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Research Exploring Zero-hours Contracts and 'Call Clipping' in Domiciliary Care

Executive Summary



Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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1. Introduction

Domiciliary care workers, sometimes referred to as 'home care' workers, are employed to support people with physical or mental health conditions who need extra support to live independently at home. The support they provide varies, but often includes personal and practical care (i.e., washing and dressing, cleaning and laundry and support with medications; Schoenbuchner et al., 2022).

Domiciliary care is the social care sector's second largest service in both England (Skills for Care, 2023) and Wales (Social Care Wales, 2022b). In 2022, an estimated 19,571 people worked within domiciliary care across Wales.

Zero-hours contracts (ZHCs), sometimes referred to as 'casual contracts', denote contracts of employment which do not include a guarantee of regular work for an employee. In turn, individuals are paid only for the hours that they work. Evidence suggests that ZHCs may contribute to high vacancy rates, with a 2020 study finding that care providers offering ZHCs had more difficulty filling vacant posts.

The Welsh Government commissioned Social Change to conduct a literature review and primary research relating to the use of ZHCs in domiciliary support services across Wales. This research includes an examination of the sector's reception of the 2017 legislation aimed to regulate the use of ZHCs, alongside the impact of the COVID-19 pandemic and considerations of call clipping in the sector. The primary research included a quantitative survey, a segmentation analysis and two interview stages.

2. Aims and methodology

2.1 Aims and Objectives

The literature review served to update existing knowledge and understanding, as well as to identify any gaps in the knowledge base for the primary research to further investigate. More specifically, the three objectives of the review were to:

- objective 1: provide a comprehensive literature review of up-to-date knowledge and understanding regarding the use of ZHCs for registered workers in domiciliary support services
- objective 2: assess how COVID-19 and Brexit have impacted on the use of ZHCs for registered workers in domiciliary support services
- objective 3: consider other key learning from recent and relevant literature that could inform future policy

The primary research phase aimed to complement the literature review by further investigating the impact of regulations on ZHCs, examining the influence of COVID-19-related payments, and assessing the prevalence of call clipping in the domiciliary support sector in Wales.

2.2 Methodology

Phase one of the research was a literature review. This had the objectives of providing a comprehensive review of current knowledge regarding the use of ZHCs among registered workers

in domiciliary support services, to evaluate the impact of COVID-19 and Brexit on ZHC usage, and to consider other key learning from recent literature to inform future policy considerations.

The literature review included a variety of sources that included data and documentation provided by the by the Welsh Government and Social Care Wales, academic literature available in the public domain, policy guidance documentation and any articles, media coverage or data deemed relevant to the core research objectives.

Phase two of the research, the primary research, focused on understanding the impact of the 2017 Regulations on providers, commissioners and the workforce in Wales, as well as the effectiveness of the Regulations and what could be improved with the Regulations in relation to ZHCs.

The primary research phase involved a qualitative survey that was live for four weeks and had a sample size of 291 participants. This survey had the objective of exploring respondents' views and attitudes towards ZHCs, the COVID-19 pandemic, and call clipping while also exploring challenges across different roles in the sector. Following survey closure, data was processed and analysed using descriptive statistics and segmentation analysis in Microsoft Excel and SPSS software. Subsequently, interviews were conducted with 10 care workers and 7 providers to understand deeper key insights identified in the survey. Detailed findings from these analyses are outlined in the main report.

3. Conclusions

3.1 Impact of the 2017 Regulations

Overall, the findings show that the impact of the Regulations is varied. While most people indicated that the Regulations made no impact to their role, those who reported having poor awareness of the Regulations were also more likely to report less impact of the Regulations. Providers generally showed a better awareness and understanding of the Regulations than commissioners and care workers. This knowledge gap may have repercussions for the efficient implementation and enforcement of the Regulations within the domiciliary care sector.

Perceived implications of the Regulations varied across job roles, with the majority of participants reporting no significant impact on their roles. Care workers had mixed views, with some highlighting negative effects such as staff loss due to inflexible contract requirements and increased administrative burden, while others perceived beneficial outcomes such as staff protection and more stable employment. Commissioners and providers, on the other hand, usually remained unaffected, although a few of them reported negative impacts in relation to the nature of ZHCs.

3.2 Zero-hour contracts

The findings show a complex interaction between the advantages and disadvantages of ZHCs within the domiciliary care sector. While ZHCs offer flexibility that can be beneficial for individuals with multiple responsibilities and/or who are seeking a variety of work schedules, they are met with different reactions and experiences. Many care workers surveyed showed a wish to shift to a new contract type, mentioning problems like job instability, unpredictability, and difficulties managing work and family life due to the lack of guaranteed hours. These sentiments highlight wider issues and concerns surrounding the use of ZHCs in the domiciliary care sector, particularly relating to their impact and influence on care workers' wellbeing and financial stability.

Different providers and commissioners have varying perspectives to one another on the usage of ZHCs. While some providers highlighted the flexibility and easiness of addressing staffing gaps by using ZHCs, others noted difficulties in relation to variable and unpredictable work schedules and the potential negative impact on workforce stability. Commissioners also expressed a variety of opinions, with some being open to future use of ZHCs, while others were more hesitant due to the perceived disadvantages such as job insecurity and conflict with management over scheduling.

3.3 COVID-19 pandemic support

Overall, the research with care workers and service providers showed the varying experiences and challenges encountered during the pandemic. Insights on the different experiences of working during the pandemic were obtained through interviews with care workers, where some of them mentioned having more freedom and flexibility in organising shifts and 'covers' with colleagues. However, others talked about difficulties they encountered, such as an increase in work obligations and negative effects on their mental health due to isolation, rapidly changing work practices like PPE use and virtual support, and reduced staffing caused by illness.

Interviews with providers revealed the different ways in which delivery of services had to adapt, such as the implementation of safety measures, the use of virtual classes and other precautions to ensure a safe continuity of care. Despite this, they encountered challenges related to increased staff sickness and absences and a reduction of availability, evidencing the difficulties and challenges in managing the service delivery during the pandemic.

3.4 Call clipping

Call clipping is defined as having to routinely cut calls short specifically because care workers have not been given enough travel time by employers between calls. Evidence from care workers suggested that many of the instances of call clipping referred to were not specific to the definition of call clipping provided. The overall evidence suggests that some care workers are experiencing demands which can lead to shortened calls in some instances. In the survey, respondents discussed how wider time pressures and shortened calls can affect the quality of care given to clients in addition to the wellbeing of care workers.

Care workers provided their opinions around ways of supporting the sector when faced with these wider time pressures. One of the proposed options was to implement full-day compensation for care workers, ensuring that they receive adequate compensation for the whole time they work, including travel time.

Another proposal by care workers was confining work areas to specific geographic locations which would help reduce travel time between appointments, allowing carers to better organise their calendars and reduce the need to leave appointments early or arrive late. It is worth acknowledging this is locality or patch-based working and is already in place within several local authorities.

The research also reinforced the importance of open communication between management and care workers and to develop transparent policies regarding compensation and travel time allocation, which care workers felt would be essential for addressing the confusion that they experience.

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Available at: <https://www.gov.wales/zero-hours-contracts-domiciliary-care>

Views expressed in this report are those of the researchers and not necessarily those of the Welsh Government

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