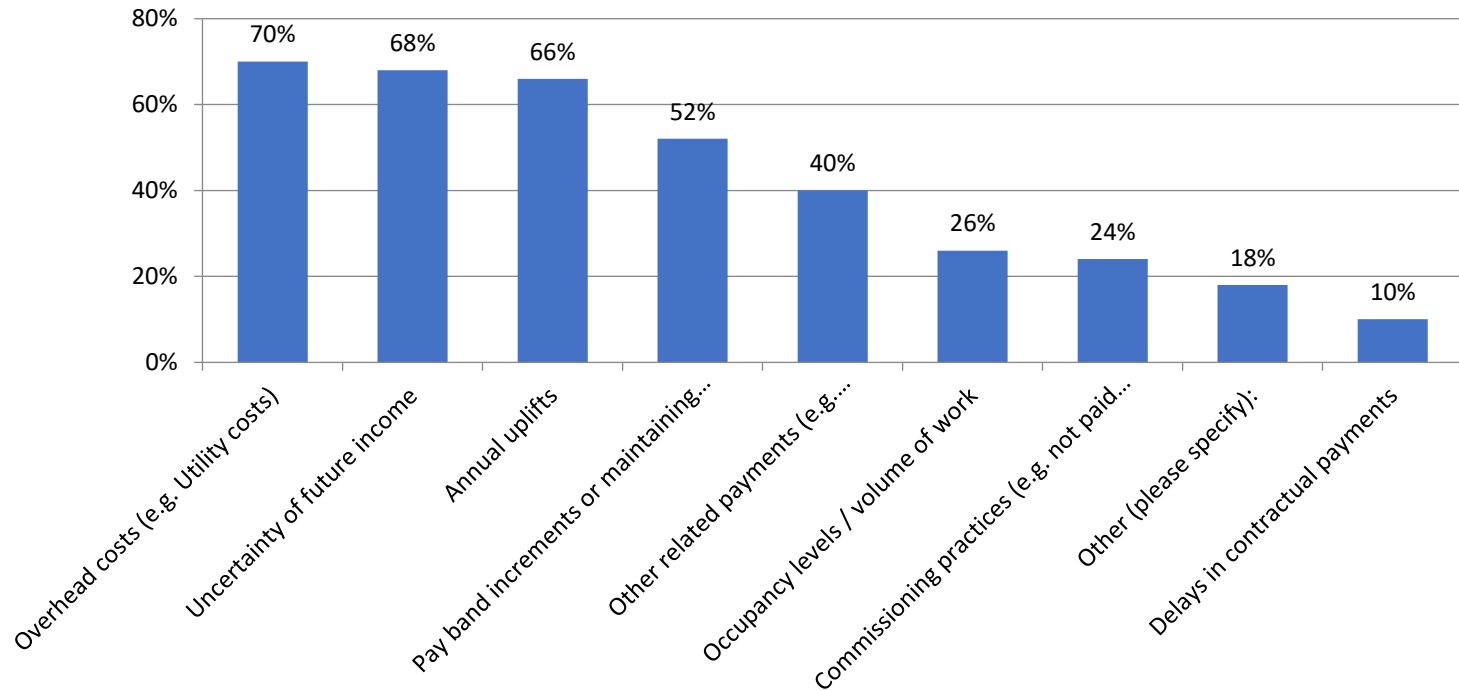
Are the majority of your staffing costs funded by statutory funding?



Do you supplement wages in order to pay the Real Living Wage?



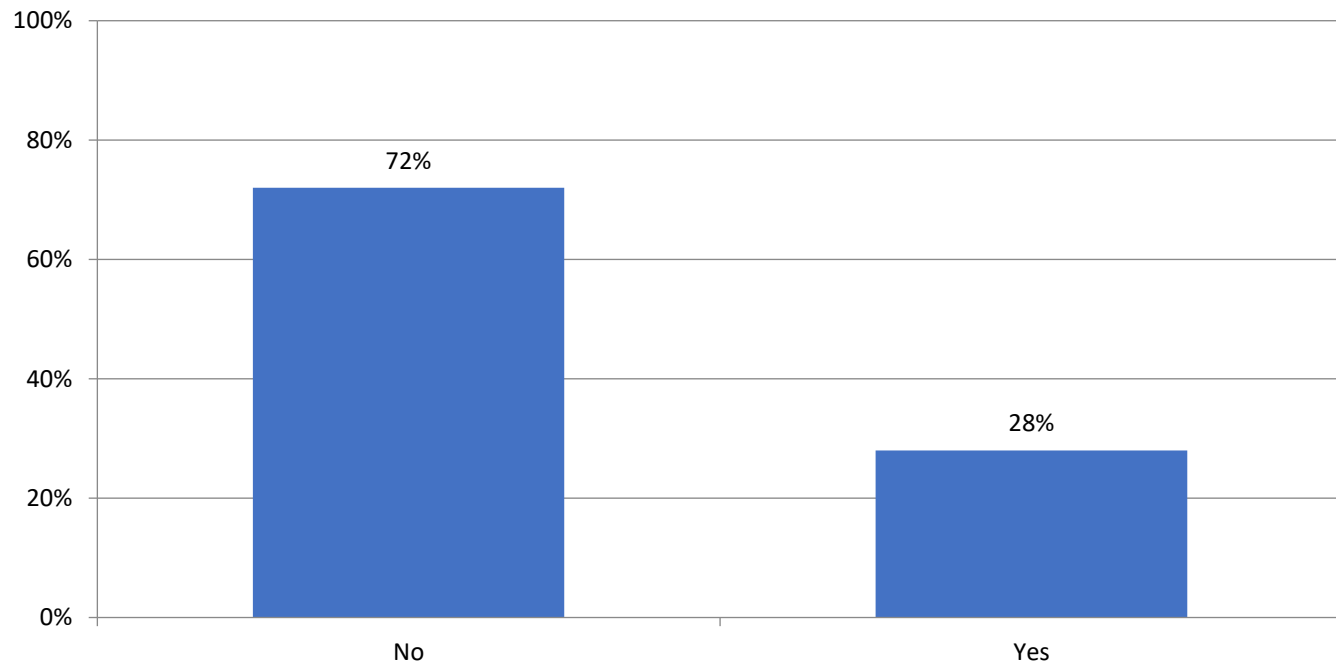
Do you have any areas of concern which are likely to impact your ability to pay staff the Real Living Wage? Please tick as many sources as applicable



Other category includes lack of funding and inflationary increases.



Do you think that the Real Living Wage (£10.90 currently) is sufficient to attract and retain staff in your business?



Have you undertaken any local work to understand the cost of closing the wage gap?

