

Fair, innovative & transformative work the FITwork Project



Fair, Innovative and Transformative Work in Social Care

Report to the Fair Work Convention

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1. Introduction and summary

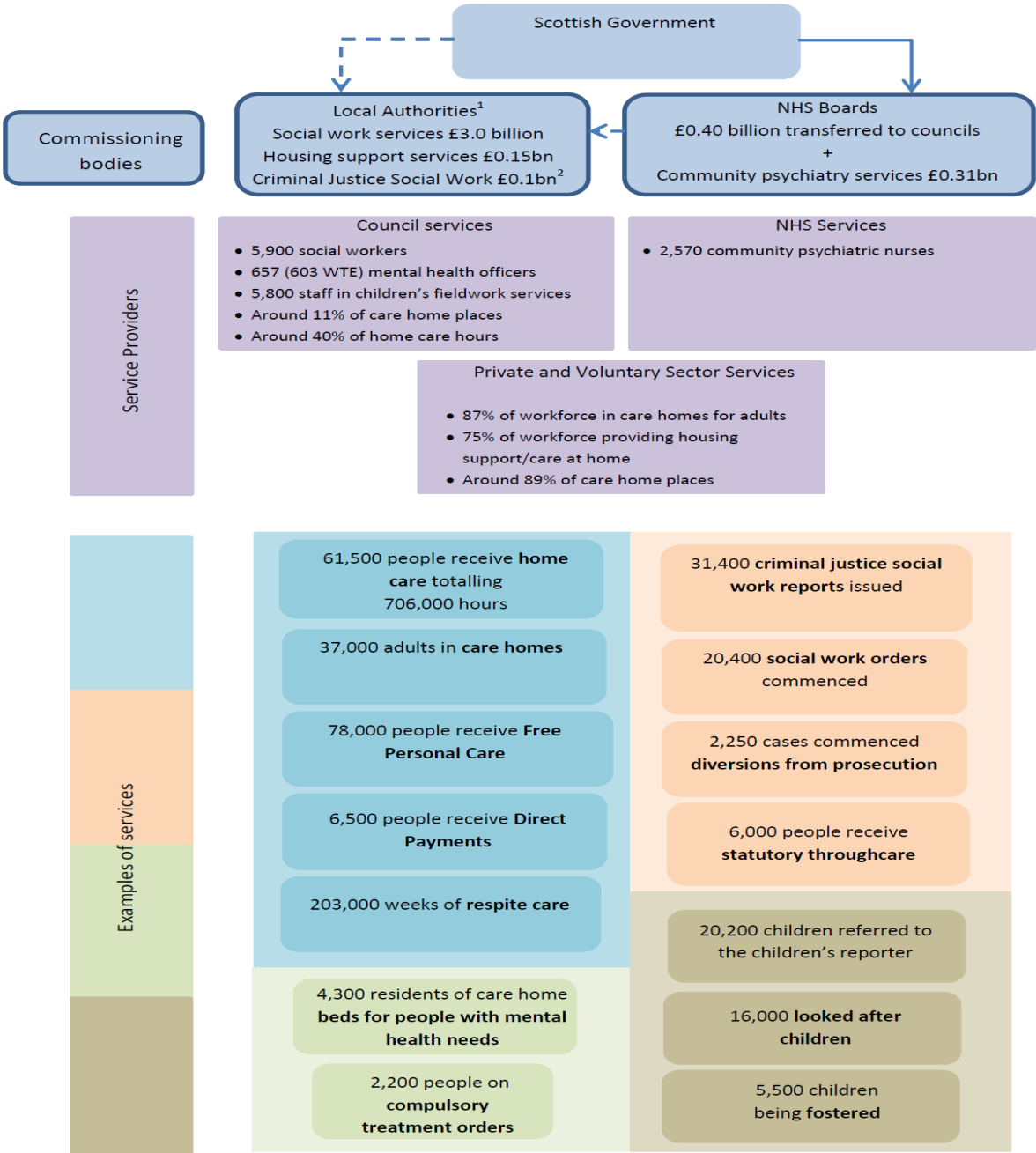
1.1 Introduction

This report details the findings of research with leaders and employees in Scottish social care organisations as part of a programme of activities exploring experiences of, barriers to, and facilitators of fair work in social care. The research was conducted at the request of the Fair Work Convention.

The overarching aim of the project was to inform the work of the Fair Work Convention and its Social Care Working Group, who are investigating the steps and actions required to implement the Fair Work Framework across the social care sector. The research aimed to inform recommendations being made by the Social Care Working Group to the Fair Work Convention as part of this process. In doing so, the research also sought to add to the wider evidence base and influence practice on workplace innovation and fair work in Scotland's social care sector. Delivering fair work is crucial to the sustainability of the social care sector but also to broader equality and inclusive growth goals. For the Scottish Government (2018) inclusive growth combines increased prosperity with greater equality, improved opportunities for all, and a fair distribution of the benefits of growth – supporting fair work is therefore crucial to the inclusive growth agenda.

The care sector is a major employer, and therefore embedding fair work in the sector has the potential to improve the quality of working life for a substantial group within the Scottish workforce and contribute to inclusive growth. Data reported by the Scottish Social Services Council (SSSC) and Care Inspectorate provides the best overview of the social care workforce (SSSC, 2016a). The latest SSSC/Care Inspectorate data estimates that 200,650 people work across all occupations in social care, which takes in all adult and child care staff. This accounts for approximately 7.7% of employment in Scotland. The care workforce is employed across public (31% of all employees), private (42%) and third sector (27%) organisations. Some major local authorities have established arm's length employing organisations (ALEOs, which are classed as private sector organisations) to manage care services and employees. More than 80% of all social care workforce staff have a permanent contract. Approximately 11% of employees might be described as on zero hours contracts (no guaranteed hours, bank

and casual relief contracts). The SSSC reports workforce stability (i.e. the proportion of staff retained from the previous year) of 78%, with substantial variation across public (83.6%), private (72.5%) and third sector (80%) organisations. Previous research with independent sector employers has suggested that turnover rates are highest (and stability lowest) among people in support worker/care worker roles (Scottish Care, 2015). SSSC data suggests that around one-third of service providers reported outstanding vacancies in the last year, with 40% of these employers characterising vacancies as hard to fill (SSSC, 2017). A summary of social care services in Scotland, provided by the Office of the Chief Social Work Adviser (2016), is offered below.



Source: Office of the Chief Social Work Adviser (2016)

The Fair Work Convention (2016) has defined fair work as being characterised by: **security** of employment, work and income; **opportunity** to access and progress in work; **effective voice** so that employees are listened to individually and/or collectively; **fulfilment**; and **respect**. There is evidence that promoting these inter-connected components of fair work can benefit individuals, organisations and society (Fair Work Convention, 2016).

The starting point for this research was the Fair Work Convention's understanding that the social care workforce has been subject to substantial change and that there are concerns about access to fair work in the sector, including issues of low pay and insecurity. These problems feed into recruitment and retention problems reported by employers. This research sought to examine what is happening in terms of fair work practices and what fair work might look like in social care, sharing elements of good practice and challenges that need to be overcome. The research was also particularly cognisant of the gendered aspects of fair work challenges in a sector where the vast majority of staff are female; and sought to probe the influence of effective employee voice on other dimensions of fair work.

The research initially proposed to engage with six care organisations across the public, private and third sectors. However, one public and one private sector employer initially recruited to the project found that they were no longer able to participate due to operational commitments. Accordingly, the initial sample was reduced to five care providers, all of which were not-for-profit or third sector organisations. We acknowledge that this is a substantial limitation of the research. However, we hope that there remains value in exploring the experiences of employees in these organisations.

In order to add to these findings, a second phase of research work was conducted to capture the views of leadership team members and staff in independent care sector organisations. This additional phase of research involved: a group discussion session held as part of Scottish Care's annual Workforce Event; and small scale qualitative research with employees and managers at three independent sector organisations.

Further information about the research and participating organisations is provided in Section 1.4 below. We provide a detailed discussion of findings in the sections that

follow, but we can summarise some themes associated with the Fair Work Convention's dimensions of fair work.

- **Security:** Problems of income security were a consistent theme in our research with employees and care leaders. Most care workers contributing to our research described struggling to make ends meet at least some of the time. Interviewees and focus group participants described having to work long hours in order to make work pay. Employees and care leaders also agreed that low pay was a key reason for recruitment problems in the sector. Few care workers expressed concerns about their own immediate job security, but tended to be aware of the uncertainties caused by resource shortages across social care. A minority of care workers participating in our research were on non-fixed hours contracts. There is a clear need for the funding of care to prioritise income security for frontline staff, and to support care organisations to provide fixed hours contracts.
- **Opportunity:** Opportunities for learning and training were viewed positively by most care workers participating in our research, although work pressures meant that e-learning sometimes encroached on home and family life. Care workers were not always clear about opportunities for career progression. Care leaders raised concerns about existing pay differentials (between care workers and more senior roles) offering limited financial incentive for progression. Funders and care providers need to ensure that training continues to be adequately resourced, and that there are incentives and opportunities to progress into more senior roles for care workers.
- **Effective voice:** Care workers responding to our survey research tended to view formal opportunities for employee voice as limited. Both employees and care leaders gave examples of good practice in employee engagement and feedback mechanisms, and there is a need to share that good practice as well as ensuring that, where trade unions represent care workers, there is the fullest possible dialogue and partnership with employers.
- **Fulfilment:** Care workers participating in our research mostly reported positive experiences of fulfilment – they found their work challenging and meaningful in making a difference to service users' lives. Care workers and leaders raised concerns that the pressure of work – in some cases exacerbated by electronic monitoring that seeks to control how much time is spent with service users – could undermine fulfilment. It is important that care workers have the time and resources

to engage with service users, which is central to the fulfilment they find in the job. More needs to be done to communicate the positive experiences of fulfilment associated with care work.

- **Respect:** Findings on the respect dimension were broadly positive. Most of our survey respondents thought that colleagues treated each other with respect. The care workers and leaders who we engaged with were able to identify practices promoting respect and addressing inappropriate behaviour. There is a need to ensure that good practice in promoting respect in the workplace is shared. Stress and other health problems were reported as being common. While there were examples of good practice in promoting wellbeing, in some cases the support available to workers was largely informal. There is a need for care organisations to ensure that health and wellbeing interventions are adequately resourced.

1.2 Previous research: fair work in social care

Before offering a more detailed discussion of our own findings, it is worth briefly reviewing previous research on work in social care in Scotland. The existing evidence on working in social care suggests that the sector and its workforce face a number of challenges. The importance of the invaluable support the social care sector provides to an ageing and diverse population with often complex needs has not always been matched by available resources. The introduction of the Living Wage and the development of Health and Social Care Partnerships are part of a changing landscape which social care providers are navigating. However, as Audit Scotland (2016) has noted, more needs to be done to ensure that the social care workforce is “valued, stable, skilled and motivated”. As noted above, the Fair Work Convention has also raised concerns that the reward received by care workers does not appear to reflect the complexity and skill level of the work that they do, and that low pay and insecurity appear to be consistent problems. Social care employers and stakeholders are also committed to delivering fair work in the sector, so that, in line with Scottish Social Services Council (SSSC) Codes of Practice, workers have access to development opportunities to enable them to strengthen and develop their skills and knowledge and are protected from exploitative behaviour and practices (SSSC, 2016b).

A number of other recent research exercises have identified lessons relevant to a discussion of opportunities and challenges for fair work in the sector.

- There is evidence that frontline care workers can be dissatisfied with their pay and conditions, leading some to struggle with day-to-day expenses and many to express feelings of being undervalued (Cunningham et al., 2015). Care organisations have consistently acknowledged that low pay makes it difficult to attract people to care work (Scottish Care, 2015). Social care is designated by the Low Pay Commission as a low paying sector (Low Pay Commission, 2017).
- There is evidence that care workers can experience stress and exhaustion, sometimes exacerbated by a sense that they are unable to spend sufficient time with the people that they support (UNISON, 2014; Scottish Care, 2017).
- Some care workers have reported experiences of work intensification as a result of role stretch, whereby “workers increasingly do tasks which may have previously been carried out by health staff such as PEG feeding, stoma care and identifying vital signs” (SSSC, 2017).
- Additional stressors may be associated with staffing shortages, which both care employers and employees have suggested have the potential to impact negatively on the quality of care services (Scottish Care, 2015).
- Previous studies have suggested that care workers can have good opportunities for learning and development. However, recent research suggests that the scope for learning can sometimes be limited to what is required in terms of mandatory training, partly due to time and resource constraints (Cunningham et al., 2015).
- Finally, previous studies have nonetheless suggested that many care workers gain considerable fulfilment from their employment, due to the sense that their work is meaningful and they are making a difference and delivering high quality care (Cunningham et al., 2015; Eldh et al., 2016). However, recent research with experienced care workers conducted by Scottish Care also highlights the emotionally challenging nature of care work, meaning that it is important that staff feel supported (Scottish Care, 2017, 2018a).

The social care workforce is characterised by an older demographic profile than is found in the general labour market – the median age is 44, compared to 41 for the working age population in Scotland (SSSC, 2016b). The majority of workers are female (85%), and the relatively low pay associated with the sector therefore contributes to the occupational segregation which forms a key part of the gender-pay gap. Progress on fair work in social care can therefore contribute addressing gender inequalities in the

labour market and spatial concentrations of poverty in disadvantaged communities. Many employers in the sector report recruitment and turnover problems. If we are to attract and retain a more diverse workforce to the social care sector, then aspects of a role in social care which cause staff to leave – stress and burnout, low pay, feeling undervalued, lacking the time and resources to provide what they perceive as the best quality support – need to be resolved. While those aspects of a role in social care which staff say are of importance to them – a sense of meaningfulness and fulfilment, strong relationships with colleagues and users, providing excellent personalised support, feeling that their work is of social value – need to be enhanced (Scottish Care, 2017).

It is within this context that the Fair Work Convention Social Care Working Group has requested that this research explore fair work in social care and inform its work on implementing the Fair Work Framework in the sector.

1.3 Our research: fair work in social care using the ‘FITwork’ research tools

The research deployed appropriately adapted versions of existing research tools to explore good practice and challenges around delivering fair work in social care workplaces. Our approach to exploring these issues is based on the best international research evidence that identifies the importance of a range of practices, policies, strategies and ways of working that can deliver experiences of fair work and good job quality, and also create spaces for people to innovate and engage in positive discretionary behaviours in the workplace. In the context of the care sector, this means to deliver high quality, personalised social care. Drawing on this evidence, the Scottish Centre for Employment Research has developed the ‘Fair, Innovative and Transformative Work’ (FITwork) research tools, which have been deployed in a wide range of organisational contexts to capture employees’ and managers’ perceptions around fair work (Findlay et al., 2016). These tools ask both employees and leaders to reflect on a range of workplace practices associated with job design, organisational structures and teams, HR systems and processes, support for employee voice and decision making, and organisational practices linked to fair work. The FITwork tools also invite employees and leaders to share their views on employees’ experiences of fair work, their capacity to engage in innovative behaviours, and the extent to which

people participate in ‘discretionary’ behaviours (‘going the extra mile’ to assist their colleagues and/or the organisation) (for further information, see Findlay et al., 2016¹).

The findings presented below broadly follow the dimensions of Scotland’s Fair Work Framework (Fair Work Convention, 2016). As noted above, the Framework, established by the Fair Work Convention, understands fair work as “work that offers effective voice, opportunity, security, fulfilment and respect; that balances the rights and responsibilities of employers and workers and that can generate benefits for individuals, organisations and society”. Our research engaged with care workers and leaders about these dimensions of fair work. Accordingly, below we focus on aspects of:

- **Security**, defined by the Fair Work Framework as “security of employment, work and income”, and in our research incorporating sufficiency of earned income, security of working hours and long-term employment security.
- **Opportunity**, defined by the Fair Work Framework as action that “allows people to progress in work and employment”, and, for the purposes of this research, focusing on the opportunity to progress through learning and career development.
- **Effective voice**, defined by the Fair Work Framework as requiring “a safe environment where dialogue and challenge are dealt with constructively and where workers’ views are sought out, listened to and can make a difference” – constructive partnering with trade unions or other employee engagement and involvement mechanisms are important facilitators of effective voice.
- **Fulfilment**, defined by the Fair Work Framework as work that benefits people “in terms of using and developing their skills; having some control over their work and scope to make a difference...” and often involving job roles that challenge people and provide them with a sense of meaning.
- **Respect**, defined by the Fair Work Framework as “work in which people are respected and treated respectfully” and “at its most basic, respect involves ensuring the health, safety and wellbeing of others”.

¹ The research instruments used for the project can be found at: <https://innovatingworks.org.uk/fitwork-in-social-care/fitwork-tool/>

It is worth acknowledging some additional foci for the research. In interviews, we also asked respondents to reflect specifically on the value of, and barriers to, effective voice mechanisms and the extent to which funding arrangements feed into precarity and other challenges around fair work.

We also particularly asked respondents to reflect on the role and nature of supervision. In our findings below, much of this discussion is located under the 'opportunity' dimension of fair work, given that previous research with care workers has suggested that they see supervision as important to their opportunity to learn and reflect critically on their practice (Clarke, 2015; Cunningham et al., 2015). Supervision may also have an important role to play in supporting employee wellbeing as a means of coping with the demanding nature of some aspects of care work (SSSC, 2016c). Accordingly, we probed the contribution of supervision especially to the opportunity for development as a component of fair work, and any challenges in accessing and providing supervision.

1.4 Research methods

Phase One of our research combined survey work and interviews with employees and organisational leaders in five organisations:

- **LearnOrg:** a third sector organisation and large employer of staff supporting people with learning disabilities. Most funding for social care was provided through a range of local authority self-directed support budgets. A trade union recognition agreement was in place.
- **YouthOrg:** a third sector organisation and medium-sized employer providing intensive support packages for vulnerable young people. Local self-directed support budgets accounted for a relatively small, but growing, proportion of the organisation's overall funding. A trade union recognition agreement was in place.
- **AgeOrg:** a large non-profit care home provider group, providing elderly and dementia care home services. There was not a union recognition agreement in place, but a number of staff were union members.
- **SupportOrg:** a third sector organisation and large employer of staff supporting people with disabilities and other support needs, through a range of local authority self-directed support budgets. A trade union recognition agreement was in place.
- **HomeOrg:** a third sector care-at-home provider and large employer providing a variety of support to individuals with disabilities, dementia and palliative care needs.

Funding was accessed through local self-directed support budgets as well as local contracts to deliver short care visits within set time frames. There was no trade union recognition agreement in place, but a number of staff were union members.

The methods deployed involved asking organisational leaders, managers and care workers to complete our FITwork online survey and conducting in-depth interviews. The online survey involved an anonymised survey link being emailed to all employees by care leaders at each of the five organisations. We then asked leadership team members to put us in contact with key stakeholders and frontline care workers or senior care workers who would be willing to participate in a face-to-face interview. Face-to-face interviews were also undertaken with leadership team representatives at each of the organisations.

The responses gathered are summarised below. While the gender composition of the survey sample was not intended to be representative, like the broader sector, a large majority of care worker respondents (78%) were female.

Table 1.1: Phase One research participants

| Organisation | Frontline care staff survey responses | Interviews |
|--------------|--|------------|
| LearnOrg | 110 | 4 |
| YouthOrg | 48 | 7 |
| AgeOrg | 2 | 8 |
| SupportOrg | 119 | 9 |
| HomeOrg | 4 | 9 |
| Total | 283 | 37 |

As noted above, the initial sample frame for the research sought to take in public, independent for-profit and third sector organisations. Due to operational commitments we were unable to retain the participation of a public sector care provider, and we were able only to conduct qualitative research with for-profit independent providers (see Phase Two below), substantially limiting the sample for our research. That said, a substantial proportion of the care workforce is located in the third sector (which turned out to be the main focus for the research), and there is evidence that some of the challenges around fair work reported by employees in this sector are also common to other public and private sectors (Cunningham et al., 2015). The initial sample frame

also sought to capture the views of employees in different sizes of organisation (which we have been able to do, by engaging with both smaller and very large organisations), and delivering care for a range of user groups, which is again reflected in the organisational summaries above.

In order to add to the findings, a complementary second phase of qualitative was conducted to capture the views of managers and staff in for-profit independent sector organisations. Phase Two of the research involved:

- A group discussion session held as part of Scottish Care’s annual Workforce Event, which brought together 56 care leaders and first line managers – the two hour session involved thematic discussions around practices and challenges associated with delivering fair work in social care.
- Qualitative research with employees and managers at a large, for-profit care home provider (‘CareHomeCom’) delivering support for elderly people, people with dementia, people experiencing brain injury, and palliative care clients. A trade union recognition agreement was in place. We undertook three interviews with leadership team members and five focus groups with care and nursing staff (taking in 27 care workers in total).
- Qualitative research with a medium-sized, for-profit care-at-home provider (‘MobileCom’) delivering care for elderly service users. There was no trade union recognition agreement in place. We conducted face-to-face interviews with two leadership team members and telephone interviews with six care workers.
- Qualitative research with a small, for-profit care-at-home provider (‘LocalCom’) delivering care for elderly service users. There was no trade union recognition agreement in place. We conducted face-to-face interviews with two leadership team members and telephone interviews with six care workers.

Following this introduction, we provide a description of the research based around the components of the Fair Work Framework, before finally moving on to a discussion of conclusions and reiteration of recommendations.

2. Findings on fair work in social care

While the organisations that participated in the research are distinctive in their structures and approaches to supporting employees, there is some value in pooling care workers' survey data from all of our participating organisations, and identifying common themes and concerns. That is what we seek to do in this report. Under each of the Fair Work Framework dimensions, we present data on care workers' responses to statements related to fair work in their organisation; complement this with qualitative insights from our interviews with care workers and organisational leaders (and similar or distinctive themes from our second phase research within independent sector organisations); and finally engage critically with elements of workplace practice supporting fair work.

2.1 Security of income

Security of employment, work and income are fundamental themes for Scotland's Fair Work Framework. The Fair Work Framework notes that "security of income can contribute to greater individual and family stability and promote more effective financial planning..." (Fair Work Convention, 2016).

First, security of income, provided through a reasonable rate of pay, is crucial if care workers are to be financially secure and free from the risk of poverty. The Scottish Government's support for care providers to offer employees at least the Living Wage has been an important step and was supported by all care leaders participating in our research. However, our survey research demonstrated that there remained concerns among care workers that levels of pay in the sector were not always sufficient to meet basic needs. Less than half of all care workers responding to our survey agreed that they always had sufficient hours of work/income to meet basic household requirements.

Key issue: Most care workers responding to our survey (62%) at least sometimes struggled to meet basic household income requirements from the pay received from their usual hours of work.

In addition, 46% of survey respondents agreed or strongly agreed that their work was not fairly rewarded when compared to other 'available local jobs' such as working in

retail. Previous research has identified that comparisons with better paid sectors such as retail are a source of frustration for care workers involved in much more demanding work and discourages applicants from joining the sector (Scottish Care, 2015). Our findings concur with that research.

Figure 2.1: The work we do here is fairly rewarded compared to available local jobs.

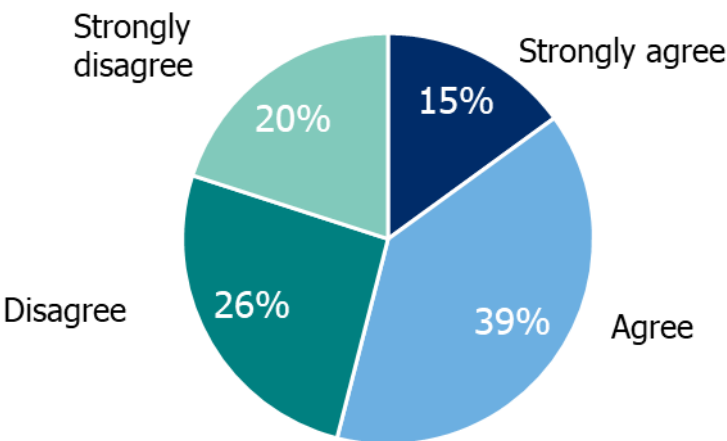
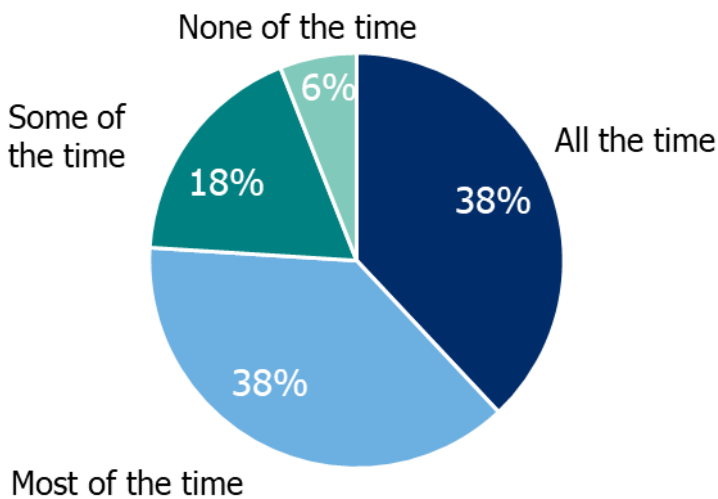


Figure 2.2: Do you get sufficient hours of work to meet your basic income requirements?



In interviews, care workers noted that financial reward was rarely a key motivator for colleagues, but also expressed frustration that their skilled work was not reflected in competitive pay. Care workers also consistently pointed to staffing shortages (which

added to their work demands) as being rooted in recruitment problems associated with low pay.

I feel for care workers everywhere, they're entitled to more money than they get. If [funders] would come in and see what the girls do, they would say "aye, you deserve a lot more." Definitely more money. It's serious stuff that you're doing... If they did pay more money, a lot more people would come into care work, because they do struggle to get staff.

Care worker, HomeOrg

I don't think anyone's fairly rewarded in care at the moment. The minimum wage seems like an excuse for people to pay the minimum wage. I don't think it was designed for that. I know we don't get minimum wage here, but it's only a few pence more. I think people here are worth more than that. But, I'm not doing this for the money. People having to do long hours to make ends meet probably contributes to the high turnover in staff.

Care worker, LearnOrg

Many of the care workers who we spoke to in the independent sector similarly said that they struggled to make ends meet at some time. Consistent with our research elsewhere, care workers spoke of the need to take on full-time hours and/or overtime in order to achieve a reasonable income. The need to work long hours was seen as impacting negatively on work-life balance and family life.

The cost of living is just ridiculous... you still struggle. I'm still struggling... It's just not enough.

Care worker, CareHomeCom

The best you can say is it's just about liveable.

Care worker, LocalCom

Care workers in the independent sector also noted that the relatively low levels of pay meant that it was difficult to build up savings, so that a personal or family crisis could create severe pressure on family budgets. Others pointed to a lack of sick pay meaning that colleagues were required to work even when sick.

I mean, you can squeak by on it, but when something crops up, like your cooker breaks down or... or I had to pay for my granddaughter's childcare through the summer. That was £600. That's more than half my wages.

Care worker, CareHomeCom

You need to work. You can't afford to be unwell.

Care worker, CareHomeCom

Previous research has also highlighted that care workers are not always fully remunerated for the range of costs associated with working with service users in the field (Eldh et al., 2016). Care workers participating in our interviews raised similar concerns that additional expenses associated with doing the job were not fully covered by their employers. Care workers described using their own mobile phones – at their own expense – for work-related calls and Internet use, and raised concerns at relatively modest mileage allowances.

I think the companies should be giving girls a mobile phone – we shouldn't be using our own, ken, that's our personal phone... and the mileage, that should be more... the mileage and the wear and tear that you're putting on your car, that's a lot.

Care worker, HomeOrg

Employees at our independent sector care-at-home providers also spoke of how travel time and costs were not covered in their shifts, adding to financial pressures (leadership team members argued that local authority contract rates meant that such costs could not be covered).

Key issue: Care workers are not always fully remunerated for costs incurred working in the field, ranging from mileage to mobile and Internet costs.

Recommendation: There is a need for the funding of care services to prioritise pay security as a central element of fair work for care workers. There is a need for agreement on what is an adequate level of pay for care work (covering all aspects of work, sick pay, travel and necessary expenses) and how we can ‘lock in’ pay security as part of a fair work approach within the commissioning process and reward strategies in organisations.

One interviewee reported ongoing issues with rates of pay between salary bands, and suggested this jeopardised their motivation to undertake training and responsibilities that would enable progression. These concerns around the adequacy of pay incentives to take on senior roles concur with the findings of other recent research with care workers and employers (Scottish Care, 2018b).

I did have a bit of an issue, and I went to one of the managers three months in a row, because I wasn't happy. It used to be £7.40 that care workers got, and seniors got £8.40, and when the Living Wage came in, [AgeOrg] decided Carers would get £8.40 now. Brilliant, but they've forgotten about the Senior Carers – we're on exactly the same pay. I said "I'm not taking on the extra responsibility of doing medications, going to people's houses, assessing them, getting involved with care plans, social workers, doctors, for nothing. There's no way"... I don't think anybody goes into care for the money – I think if you've gone into care for the money, this maybe isn't the job for you – but everybody wants to be decently paid...

Senior care worker, AgeOrg

Key issue: In some cases, there may be limited financial incentives for care workers to seek progression to take up team leader or more senior roles.

Recommendation: Care organisations need to consider the implications of pay differentials between care workers and more senior colleagues following the introduction of the Living Wage. Wherever possible, resources need to be made available to offer additional pay increments to employees adopting senior roles. This is necessary both to reflect their roles and responsibilities and encourage progression and recruitment into these roles.

In terms of **fair work practices**, organisational leaders interviewed for our research could rarely point to specific strategies that they had adopted to improve income security, although leadership team members at SupportOrg, LearnOrg and HomeOrg suggested that their organisations had refused to engage in specific types of tendering because of the limited resources that could be provided to ensure decent pay for frontline staff.

Leaders across all organisations called for additional investment so that care workers could be paid well above the minimum of the Living Wage, and that all their work was fully funded at that level. Leadership team members argued that improved funding, and therefore better pay for employees, should be a key element of the fair work agenda in social care. They shared care workers' views that recruitment problems across the sector were directly related to low pay.

We are crying out for staff and there is a massive issue in terms of recruitment and you're talking about fair work in practice. To me fair work in practice is about paying a fair salary for the type of job that we do and we are still one of the poorest paid... people can go and earn quite literally ten pounds an hour stocking shelves... You're not going to get staff... Give them fair salary because that's the future... it's as simple as that.

Leadership team, HomeOrg

If we want to improve fair work for social care, then what we have to do is... we have to have a clear directive from government that states, only a real living wage would be acceptable for social care. And until we get to a point where we say the only way that we will change the dynamic and start to move the debate on to the engagement, and the voice, and all of those things, the fairness, the equity, the access to work, the work/life balance, is when we have that real living wage as a de minimis position.

Leadership team, LearnOrg

There isn't enough money and that's a lot to do with the value of the profession, the way the profession is considered in society... "I'll just do it to fill in time before I get a proper job", so the whole image of the profession and an understanding amongst the general public and the decision makers about what is actually involved is where I think we need to be putting our efforts.

Leadership team, SupportOrg

Leadership team members within third sector organisations (such as HomeOrg) also spoke of the need to establish a more level playing field in terms of the pay, terms and conditions provided for directly employed local government care workers and those employed by contracted providers (who were often commissioned to deliver additional care at less advantageous rates by local government) (Scottish Care, 2018b). Leadership team members at both of our independent sector care-at home providers expressed similar frustrations at the relatively low hourly rates offered by local authorities for contracted-out care compared with the resources available for councils' in-house provision. It was also suggested that 'rate-capping' meant that there was limited scope for independent care providers to argue or budget for higher hourly rates (and therefore better pay for staff).

2.2 Security of hours

All of the organisations that we worked with in the first phase of our research had moved, or were committing to moving, away from the use of non-fixed hours contracts and towards most or all staff being on fixed hours contracts. Less than one-in-ten of our care workers survey respondents were on a non-fixed hours contract (this may not be representative of respondents' organisations but is broadly similar to the wider social care sector). In some cases, however, managers reported retaining a small number of workers in 'relief' banks of non-fixed hours staff. It was argued that non-fixed hours contracts were preferred by a minority of care workers who valued the flexibility of taking up hours only when mutually convenient (often allowing them to manage family caring responsibilities).

Nevertheless, some care workers pointed to important qualitative differences associated with moving to a fixed hours contract – not just in terms of stability of

income, but in stronger integration with their teams and improved opportunities for learning and development.

It's helped me a lot, to learn...because when I was just like a relief, you know, you were just coming in and doing the basics and that but now I've got the contract you actually feel you're somebody. I feel quite important actually, you know... all the different stages of learning that I'm doing... things that I wouldn't be able to do before, because I wasn't in the position to do it with relief...

Care worker, SupportOrg

These findings concur with previous research that suggests a link between providing security of hours and income and other components of fair work, in terms of opportunity (for learning and development) and fulfilment from being empowered to contribute more in the workplace (Fair Work Convention, 2016).

Recommendation: Care organisations should be supported in moving relief or non-fixed hours staff towards minimum fixed-hours contracts. During the transition it is also important that non-fixed hours staff have access to learning and training opportunities, and that efforts are made to integrate these staff into teams.

The organisations that we worked with in the independent sector deployed a broader range of practices. Leadership team members at MobileCom felt that the use of non-fixed hours contracts was justified given the flexibility required by the organisation to respond to changes in contracts (although the same organisation was committed to moving towards the use of fixed hours contracts). Nevertheless, in all of our independent sector organisations, we did not encounter staff who felt underemployed or insecure about the hours that they could expect to work. The volume of demand, and staffing shortages due to recruitment problems, meant that accessing the number of hours of work expected was unproblematic. The bigger challenge is that care workers needed to work a large number of hours to have any chance of making ends meet. Care leaders participating in our independent sector workforce group discussions made the link between low pay, long working hours and stress and health problems in the workforce.

People have got to work crazy hours and shifts to bring home a decent salary. Workers have to accumulate hours to receive good enough pay [and this means] stress of long shifts with high levels of responsibility.

2.3 Security of tenure

Security of tenure has also been highlighted as a key component of fair work – it can provide employees with a sense of control over their working lives, helps them to plan for the future and allows for opportunities for development (Fair Work Convention, 2016). Again, the views of care workers were mixed on this issue. Almost three-quarters of care workers responding to our survey agreed that at least some colleagues were worried about job security (more than two-fifths thought that this was the case for most or all employees). In interviews, care workers often appeared to be aware of the funding pressures in the sector and that this created long-term concerns around job security. Both LearnOrg and HomeOrg had engaged in recent restructuring exercises potentially leading to redundancies and/or redeployment among non-frontline staff – staff and organisational leaders acknowledged that this had contributed to feelings of insecurity among colleagues. However, none of our care worker interviewees or focus group participants expressed immediate worries about their own job security, in some cases partly because staff shortages within their organisation were a more obvious problem, or (as noted above) because of the clear level of demand for care services.

A specific area of contention for some of the care workers who participated in interviews at AgeOrg was their organisation's use of agency staff. While this was not necessarily indicative of poor job security for the workforce more broadly, it was seen as both symptomatic of and potentially contributing to retention issues. Some interview participants at AgeOrg talked about reliance on agency staff creating a more stressful workplace environment. One participant noted that use of agency staff was becoming less common in their place of work, but issues relating to their integration into the organisations' main workforce and routines remained.

It's good to see less agency staff being used. No disrespect to agency staff, but when you're working in a place like that, residents like to see the same faces. They like to know who's going in and out their room, and that their care needs are getting met. Agency staff come in and there's an uproar because they don't know anything, and they're away after six to twelve hours.

Care worker, AgeOrg

A reliance on agency staff, and ongoing recruitment and retention issues, appeared to be something of a vicious circle for some employees in AgeOrg. Staff shortages led to use of agency staff, which could present some issues with regards to agency staff's knowledge and experience of a particular care setting. More regular members of staff felt this could create additional work and complications for them, as they sought to maintain personalised care amidst a rapidly changing workforce

In terms of **fair work practices**, care providers' described a range of activities attempting to mitigate job insecurity. Leadership team members at YouthOrg felt that "keeping people informed" of future plans and progress on contracts was important to mitigate feelings of insecurity. A leadership team member at LearnOrg offered examples of practical support for employees such as informing them of redeployment and upskilling opportunities within the organisation and the use of workforce planning tools to get a clearer idea of future labour needs and availability (again informing the organisation's capacity to consider future redeployment opportunities).

Recommendation: Care organisations should continue to develop and share good practice in workforce planning, particularly practice in mitigating the risk of redundancy or voluntary turnover as contracts come to an end by identifying redeployment and reskilling opportunities.

Leadership team members at HomeOrg and SupportOrg again reiterated that strategic decisions to not pursue certain tenders were informed by an analysis about what was financially sustainable for the organisation, including in terms of ensuring stable employment for staff. For some of our leadership team interviewees, there was hope

that commissioning officers would eventually be pressured by voluntary withdrawals to prioritise commissioning that locked in improved pay and security for care staff.

What I find is quite interesting is the power balance is shifting, because ten years ago pretty much all the power rested with the people who had the work to give, and a lot of us were competing with each other and competing on price, and I'm getting a sense now that we're needed much more than we ever have been.

Leadership team, SupportOrg

Nevertheless, care leaders consistently identified funding models, and specifically short-term tendering and retendering exercises, and more generally pressure on care budgets, as key barriers to providing improved job security for staff.

If we have year on year funding and if we're not successful in getting it in the next year, it's going to have an impact on all roles, permanent or not permanent. So I guess security is the only area where it has the greatest impact... I think a lot of people that are in this sector understand that, but it's still unnerving.

Leadership team, YouthOrg

There is the system of tendering... people are aware of that, that contracts come up for retendering, and it is unsettling. We could resolve it by not having short term tendering situations! Essentially, that would give people more security.

Leadership team, HomeOrg

Leadership team members in YouthOrg argued that job insecurity within organisations funded by relatively short-term contracts fed into both recruitment and turnover problems.

I think as far as recruitment is concerned, to ease the stress and anxiety that employees go through, I think the potential for proper contracts, so like five years, seven years... instead of staff being contracted for six months and a year... you want to make sure that you're going to have a job in six months... some staff are constantly worried about their job because the funding isn't there long term.

Team leader, YouthOrg

Some of the organisations participating in the research had a national footprint and therefore engaged with a range of local commissioning arrangements. There was an awareness of wide variations in commissioning practices, with senior organisational leaders distinguishing between examples of good practice built on collaborative principles, and more short-term, marketised forms of contracting-out. The former, more collaborative approaches to commissioning were seen as offering potential benefits in terms of security of funding for organisations and security of employment for staff. More broadly, pressure on care budgets – and the sustainability of publicly funded care for service users – was a fundamental concern that informed all of our discussions with care leaders.

It is perhaps notable that there was a significant gap between concerns about job insecurity among colleagues as reported by care workers and the extent to which care workers saw this as a choice of their employer – more than two-thirds of respondents across our organisations agreed or strongly agreed that their organisation prioritised job security for employees.

Recommendation: There is a need for the funding of care services to prioritise improved security of tenure for care workers. The appropriateness of contract durations and retendering exercises, and how these feed into job insecurity, should be considered by funders and policymakers.

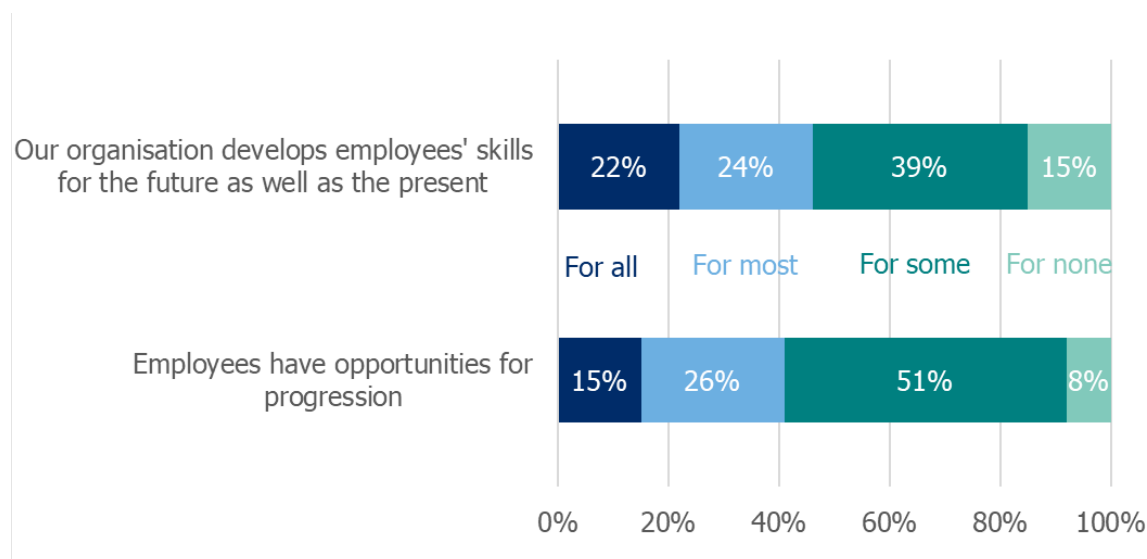
An important conclusion from the discussion above appears to be that there are concerns about security – in terms of income and tenure – for many care workers. These concerns are acknowledged by organisational leaders. And many care workers, in turn, took the view that their organisations were ‘doing what they can’ in terms of security. As noted above, care providers can take practical steps to ensure that staff have access to fixed hours contracts and can ensure that workforce planning takes account of the potential need to redeploy staff upon the end of contracts. However, the consistent view among organisational leaders was that limits to funding and current tendering arrangements were key to understanding the insecurity experienced by some care workers.

2.4 Opportunity for progression and development

The Fair Work Framework notes that “fair opportunity can be supported in a variety of different ways: through recruitment and selection procedures, internship arrangements, training and development approaches and promotion and progression procedures and practices” (Fair Work Convention, 2016). It is these latter processes that provide the focus for our discussion.

For employees, the opportunity for progression can be crucial to social mobility and fair work (Fair Work Convention, 2016). However, limits to progression were picked up in our survey research. Only around two-fifths of survey respondents across our organisations thought that opportunities for progression were open to most or all colleagues. In interviews, most care workers were keen to continue working in the sector, but did not always have a clear view of how their careers might progress.

Figure 2.3: Professional development



Key issue: Care workers did not always have a clear idea about opportunities to progress into more senior or specialist roles.

One explanation of this may be that some organisations in the care sector have engaged in organisational change programmes that have ‘delayed’ occupational structures (i.e. there are fewer layers/ranks of seniority in care roles; and fewer administrative and co-ordination roles). Care leaders participating in this research

argued that such measures made their organisations more financially sustainable, while also freeing up resources to support teams of care workers working more autonomously. Care worker interviewees were generally broadly supportive of organisational changes to support more autonomous teamworking, although it should be noted that these views may not be representative of all employees within the relevant organisations or the broader sector.

Nevertheless, there was an awareness that ‘traditional’ opportunities for progression might become more limited (and, at any rate, some care workers who we interviewed expressed doubts that additional pressures associated with progressing to team leader or more senior roles would be matched by sufficient pay increases). Recent research by Scottish Care (2018b) has suggested that, while views differ considerably by age and experience, many care workers are committed to the idea of a career in the sector. Our research suggests that there is a need for further action to strengthen and articulate career development opportunities in care work, possibly focusing on the development of specialist skill sets and roles.

Recommendation: Care organisations and partners should share good practice in career planning and development and identify how care organisations can articulate the range of specific skillsets and roles required by the sector, and support staff to progress towards those roles.

In terms of broader opportunities for learning and development, there was a tension between our survey findings and qualitative interviews on skills upgrading and utilisation. In our survey, only around two-fifths of care employees reported that for most or all of their colleagues: their organisation developed people’s skills for the future, *as well as the present*; and their organisation used people’s skills and talents effectively. However, as we will see below, our interviewees and focus group participants were generally positive about the quality of opportunities to engage in learning and development.

Indeed, in terms of **fair work practices**, care workers participating in interviews emphasised the availability of, and often the necessity to undertake, vocational training. Organisational leaders at all of our participating organisations spoke of considerable

investments being made in training to meet SSSC (2017b) registration requirements. And care workers interviewed for the research were generally very positive about the range of opportunities for training that they were able to access. For example, care workers at SupportOrg spoke of extensive training on both care and broader organisational skills such as shift organisation. Interviewees at LearnOrg and HomeOrg spoke of how management were often responsive to requests for training on specific skill sets. Other interviewees provided positive accounts of how training opportunities had offered them professional development, and had enabled them to provide higher quality personalised support:

I've learned an awful lot since I've been here in the dementia unit. I've been doing as much studying as I can, so I can enhance my role really... I'm doing an enhanced dementia course now. So I can do the job better, and understand... it's not just the person with dementia, it's the whole family and their friends that feel it too, and you want to give them support. And day to day care and everything.

Care worker, AgeOrg

Among the fair work practices identified around learning and development, SupportOrg's training academy provides opportunities for staff to take up both statutory training and other specific learning and skills development – leadership team members suggested that staff were particularly encouraged to book their own e-learning activities. YouthOrg has similarly invested in new e-learning systems in an attempt to improve access to flexible learning opportunities for staff in the field. The same organisation developed a learning and development programme designed to complement more traditional training with personal development activities.

In all of the independent sector organisations participating in our research, there was a strong emphasis on the benefits of e-learning. Leadership team members at both of our independent sector care-at-home organisations acknowledged the challenges of ensuring that a dispersed workforce were able to access training, and argued that online provision was essential. Meanwhile, leadership team members at CareHomeCom described a substantial investment in e-learning, which allowed for bite-sized training to be undertaken to fit with care workers' working day, at home or elsewhere on smartphone or other devices. Progress tracking software reminds staff

and their supervisors if care workers are at risk of falling behind on training and/or if there is new provision available.

At MobileCom there was a commitment to combining e-learning with face-to-face training. The organisation hosts an accredited SVQ training centre and a 'Train the Trainers' initiative has seen a number of staff trained to deliver induction and moving and handling training. This has enhanced the capacity of the organisation to deliver training and cover absence among trainers, while also offering development opportunities for care workers. Nursing staff at CareHomeCom also welcomed the opportunity to engage in learning academy activities that can lead to SVQ4-5 level qualifications as a preparation for more senior leadership and management roles.

Care leaders participating in our group discussions highlighted some other interesting examples of good practice, such as groups of smaller, independent organisations collaborating to share the costs of running training. The challenge of covering training costs within tight budgets remained a consistent theme of these group discussions.

Recommendation: Care organisations should share good practice on the building training capacity (for example through 'Train the Trainers' initiatives), and consider opportunities for resource-sharing and cost-sharing to reduce the cost of delivering training.

In terms of other examples of innovative practice, the need to develop flexible training and career development options was a theme for some of the organisations participating in our research. For example, in an attempt to explore alternative career development opportunities, SupportOrg was considering the development of new job roles as a means of ensuring opportunities for upskilling and progression. More broadly, the organisation was bringing together staff and trainers to explore "different ways of thinking about career progression", discussing what sort of training would be valuable to employees who are keen to develop specific skills specialisms.

Finally, some care workers interviewed for our research raised concerns that teams could be short-staffed when colleagues were training, adding to others' work pressures. These concerns were raised specifically by care workers at YouthOrg and SupportOrg.

Understaffing caused by recruitment and absence problems was seen by some care workers as a barrier to their own learning. Having to work hard, with little cover for time off to train in tightly staffed organisations, meant that some care workers struggled to balance work, learning and family life.

You're having to do your SVQs, and then there's all this learning... and you just think your head's going to burst. There's just so much getting piled on to you at the moment. If they get more staff members in as well, to give the likes of ourselves that are doing the SVQs just now a bit more time... because when I go home obviously I'm having to deal with my children as well and then try and make time out for learning... You're staying up that bit later at night to get it done.

Care worker, SupportOrg

Similar concerns were raised during our research at independent sector providers – staff at LocalCom and CareHomeCom described pros and cons of being able to access e-learning modules online at home. Clearly, this allowed for flexibility but meant that training was being undertaken in employees' own time and sometimes late at night after a tiring shift.

Recommendation: There is a need for sufficient resources to assist care organisations to fully resource training, and time off for training. It is important that care organisations have the resources to help to free up staff time and reduce pressures associated with losing staff to training. There may also be value in exploring how online portals such as FutureLearn can be used to support access to flexible learning for care workers.

In conclusion, care workers participating in our interviews were generally positive about opportunities for learning but also raised concerns in survey responses that only some of their colleagues had access to future-proofed training and development. The findings also suggest that care workers sometimes see their colleagues (and perhaps their own) skills as being under-utilised. One way to interpret these findings is that – in line with what interviewees told us in all the organisations and the discussion above on career development opportunities – there is a strong (and appropriate) focus on mandatory training for care workers, but that this is sometimes seen as a requirement of day-to-

day job tasks rather than a route to progression by care workers who are unclear as to how their future career in the sector will develop.

2.5 Opportunity for supervision

The importance of supervision – as a route to personal development and a source of support to cope with the demands of care work – has been acknowledged by key stakeholders involved in planning social care (SSSC, 2016c). It has been demonstrated that effective supervision can deliver crucial benefits for workers and provider organisations. First, for the SSSC, supervision is beneficial as “it provides support for individual workers, making sure they are not working in isolation but have access to advice and guidance from a manager or experienced colleague”; second the value of supervision in coping with the emotional demands of care work has been noted: “effective supervision helps foster resilience and reduce the risk of burnout” (SSSC, 2016c).

Our survey and qualitative research confirmed that both care workers and organisational leaders saw the resourcing of supervision as a key element in ensuring opportunities for critical reflection and personal development, and a source of support for staff. While some interviewees expressed regret that supervision was not more formally consistent, both leadership team members and care workers across all organisations highlighted the value of regular and effective supervision in providing both practical and emotional support.

I prefer it to be formal but informal. I think it's important where you develop a relationship of trust and honesty... I like to make sure that equally I'm available 24/7 just to give staff the confidence that if they feel the wheels are coming off they can phone and we can resolve what has to be done... For me the personal empathy and the personal appreciation of what people are doing... it's almost a nurturing environment.

Leadership team, YouthOrg

In terms of **fair work practices**, organisations reported a range of workplace strategies to support supervision. For example, LearnOrg leaders described how it has supported the development of strengths-based approaches to supervision, developed in collaboration with staff. Resources have been provided to supervisors to help them to structure supervision sessions around care workers' successes as well as challenges in helping service users. Guidance and support information encourages supervisors and

to seek broader feedback and focus on supporting workers' learning and resilience. Leadership team members at YouthOrg highlighted the use of online resources to ensure that staff and supervisors had access to guidance and a framework for supervision conversations. Regular supervision activities and reminders were also built into case management software. In SupportOrg, care teams were being supported to develop peer support networks, with more regular buddying activities designed to complement more formal supervision. The same organisation has developed accessible supervision guidance emphasising the importance of reflecting on skills needs and strengths, helping care workers to consider putting knowledge into practice, and encouraging critical, values-based reflection on care work.

Organisational leaders and managers spoke of the importance of an ongoing commitment to resourcing formal support and supervision.

For longer term members of staff that are more confident in their abilities and things, it's usually six to eight weeks. Although having said that, that's the formal support and supervision. We have daily conversations and if there's been a challenging service user we will have a debrief about that and a conversation and we'll share that. We have team meetings. So there's daily conversations and appraisals going on and risk assessing as well, because things can change from day-to-day. But formally, for longer term staff members, I would say eight weeks or so.

Leadership team, YouthOrg

However, some staff participating in focus groups at the independent sector provider CareHomeCom felt that, while helpful, supervision sessions could sometimes be quite procedural – more focused on ensuring that training was up-to-date than on reflecting on their broader learning in the workplace. The need to reinforce the idea that supervision should be reflective and developmental was also a theme for care leaders participating in our workforce group discussions. Concerns were raised that time pressures meant that supervision sessions were sometimes not able to explore career development or how well employees were coping. There was a suggestion that at worst, supervision sessions could come to be seen by staff as a form of performance management.

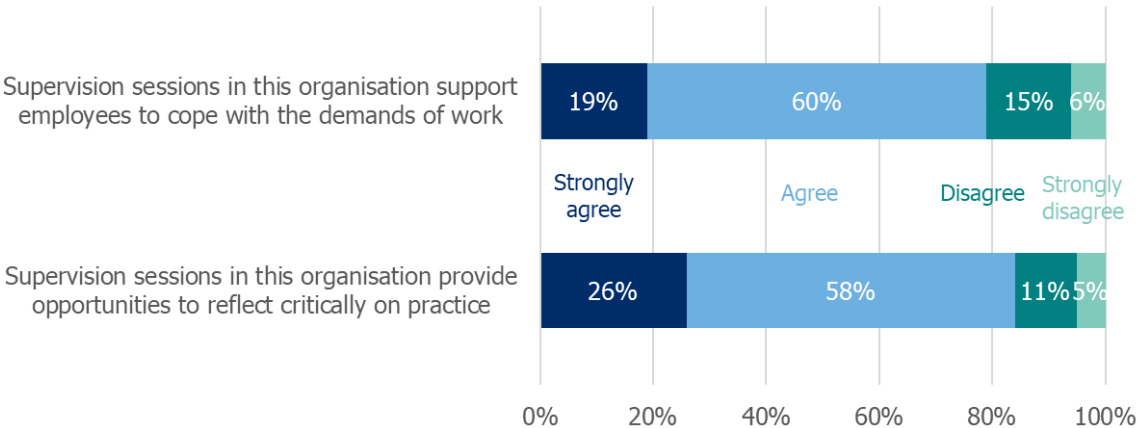
There was also an acknowledgement among organisational leaders and managers that staffing and resource pressures meant that supervision could sometimes “fall down the priority list” and become more like “ad hoc informal support” (Leadership team member, HomeOrg). Our survey responses from care workers suggested substantial variation in perceived access to formal supervision. Across our organisations, just over one-quarter of care workers reported engaging with formal supervision at least every six weeks. A further half reported having engaged in supervision within the preceding six months (although this could take in people engaging with relative recent supervision, for example in the preceding seven to eight weeks), with the remainder reporting less recent formal supervision. One care worker at AgeOrg described how supervisions (however welcome) were practiced inconsistently.

I can't remember the last time I've had [supervision]. I have had them, and I think they're supposed to be regular, every few months... Some people have had them, I think I've just slipped through the net somehow... The last supervision I had was with the then senior, who has since left, and she was very good... it was quite useful.

Care worker, AgeOrg

Care workers responding to our survey nevertheless expressed strongly positive views of supervision experiences, with around four-fifths of respondents agreeing that supervision effectively supported colleagues in coping with work demands; while an even higher proportion considered supervision to be important in providing care workers with opportunities to reflect on practice.

Figure 2.4: Supervision sessions



Key issue: Supervision is valued by care workers and their employers as a source of learning, reflection and support, but there is evidence of differences in the consistency and resourcing of this important area of practice.

All of the care workers who we interviewed were clear that supervision sessions could be invaluable as a sounding board for critical reflection or even just ‘venting’ about the stresses and demands of the job.

I had supervision about two weeks ago. It was fine. Were the hours okay? Had I had any issues with service users? Was there anything worrying me? [Our team leader’s] quite easy to talk to, so I just go in and say what I have to say... You can go in and if there’s things annoying you, you can have a wee vent. Usually you feel better after you’ve done that, you think “Okay, I’ve got it off my chest – I can crack on now. I don’t need to mention it again because it’s been mentioned to who it needs mentioned to, so that’s it.”

Care worker, HomeOrg

Care workers and managers acknowledged the importance of supervision sessions as an opportunity to reflect, develop practice, maintain coping, access emotional support, and combat any sense of isolation among staff.

What makes this sector really different, I think... is that the level of responsibility... I mean, it can be life and death... I feel that as a responsible employer we have a duty of care... there’s a lot of lone working as well... so for us, it’s really important that those supervisions take place, and they have team meetings and staff feel part of something.

Leadership team, LearnOrg

For some people, they're essentially out there lone working most of the time. That can be very difficult, it can be quite isolating. Especially if they're in a rural area. It's important to make sure they're well informed, and there's that communication there, that they know what's happening in the organisation. You might not feel like you're part of a team if you're working out there, so the team meetings are just as important as the supervisions. Making sure they have the skills, making sure the service is right for the service user. Ultimately it's a risk factor for the organisation if it's not in place. That's why it's so important.

Leadership team, HomeOrg

Care workers responding to our survey sometimes similarly raised concerns regarding the pressures faced by some colleagues in undertaking complex and emotionally challenging work. While only a small minority of our care worker survey respondents (just over one-in-ten) thought that most or all of their colleagues experienced a sense of isolation, a further 73% took the view that this was the case for at least some employees. Supervision relationships can combat the sense of isolation that is often a by-product of work patterns that are defined by shift working, lone working and long periods 'in the field'. It is therefore essential that resources for regular and effective supervision are 'locked in' to funding and commissioning processes and reflected in resource allocation within organisations.

Recommendation: Care organisations should ensure that supervision is adequately resourced. Care organisations and stakeholders should establish mechanisms to share good practice in relation to supervision tools and practice.

Recommendation: Funders, key stakeholders and care organisations should work together to ensure that high quality supervision is fully costed and supported in contracts to deliver care. There may be value in further research on what best practice in supervision looks like and identifies a unit cost that can be 'hardwired' into contracts.

In summary, our specific focus on the opportunity for supervision highlighted that both care workers and organisational leaders see this practice as important for critical

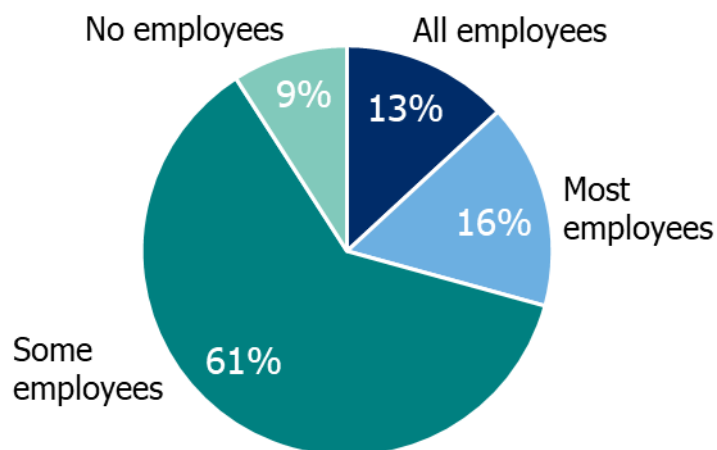
reflection and personal development. Supervision can also help care workers to cope with the work demands and emotional challenges of delivering personalised care. Our research therefore concurs with recent studies highlighting the importance of this area of practice (Cunningham et al., 2015). Findings on care workers' experiences of supervision were largely positive. But there may be some concerns that some care workers report receiving supervision less regularly than is appropriate. It is important that these practices continue to be fully supported and resourced by care providers and funders.

2.6 Effective employee voice

Effective voice is a dimension of fair work that requires that organisations have practices allowing for employees' views and contributions to be sought out, and for employees to feel that they are listened to and can make a difference. The Fair Work Framework notes that for individuals, "voice channels improve information sharing, encourage cross learning, resolve conflict and reinforce consensus" and also that "effective voice does not only benefit employees... effective voice encourages employees to engage with the organisation and put forward views and ideas in ways that can stimulate change and improvement" (Fair Work Convention, 2016). In this context, care workers' views of their capacity for voice might be seen as being particularly important in an era when they are being challenged to co-produce personalised care in collaboration with service users. Effective voice channels are also important to ensuring that employees' views on other components of fair work are heard.

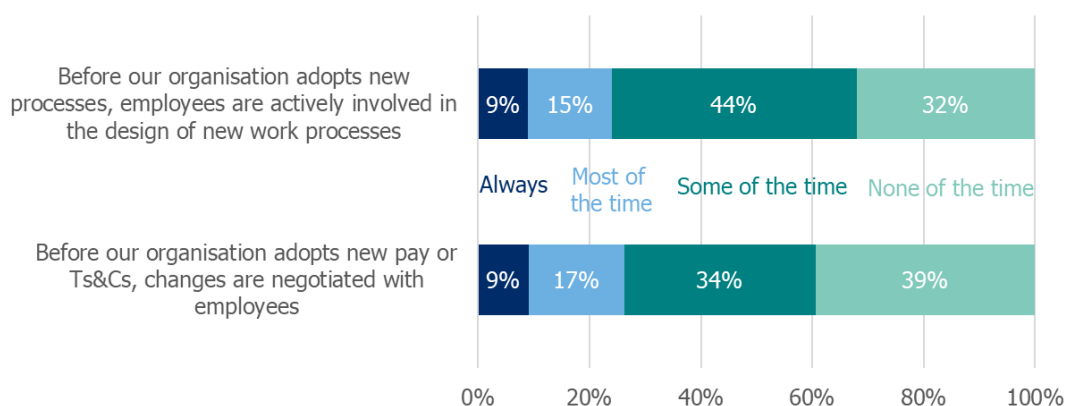
This was an area where care employees across most of our organisations were more sceptical. Only around 3 in 10 respondents (29%) agreed that most or all employees had a strong collective voice more broadly within the organisation. Those employees who were union members (just over two-fifths of care workers completing the survey) were less likely to think that there was strong employee voice in their organisation, possibly reflecting a greater awareness of the importance of collective voice among these employees.

Figure 2.5: Employees have strong collective voice in this organisation



Our survey also asked care workers to reflect on specific practices around employee voice, and again only a minority of respondents thought that their organisation actively sought to negotiate changes in pay and conditions with employees, or that employees had an active role in the introduction of new ways of working (again trade union members were somewhat more negative in their views on these issues). This is a matter of concern given that, as the Fair Work Framework notes, “opportunities for effective voice are central to fair work and underpin – and can help to deliver – other dimensions of fair work” (Fair Work Convention, 2016).

Figure 2.6: Involvement in decision-making process



Key issue: Effective voice mechanisms are important to delivering other elements of

fair work, but most care workers participating in this research did not think that they and their colleagues had a strong collective voice, and did not feel actively involved when their organisation made changes to their work, terms and conditions.

In terms of **fair work practices**, our interviews nevertheless highlighted a range of strategies for employee voice within care providers. All participating organisations that recognised trade unions suggested that working collaboratively with union representatives was an important facilitator of employee voice. It was suggested that this was achieved through regular management-trade union engagement and more informal information-sharing. Leadership team interviewees were able to describe regular and frequent formal and informal contact. Unfortunately, our research did not involve engaging with trade union representatives to gauge their views.

We work in very close partnership with Unison, and Unison are driving the fair work agenda in terms of working practices, in terms of terms and conditions and rights of workers, so everything that we do is hopefully for the benefit of the people that work for us.

Leadership team, LearnOrg

Care workers interviewed for our research also highlighted specific benefits associated with trade union representation within their organisation. For example, care workers interviewed at SupportOrg noted the importance of their trade union's negotiation of above-Living Wage pay settlements with the employer.

Leadership team members at relevant organisations acknowledged that there was a constant need to invest in and maintain relationships between care employers and trade unions. For example, SupportOrg had recently undertaken organisational restructuring, and following recent concerns raised by staff and their union representatives, leadership team members acknowledged that trade union colleagues should be fully involved from the earliest possible stage in such projects.

Recommendation: Care organisations should continue to ensure that formal structures for partnering with trade unions are maintained and that union

representatives and members are fully involved prior to and throughout organisational changes and in order to inform fair work strategies. The Fair Work Framework notes that more extensive union recognition and collective bargaining at workplace and sector level is important to improve voice in Scottish workplaces, and so any barriers to trade union recognition should be addressed.

We identified other fair work practices that organisations had instituted to facilitate employee voice. For example, employee forum activities had been an important part of SupportOrg’s engagement with staff. A care worker interviewed for the research felt that such forums were useful for information exchange and that colleagues could be “outspoken” in challenging certain decisions, while also questioning whether these events were effective in shaping management strategies. The same organisation had appointed employee representative board members in an effort to provide direct employee voice in decision making processes.

Care workers participating in our research clearly welcomed the opportunity to feedback both concerns and ideas for improvement at organisation or team-level meetings and awaydays. Care workers at YouthOrg described valuing being able to contribute to service improvement events and staff-led workshops to share both good practice and challenges. Leadership team members at SupportOrg described the use of structured feedback and idea-sharing sessions engaging a range of staff. “Dragon’s Den”-style sessions were used to encourage creative thinking and allow employees to voice concerns and ideas.

At a more basic level, care workers at LearnOrg and SupportOrg described regular team meetings where they were able to exchange ideas with colleagues and feedback concerns to managers. Care workers interviewed at our two independent sector care-at-home providers shared similarly positive reflections on the value of regular team meetings as an opportunity to share ideas and information and raise any issues with supervisors. Leadership team and staff members at the independent sector CareHomeCom also described a range of strategies for sharing ideas and feeding back to supervisors and managers. ‘Ideas Pads’ and ‘Ideas Boxes’ were used to encourage employees to share ideas, alongside day-to-day processes for sharing information or concerns, such as regular team meetings and shift handover discussions.

In YouthOrg and SupportOrg, leadership team members hoped that the introduction of new mobile technology would improve communication within teams and between staff and managers (as well as helping to streamline administrative tasks). Care workers interviewed at SupportOrg were generally supportive of the introduction of this technology and targeted training sessions that provided support in its use. There were also examples of good practice in our independent sector organisations. Both care-at-home providers encouraged the use of WhatsApp, Facebook and other social media channels to connect staff and provide opportunities to share ideas and mutual support. The employees who we interviewed at these organisations valued these feedback mechanisms.

Both employees and organisational leaders across organisations acknowledged in interviews that there were challenges in ensuring that employees could feedback ideas and concerns on a day-to-day basis, given the dispersed nature of the workforce and heavy workloads. As noted above, among care workers across all of our organisations, there was a sense that issues raised in structured feedback sessions were sometimes dropped as the focus returned to day-to-day work tasks. Furthermore, despite the range of activities being undertaken around employee voice and engagement, some care workers and other staff interviewed for our research were sceptical about the value of such exercises (which is also reflected in our survey results, above). Accordingly, there was sometimes a sense that roadshows, engagement events and information sessions were mainly aimed at imparting information from management rather than seeking proactive employee input. Given that managers tended to point to these events as examples of good practice in facilitating employee voice, there should be concern at such criticisms.

Interviewer: When new processes are introduced, are you asked what you think?

Care worker, HomeOrg: I don't think so. Usually if there's an email it'll say "if there's any questions contact so-and-so"... most of us will contact [our team leader] if we don't understand a bit of it.

There were also examples of practical changes being made in the day-to-day practice of organisations, which employees thought should have been subject to greater consultation.

Team facilitator, LearnOrg: *I don't think there is much discussion with staff when these changes are rolled out. Like with the [new HR management and e-learning software] which I think will make a difference, but there was no consultation. There's big gaps when we move to new things.*

Interviewer: *What could be done to improve that?*

Team facilitator, LearnOrg: *Discussion, consultation with staff, involving everyone. Explaining reasons behind things. Change is scary for everyone, but if people knew the reason behind things they are more likely to get on board.*

In our interviews with care workers, there was sometimes a sense that changes in how services are organised and delivered (sometimes as a result of the funding insecurities discussed above; sometimes driven by management within organisations) meant that engagement with staff was less about consultation than informing them of decisions that had already been made.

Recommendation: Care organisations should ensure that employee voice mechanisms (such as forums and engagement events) are supported, and that there are clear mechanisms to ensure that employees' inputs are 'heard' and, where appropriate, actioned. Care organisations should share good practice in employee engagement and voice activities, such as structured feedback and idea-sharing sessions or the use of digital and social media to facilitate feedback.

The discussion above highlights some of the challenges associated with attempts to support effective employee voice in social care. Well-functioning collaborative working arrangements with trade unions were acknowledged as important. Traditional 'engagement' activities, however welcome, can sometimes be seen by care workers as a means of imparting information from management rather than a forum for employee voice. We might speculate that employees are less likely to have a sense of strong

collective voice if they have been subject to change that they may see as being driven from the top down. There may be opportunities to strengthen employee voice and engagement in care providers, given that the care workers who we engaged with were enthusiastic about the prospect of sharing ideas or feeding back experiences.

Providing effective voice for employees matters, because care workers linked being 'heard' to a range of other positive fair work outcomes, in terms of trade unions negotiating for better income security; but also opportunity (in relation to opportunities to learn from and share ideas with colleagues and supervisors during engagement events, which may in turn support feelings of fulfilment); and feeling confident in being able to handle issues around respect in the workplace.

2.7 Fulfilment

The Fair Work Framework notes that “fulfilling work can be an important source of job satisfaction individually and collectively” and is often rooted in “the opportunity to learn, to use talents and skills, to engage in challenging activities, to solve problems, to take responsibility and to make decisions” (Fair Work Convention, 2016). Having access to meaningful and fulfilling work can be a crucial facilitator of commitment and discretionary behaviours among employees. How people answer questions about their sense of fulfilment in the workplace has also been identified as a predictor of wellbeing.

Previous research conducted with care workers has found that they see intrinsic rewards around fulfilment are a particularly important component of job quality, much more so than for workers in other lower paying sectors such as retail (Devins et al., 2014). Care workers gain considerable self-worth from the sense that they were making a difference to service users' lives. Moreover, job quality in care work is seen to include the capacity of workers to have sufficient autonomy and levels of task participation to respond to changing user needs.

The intrinsic value of care work emerged as of considerable importance in our survey research. Among survey respondents across our organisations, 71% thought that their workplace provided jobs that are meaningful, providing most or all employees with a sense of purpose (28% thought that this was the case for only some employees). More than three-quarters of survey respondents described themselves as satisfied or very

satisfied in their work. More than four-fifths of survey respondents agreed that sharing the values of their care organisation was an important personal motivator.

Figure 2.7: Percentage of social care workers agreeing that "jobs here are meaningful and provide employees with a sense of purpose"

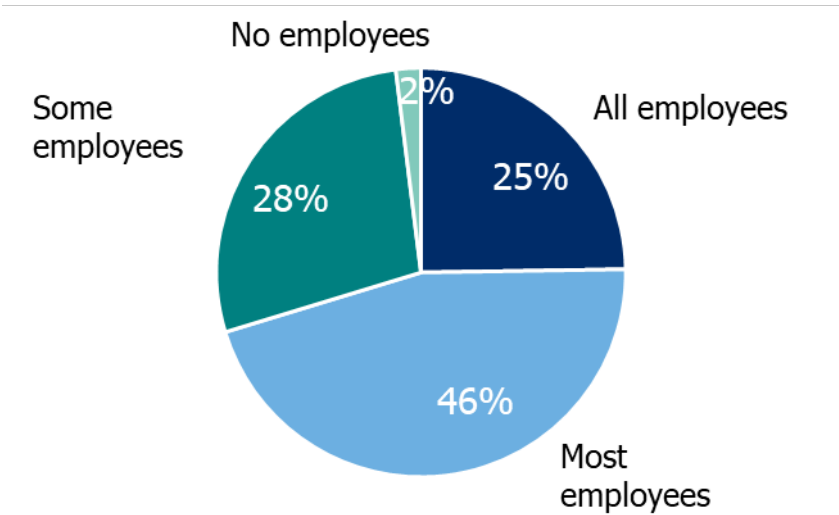
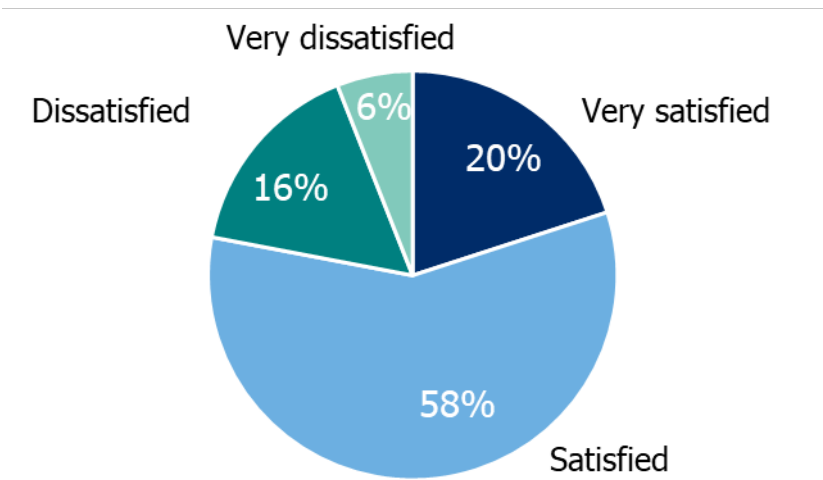


Figure 2.8: Percentage of social care workers satisfied with their job overall



Our interviews with care workers pointed to the esteem associated with the sense of making a difference and responding to individual service users’ needs, and how workers valued offering both practical and emotional support for people who might otherwise be socially isolated. When asked about the best features of their work, care workers tended to refer to specific examples of fulfilment linked to feeling that they had delivered excellent care for service users.

I work in supported living accommodation with six adults, all completely different. And basically, we support them to have a normal life. It's so very rewarding... It's a really good job, really good.

Care worker, SupportOrg

Other care workers similarly spoke of value of receiving positive feedback from service users, and the feelings of motivation and commitment that followed.

That's just given me more drive. I'm like, right, what's next? I just love it. I honestly can't explain it. I do just love my job.

Care worker, LearnOrg

All the people [service users] praised me for what a good job that I did and that just made me feel like I was right up here. That was such a good feeling that, you know, to know that I'm appreciated...

Care worker, SupportOrg

For employees delivering care-at-home services in our independent sector organisations, the idea of helping vulnerable people to live independently and therefore making a difference was a specific recurring theme.

It's nice to be involved in people's lives and to walk away at the end of the day thinking you have made a positive difference.

Care worker, LocalCom

Care leaders participating in our workforce group discussions suggested that there was a need to celebrate the achievements of care workers more, and offered examples of care employers who regularly recognised the contribution of staff. Shortages of time and resources were again blamed for limits to the actions taken by care employers to promote the sector as a fulfilling place to work.

Key issue: Most care workers participating in this research found their work fulfilling and satisfying because of the intrinsic value of engaging with service users and delivering excellent care.

Recommendation: Policymakers and funders should support efforts by care organisations and partners to communicate that care workers experience high levels of fulfilment and find their work meaningful. Communicating the positive dimensions of fair work found in care work may help to attract more people to the sector, reducing pressures on the existing workforce.

In terms of **fair work practices** supporting fulfilment, organisational leaders and care workers tended to again focus on the job content of care work. Nevertheless, when asked about strategies to support fulfilling work, leadership team members at SupportOrg felt that a strengthening of individual autonomy and teamworking had the potential to “empower” employees by enhancing their sense of “control over their work”. YouthOrg leaders similarly felt that they were contributing to employee fulfilment by devolving decision making in the hope that care workers would experience “empowerment from a greater level of autonomy”.

Care workers interviewed for the research were broadly supportive of the level of autonomy they had in engaging with service users. Some gave examples of having substantial autonomy to shape their work to service users’ needs. They took considerable fulfilment in drawing on their own abilities and interests, and having the capacity and autonomy to connect with service users’ interests and needs. Some also gave examples of being able to flexibly link together hours of care in order to support service users for longer periods if required.

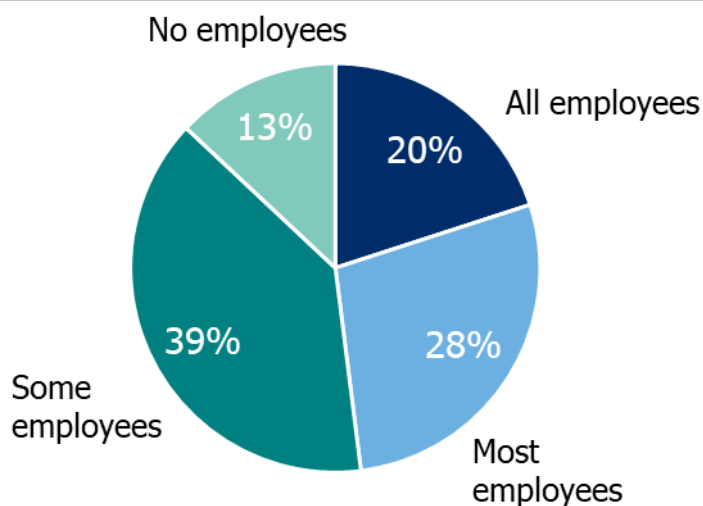
A person I support, five [hours of care] is normal for him, but if we can go up to six we can do things like go to Edinburgh to the national museum... He likes art. He likes to pick things that he likes to see... today I have been gardening... whatever the person I am supporting wants to do. Once you're up and running they keep an eye on you, but you are autonomous.

Care worker, LearnOrg

However, both our interviews and survey research identified concerns among some care workers that work pressures could impact negatively on their ability to work autonomously and engage with service users. For example, when asked as part of our

survey if there was sufficient time to reflect on their work and solve problems, less than half of care workers thought that this was the case for most or all colleagues.

Figure 2.9: Agreement with ‘Our employees have enough time to reflect on their work and propose solutions to problems’



Certainly, in our interviews with care workers, a lack of time for reflection and work pressures associated with absence and/or staff shortages were sometimes viewed as undermining the fulfilment associated with engaging with service users.

We're a bit short-staffed... it's been that people have found other jobs, or are on maternity leave, or are on holiday, you find yourself very poorly staffed, it is really difficult... I can't remember the last time we had too many staff, or even the right number... Sometimes you're so busy trying to get things done for them that you don't have time to speak with them [service users], just take an interest in them.

Care worker, AgeOrg

The contracts and therefore types of care work delivered by organisations may have the potential to constrain care workers' experiences of fulfilment. Much of the care delivered by most of our organisations was based on commissioning that allocates a set number of hours of care. This approach to delivery defined by hours of care sometimes contributed to a sense of frustration, undermining the fulfilment of care workers who were concerned that they were not spending enough time with service users. This was particularly the case for staff at HomeOrg, a care-at-home provider

whose staff are required to deliver multiple, relatively short care visits to the homes of elderly or disabled people.

Some folk only get allocated a certain amount of time, and we'll go in and say "we can't possibly do it in that time", and we're running over our time with them. We'll keep phoning and saying "they need more time", so [our team leader] phone's social work, and hopefully it gets allocated. If we don't say anything, it won't get changed. Other service users get upset because they think you've forgot about them, and it can take the rest of the day to catch up.

Care worker, HomeOrg

Previous research has suggested that these models of care provision can be stressful for care workers, who are sometimes required to rush between strictly timed appointments, and can experience frustration that they are unable to spend more time with service users (Cunningham et al., 2015). This was acknowledged as problematic by leadership team members at HomeOrg. As noted above, organisational leaders spoke of a reluctance to continue to pursue contracts offered by local authority funders that involved delivering short, time-based interventions with service users.

We did have a home care contract, large home care contract... which we don't have anymore, and that involved call monitoring by the minute, so we were getting paid literally by the minute, and that wasn't fair to colleagues, because that pressure that they were under... it's not helping someone live a valued life.

Leadership team, SupportOrg

During our research with independent sector organisations, leadership team members at MobileCom similarly spoke of problems with the increasing use of electronic monitoring, which meant that any time programmed but not spent with service users was deducted from payments to the provider. This practice intensified pressure on providers and staff to arrive and leave at exact times when delivering care-at-home, rather than being able to respond flexibly to service users' needs. Such contracts that seek to specify precise times for, and durations of, care-at-home visits may undermine the sense of meaning that many people find in care work.

Reflecting on these issues, many organisational leaders and managers argued for a model of commissioning that focused on outcomes rather than hours of care as being important to maintaining the fulfilling elements of care work.

What we want to do is commission on the outcomes, so... then the whole point is that you've got this upskilled workforce that can work with that individual and look at creative ways of meeting those outcomes for that person without saying, "It needs to be done within 15 hours a week," or whatever it is.

Leadership team, SupportOrg

Similarly, care leaders participating in our workforce group discussions highlighted the tension between contracts that stipulate how long care workers should spend on tasks with service users, and the desire to deliver care and engage with people that motivates staff.

It's a commitment-based job, but the organisation of work is being done through 'time and task'.

Recommendation: The stress involved in having to curtail time with service users has the potential to undermine the sense of meaning and fulfilment enjoyed by care workers and may impact negatively on their wellbeing. Care organisations should therefore ensure that staff have sufficient time to engage with service users.

Recommendation: Funders should review the use of electronic monitoring as a means of allocating payments to providers based on a strict assessment of the time spent with service users. There are concerns that such monitoring tools are not an effective way of allocating payments to providers, militate against the delivery of personalised care, and risk undermining care workers' sense of fulfilment in their work.

2.8 Teamworking to support fulfilment

The Fair Work Framework notes that there can be benefits where “there has been a move from a ‘silo culture’ to one of teams” that support “innovation and fulfilment” (Fair Work Convention, 2016). A number of care provider organisations have initiated experiments with the establishment of increasingly devolved teamworking as a means of delivering improved autonomy and new opportunities to collaborate and innovate for care workers. Leaders in those provider organisations that had supported new forms of teamworking argued that there was scope in such models to contribute to fulfilling work. For example, LearnOrg has sought to ensure that service users have a sense of control over their care, while also attempting to support employees to be able to co-produce services by encouraging them to take ownership of how they plan their work with service users.

Part of our [work redesign project] was all about giving the frontline workers more autonomy and more empowerment, and them actually working out rotas and whatever amongst themselves... There is still first line managers there, but in terms of the personal responsibility, then it's what is the best way to offer the support for that particular person, because the people we support have got different likes and needs.

Leadership team, LearnOrg

Part of the rationale for such proposals draws on an emerging evidence base from abroad that devolving decision-making and day-to-day leadership to care workers and teams can improve employees' sense of autonomy and empowerment (Kreitzer et al., 2015). For some care workers interviewed for the research who had direct experience of involvement more autonomous teamworking, there were potential benefits in terms of enhanced levels of control and responsibility (which were seen as broadly positive) and an increased sense of collaboration and control over practical issues such as the organisation of shifts and specific work tasks, the identification of training and supervision needs, and the establishment of peer support and buddying networks.

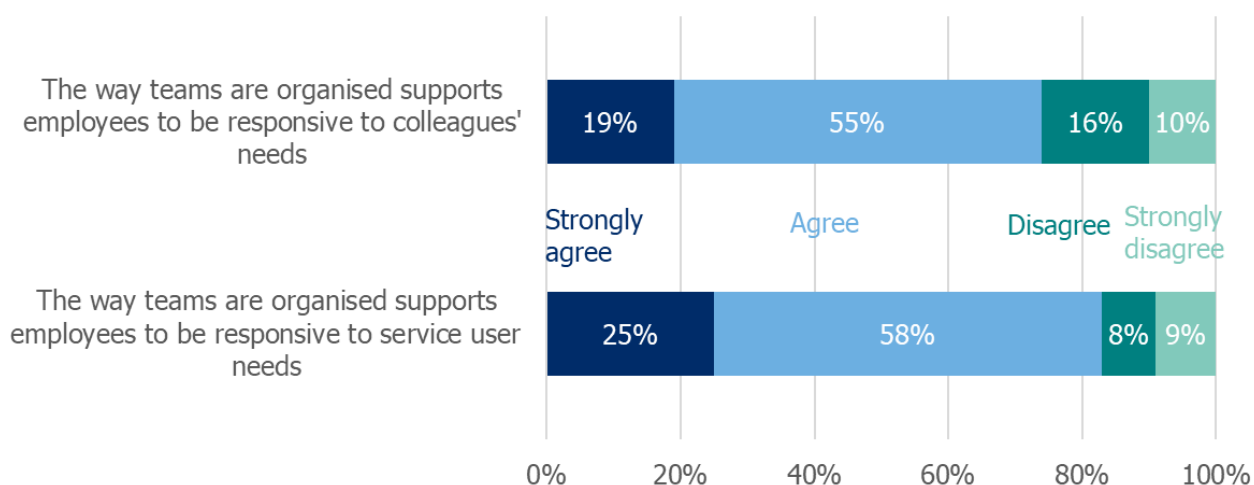
We are a really good team... it is going well... Because we can do our own shifts, and everything, and we can see if someone's off, we can just look at that and see, you know, who we can call on... we have meetings where we see what's working, and what's not working.

Care worker, SupportOrg

Another care worker spoke of the positive benefits of more autonomous teamworking, but highlighted the need to ensure that taking on additional responsibilities at team level did not eat into the time that care workers were able to spend with service users, which (as noted above) was seen as crucial to the fulfilment and meaning that colleagues derived from their jobs.

We asked a series of survey questions to gauge more broadly all care workers' views of the extent to which teamworking in their organisation contributed to experiences of fulfilment and perceived job quality. Across the total sample, findings were broadly positive. Approximately three-quarters of survey respondents agreed or strongly agreed that the organisation of teams within their workplace supported employees to be responsive to each other's needs. More than four-fifths of the sample agreed or strongly agreed that the way that teams were organised in their workplace supported colleagues to be responsive to the needs of service users.

Figure 2.10: Team organisation



In organisations that had established new team structures, and in those that had maintained existing team arrangements, care workers spoke of the value of being able to work collaboratively, share ideas and call on the support of their colleagues.

I love my jobs to bits, really I do, and it's great fun. Basically, that's it... It's just like a big family... we just get on so well... we communicate with one another... it's just a great job.

Care worker, SupportOrg

Accordingly, current team structures were seen as valuable by care workers as a source of mutual support, and a means of collaborating to deliver excellent care – for many this was important to the fulfilment that they gained from care work. There may be value for fair work, therefore, in continuing to support and learn from efforts to develop effective teamworking. The Fair Work Framework notes the value of “having some control over their work and scope to make a difference” as an element of fulfilment at work, so there may be benefit in team structures that enhance care workers’ sense of control (Fair Work Convention, 2016). But care workers were clear that sufficient resources were essential to ensure that projects designed to empower teams delivered benefits for employees and service users.

Recommendation: Care organisations and partners should continue to share evidence on good practice and challenges associated with developing and supporting effective teamworking. While there is potential for empowered teams to offer additional opportunities for fulfilment, we need to understand what sort of resources are required to ensure that care workers are adequately supported.

In summary, our research confirms the importance of the intrinsic value and meaningfulness of care work as a source of fulfilment for care workers. Many of the care workers responding to our survey identified specifically with the values of working for a care organisation. Our interviewees valued the fulfilment inherent in delivering care well. The intrinsic value of care work matters, because research suggests that finding meaning in their work helps care workers to cope with pressures associated with the challenging nature of jobs in the sector. However, these same coping

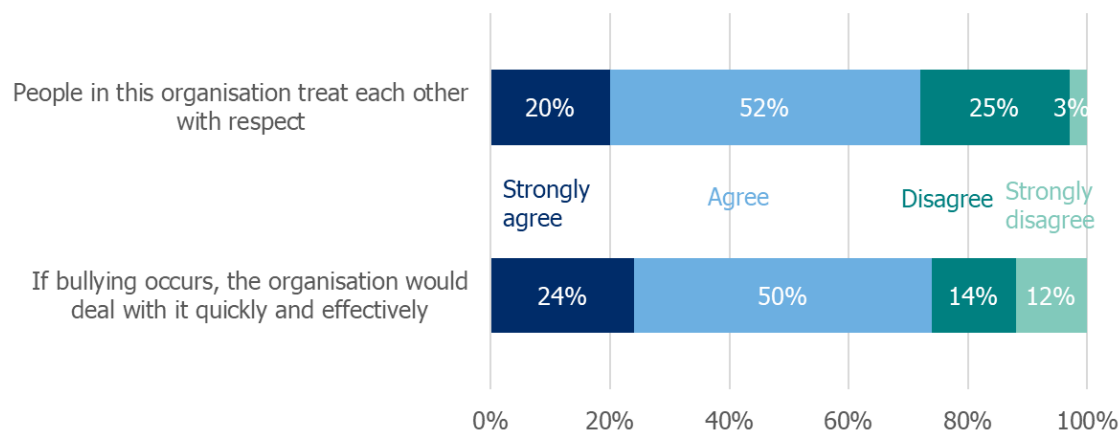
mechanisms can normalise and legitimise overwork and burnout and therefore bring risks of self-exploitation among care workers that may undermine their wellbeing (Cunningham et al., 2015). Enabling care workers to work more autonomously and collaborate within teams has the potential to help maintain feelings of fulfilment, but only if employees have access to sufficient resources and support.

2.9 Respect

The Fair Work Framework notes that: “Respect involves recognising others as dignified human beings and recognising their standing and personal worth... Mutual respect is an important aspect of everyday social exchange and is a crucial element of relationships in the workplace where a significant proportion of life is spent” (Fair Work Convention, 2016). The Fair Work Framework also highlights that, at a basic level, respectful treatment requires that the health and wellbeing of employees is a priority. Recent research has acknowledged the urgent need to ensure that the (especially mental) health of the social care workforce is supported through effective workplace wellbeing practices (Scottish Care, 2017).

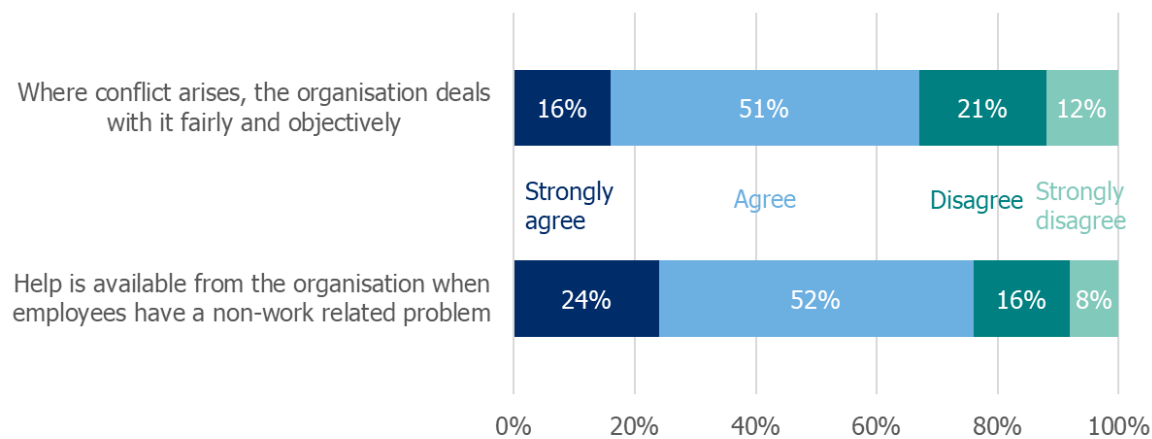
Our survey with care workers included a basic statement asking them to reflect on whether “people here treat each other with respect”. The results were broadly positive – 72% of all care workers responding to our survey agreed that most or all colleagues treat each other with respect. Approximately three-quarters of care workers responding to our survey felt that their organisation would deal quickly and effectively with bullying (although there should be some concern that more than one-quarter disagreed with this statement). Two-thirds of care workers surveyed agreed that if conflict arises, it is dealt with fairly. More than three-quarters of survey respondents agreed that “help is available from the organisation when employees have a non-work related problem”.

Figure 2.11: Respect



In terms of **fair work practices**, our interviews identified a range of strategies designed to support respect in the workplace. In SupportOrg, leadership team members described a range of support mechanisms for people experiencing bullying and/or whistle-blowers: access to a confidential helpline; counselling; and awareness raising on formal grievance procedures. A staff member at SupportOrg welcomed the organisation’s dissemination of an easy-to-follow flowchart informing staff how to raise concerns in confidence. Similar, confidential support for workers experiencing bullying were described in LearnOrg and YouthOrg. Leadership team members at SupportOrg described investing in training to develop expertise in mediation and conflict resolution. Our care worker interviewees were aware of these processes and services, although none reported having direct experience of bullying or other inappropriate behaviours.

Figure 2.12: Help with conflict and problem resolution



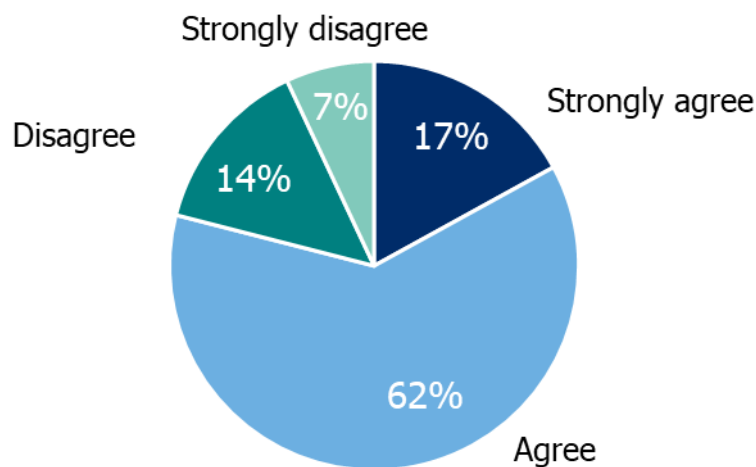
Findings on respect were similarly positive in our independent sector research – our care worker respondents at all three organisations were able to describe processes for raising concerns about working relationships or care delivery. All organisations had procedures in place to address bullying or whistleblowing issues, and all the staff who we engaged with were aware of these procedures. Staff at MobileCom spoke of more formalised mediation sessions that could be accessed to resolve (rare) cases of workplace conflict. CareHomeCom staff in one of our focus groups highlighted the value of buddying during induction as a means of initiating lasting positive relationships and ensuring that new care workers were integrated effectively into their teams.

More broadly, some interviewees across all organisations spoke of more informal but established practices that contributed to a sense of respect in the workplace. For example, in interviews, care workers sometimes gave examples of managers and colleagues providing informal support and being helpful in rearranging shifts in response to childcare responsibilities, family commitments or bereavement.

Recommendation: Care organisations should continue to develop and share good practice in relation to dealing with bullying and promoting respect in the workplace.

As noted above, a most basic aspect of treating employees with respect perhaps reflects steps taken by employers to help their staff manage stress and maintain wellbeing. Survey respondents were mainly positive about workplace practices within their organisations. For example, almost four-fifths of respondents believed that their organisation took practical steps to provide employees with a healthy workplace.

Figure 2.13: This organisation takes practical steps to provide employees' with a healthy workplace



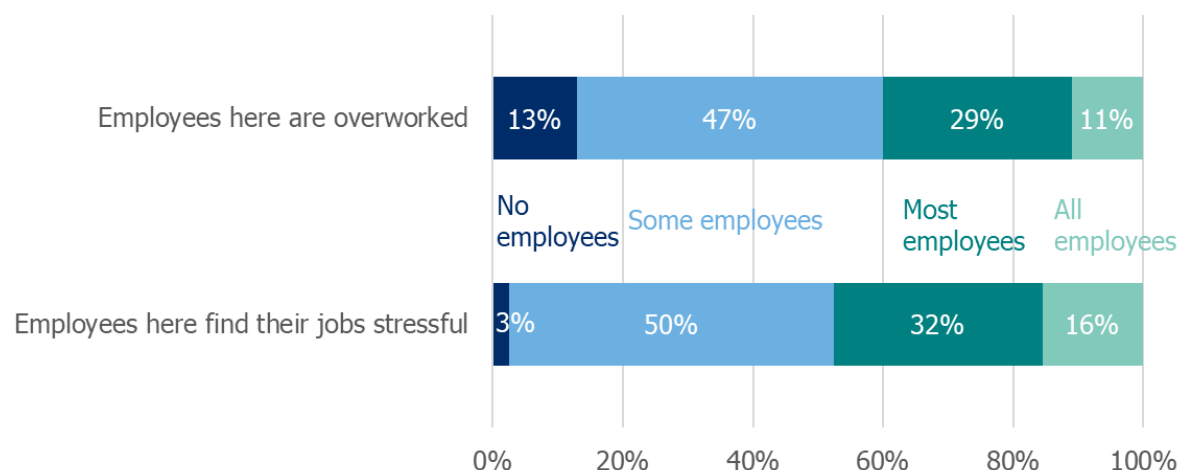
In terms of **fair work practices**, our interviews again identified a range of relevant workplace strategies. In interviews, care workers demonstrated an awareness of a range of wellbeing interventions, including counselling and employee assistance programmes. Staff at SupportOrg spoke of a number of wellbeing-focused initiatives ranging from a subsidised cycle to work scheme and discounted gym membership to access to counselling and an employee assistance programme helpline. One care worker spoke of the value of being able to take up the offer of confidential counselling with an external, independent practitioner. Leadership team members at LearnOrg described a “health fund” to support staff to access additional wellbeing support. Care workers at SupportOrg had been offered, and participated in, mental health first aid training.

Care workers at our independent sector organisations reported fewer established practices to alleviate stress or promote wellbeing. Nevertheless, there were some examples of good practice. Members of the leadership team at MobileCom described resourcing counselling for staff when needed. While current wellbeing practices were limited at CareHomeCom, leadership team members described an ambitious agenda for the next two years and beyond, to build the organisation’s capacity to engage staff on wellbeing and mental health issues. Plans were being developed to deliver healthy eating, mental health awareness and blood pressure awareness learning. However, employees consistently emphasised that they relied upon support from colleagues, supervisors and managers to cope with stress or the emotional impacts of work.

Recommendation: There is a need for care organisations to continue to resource and share good practice on existing health and wellbeing services run for care workers.

Nevertheless, across all participating organisations, care workers raised some potential concerns around the levels of stress, sometimes linked to overwork among frontline staff. The vast majority of respondents thought that at least some colleagues found work stressful; with almost half saying most or all employees experienced stress. In addition, two-fifths of respondents thought that most or all colleagues were overworked.

Figure 2.14: Proportion of organisations where workers feel overworked and stressed



Key issue: Many care workers participating in this research thought that most or all of their colleagues found their work stressful.

These findings reflect the pressures and demands of care sector, and should send a clear message to policymakers and funders about the need to support care employers and their staff. In interviews, care workers described a range of factors contributing to stress: the demanding nature of care work, and the desire of care workers to do their job well; the limited time sometimes available to deliver care; and (in some cases, crucially) understaffing and the need to take on additional hours for financial reasons, both of which fed into overwork.

Interviews with care workers sometimes also saw them focus on staffing problems as a particular source of workplace stress. For example, a number of care workers recounted examples where colleagues could feel pressured to cover absence among members of their team. It was suggested that experiences of stress and tiredness were common where staff were required to provide cover at short notice.

The weekend's more stressful, because obviously you've got less staff... If someone phones in sick on a Thursday [team leaders and coordinators] have to still get cover, and make sure everybody still gets their care. Sometimes pushing people in to cover, that can be stressful. You're trying to give people the best care they can get...

Care worker, HomeOrg

I ask for 20 [hours]. They were very short-staffed for a while and some weeks I was doing 30, 32, 37 one week. They've got passed that...

Care worker, LearnOrg

There was a sense that such sporadic experiences of overwork and tiredness were accepted as 'part of the job' by some care workers.

There's always extra hours going, cause there's always someone phoning in sick, or an extra care package that they need to start ASAP. There's loads of overtime if you want it. Sometimes too much! I'm on a zero-hours contract...I've not got any complaints. Just that sometimes it's a long day, but I'm sure everybody says that.

Care worker, HomeOrg

Finally, some care workers delivering care-at-home services described the stress involved in their constant worry about 'running late' during their run of home visits. Given their workload, (in some cases) their reliance on colleagues to work collaboratively to deliver care, and the complexity of the services being provided, the risk of running late loomed large in some care workers' minds, and was a source of stress and worry.

Getting in contact with people can be quite difficult... If you get to a house and maybe someone's running late. Sometimes you're doing single people, but sometimes you're doing double-ups, you're maybe waiting on another girl and they're maybe

running late, but you don't know that... Or, for instance, if there's an accident happens, or you can't get hold of somebody, or you need to get a doctor in – you're running late.

Care worker, HomeOrg

Recommendation: Care organisations and partners should share information (and potentially commission additional research) on the causes and consequences of stress among the care workforce. Although staffing shortages and workloads are likely to be key causes of stress, there is a need for further research on how, alongside investment in staff, organisations can best identify the problem and assist care workers to manage stress.

Our findings on the respect dimension of fair work, like many of the other elements of an approach to fair work in the social care sector, were somewhat mixed. On the basics of levels of mutual respect among colleagues and between employees and managers, the findings were broadly positive. However, findings on perceived levels of stress and overwork should raise some concern. Care workers thought that many or most or all of their colleagues experienced stress and overwork, and told stories of how their commitment to service users would often result in workers accepting additional hours. Our research adds to recent evidence gathered by Scottish Care on the pressure exerted on the wellbeing of the social care workforce (Scottish Care, 2017). There also appears to be a connection to the issues discussed earlier in this report in relation to income and hours security (i.e. low pay). How social care is seen by some outsiders – as a low paying sector – feeds into recruitment and retention problems that impact many other dimensions of fair work, from opportunities to access supervision to the time and space to reflect and gain fulfilment from work. As we have seen above, staffing problems and work intensification may also directly impact negatively on the wellbeing of some care workers.

3. Conclusions and recommendations

In conclusion, we present a number of themes can be identified from the preceding discussion and restate the recommendations that we believe can be drawn from the research.

3.1 Review of findings and recommendations

First, in relation to the **security** of their income and work, many care employees viewed pay as unfair compared with other jobs in their local labour market. Most care employees responding to our survey were not always able to meet basic needs with the pay and hours of work provided. Our interviewees and focus group participants expressed concern that their skilled work was not matched by better pay. Some raised other problems such as not being fully reimbursed for travel costs or work-related phone use. It was also clear that low pay impacts on many other aspects of fair work: resulting recruitment and turnover problems can lead to understaffing and work intensification (something that frontline staff were well aware of), and care workers' need to take on additional hours can feed into overwork and stress for some. Some care workers also raised concerns about the limited pay increases available for taking more senior or team leader roles (which has been an unintended consequence of paying care workers the Living Wage) – there may be a need for care organisations to reconsider pay progression structures in order to provide incentives for frontline staff to seek promotion.

Evidence of fair work practices around income security – beyond paying the Living Wage – was limited. Rather, senior managers participating in our research concurred with the view that low pay was a problem. As a designated low paying sector (Low Pay Commission, 2017), social care continues to struggle to recruit staff, who in turn struggle to make ends meet. It was agreed that improved pay must be a core component of a fair work agenda for the social care sector.

Recommendation: There is a need for the funding of care services to prioritise pay security as a central element of fair work for care workers. There is a need for agreement on what is an adequate level of pay for care work (covering all aspects of work, sick pay, travel and necessary expenses) and how we can ‘lock in’ pay security as part of a fair work approach within the commissioning process and reward strategies in organisations.

Recommendation: Care organisations need to consider the implications of pay differentials between care workers and more senior colleagues following the introduction of the Living Wage. Wherever possible, resources need to be made available to offer additional pay increments to employees adopting senior roles. This is necessary both to reflect their roles and responsibilities and encourage progression and recruitment into these roles.

In terms of security of hours and tenure, less than one-in-ten care workers participating in the research were on non-fixed hours contracts, but there was some evidence that moving to fixed hours contracts was beneficial in terms of income security and access to learning and development. All senior managers participating in the research were supportive of the idea of minimising the use of non-fixed hours contracts, which is to be welcomed given the inherent elements of insecurity associated with such conditions of employment.

Recommendation: Care organisations should be supported in moving relief or sessional staff towards minimum fixed-hours contracts. During the transition it is also important that non-fixed hours staff have access to learning and training opportunities, and that efforts are made to integrate these staff into teams.

Our survey research found that many care workers perceived work in the sector as insecure, although few of our interviewees or case study participants expressed concerns about their own position. The survey therefore appears to be picking up a general sense among staff of the financial insecurity that affects the sector. Some organisational leaders pointed to short-term commissioning practices as contributing to job insecurity (and, again, problems of recruitment, turnover and retention). There were examples of fair work practices designed to mitigate concerns around job insecurity, for

example by engaging in workforce planning and identifying redeployment opportunities. However, a key finding clearly relates to the need for stable, long-term funding for the care sector that delivers a secure employment environment for care workers.

Recommendation: Care organisations should continue to develop and share good practice in workforce planning, particularly practice in mitigating the risk of redundancy or voluntary turnover as contracts come to an end by identifying redeployment and reskilling opportunities.

Recommendation: There is a need for the funding of care services to prioritise improved security of tenure for care workers. The appropriateness of contract durations and retendering exercises, and how these feed into job insecurity, should be considered by funders and policymakers.

In terms of the **opportunity** dimension of fair work, our survey research highlighted that many care workers thought that opportunities for career progression in the sector were limited. Some leadership team members acknowledged the challenge associated with encouraging staff to see social care as a career, and there may be benefit in strengthening practice-sharing in this area. Care workers interviewed for the research were often very positive about the learning and training on offer from employers. We identified examples of fair work practice, with employers offering a range of training and e-learning options; and growing their capacity to deliver learning through 'Train the Trainers' initiatives. But there was some evidence from our interviews and focus groups that work pressures could mean that staff struggled to balance work and learning commitments. There is a clear need to maintain and share the existing good practice around training and development in the sector, while seeking to ensure that staffing and other resources are in place so that care workers can balance work and learning commitments.

Recommendation: Care organisations should share good practice on the building training capacity (for example through 'Train the Trainers' initiatives), and consider opportunities for resource-sharing and cost-sharing to reduce the cost of delivering training.

Recommendation: There is a need for sufficient resources to assist care organisations to fully resource training, and time off for training. It is important that care organisations have the resources to help to free up staff time and reduce pressures associated with losing staff to training. There may also be value in exploring how online portals such as FutureLearn can be used to support access to flexible learning for care workers.

Our survey research and interviews found that care workers valued supervision as a source of support and an opportunity to reflect on practice. This was seen as particularly important given the challenging nature of care work and the manner in which some care workers experience long periods of lone working. There were some concerns among survey respondents about the time and resources available for regular supervision. This leads us to conclude that the need to resource and support supervision should be 'locked in' to considerations of funding and commissioning.

Recommendation: Care organisations should ensure that supervision is adequately resourced. Care organisations and stakeholders should establish mechanisms to share good practice in relation to supervision tools and practice.

Recommendation: Funders, key stakeholders and care organisations should work together to ensure that high quality supervision is fully costed and supported in contracts to deliver care. There may be value in further research on what best practice in supervision looks like and identifies a unit cost that can be 'hardwired' into contracts.

Opportunities for collective **effective employee voice** were sometimes limited according to care workers responding to our survey research. While both care workers and leadership team members acknowledged a range of fair work practices designed to engage employees, there was sometimes a sense that opportunities for staff to be 'heard' and influence management decision making were limited. However, there were also examples of good practice, strongly supported by care workers, where regular

team meetings, idea-sharing sessions and the use of social media were seen as helpful in sharing ideas and concerns.

There is scope to share and build upon good practice in employee engagement and voice exercises, particularly given that many of our interviewees and focus group participants were enthusiastic to embrace opportunities to share practice. There is also a need to ensure that employee voice mechanisms engage with a workforce that is often dispersed and faces considerable work demands; and it is important that, where trade unions represent care workers, there is the fullest possible dialogue and partnership with employers. This is particularly important, because our interviews and focus groups suggested that where care workers felt they had voice and were being 'heard', other positive fair work outcomes tended to follow, whether in the form of trade unions negotiating for better income security, or benefits from more informal voice mechanisms, such as improved opportunity to learn as a result of team engagement events, or feeling confident in voicing issues around respect in the workplace.

Recommendation: Care organisations should continue to ensure that formal structures for partnering with trade unions are maintained and that union representatives and members are fully involved prior to and throughout organisational changes and in order to inform fair work strategies. The Fair Work Framework notes that more extensive union recognition and collective bargaining at workplace and sector level is important to improve voice in Scottish workplaces, and so any barriers to trade union recognition should be addressed.

Recommendation: Care organisations should ensure that employee voice mechanisms (such as forums and engagement events) are supported, and that there are clear mechanisms to ensure that employees' inputs are 'heard' and, where appropriate, actioned. Care organisations should share good practice in employee engagement and voice activities, such as structured feedback and idea-sharing sessions or the use of digital and social media to facilitate feedback.

Our survey and interview research reiterated that care workers see their work as valuable and meaningful and as a result gain **fulfilment** from their jobs. Clearly, the social care sector's representatives need to continue to communicate the value of care work (and that care work is considered valuable by those who do it).

Recommendation: Policymakers and funders should support efforts by care organisations and partners to communicate that care workers experience high levels of fulfilment and find their work meaningful. Communicating the positive dimensions of fair work found in care work may help to attract more people to the sector, reducing pressures on the existing workforce.

There was an acknowledgment in some of our interviews that work pressures, and especially having insufficient time to engage with service users, could undermine feelings of fulfilment. Care leaders also expressed concern about the increasing use of electronic monitoring to tightly control the time care-at-home workers spent with service users. The care workers who we spoke to working under such controls agreed that feeling time-constrained in their work could be a source of stress and undermine fulfilment.

Recommendation: The stress involved in having to curtail time with service users has the potential to undermine the sense of meaning and fulfilment enjoyed by care workers and may impact negatively on their wellbeing. Care organisations should therefore ensure that staff have sufficient time to engage with service users.

Recommendation: Funders should review the use of electronic monitoring as a means of allocating payments to providers based on a strict assessment of the time spent with service users. There are concerns that such monitoring tools are not an effective way of allocating payments to providers, militate against the delivery of personalised care, and risk undermining care workers' sense of fulfilment in their work.

Care workers responding to our survey across a range of organisations saw their team as a source of support in responding to the demands of their own work and service users' needs (therefore potentially contributing to the fulfilling aspects of care work). Some of the organisations that we worked with were committed to the establishment of devolved teamworking structures, which leadership team members argued could deliver improved autonomy and empowerment for staff. Clearly, there is a need to consider carefully how effective teamworking can deliver mutual support and thus

contribute to a sense of meaning and fulfilment in care work, and what resources are required to ensure that care teams can work with an appropriate level of autonomy.

Recommendation: Care organisations and partners should continue to share evidence on good practice and challenges associated with developing and supporting effective teamworking. While there is potential for empowered teams to offer additional opportunities for fulfilment, we need to understand what sort of resources are required to ensure that care workers are adequately supported.

Findings on the **respect** dimension of fair work were broadly positive. Most of our survey respondents thought that colleagues treated each other with respect and reported high levels of job satisfaction. Survey respondents were also broadly positive that their organisation would deal with bullying or conflict in the workplace effectively. This is clearly an area where investing in good practice and effective processes matters – the care workers participating in our interviews and focus groups were able to identify fair work practices promoting respect and combating inappropriate behaviour; and there was strong awareness of processes through which concerns could be raised.

Recommendation: Care organisations should continue to develop and share good practice in relation to dealing with bullying and promoting respect in the workplace.

However, most of our survey respondents also identified problems of stress and overwork among some colleagues, and interviewees spoke of the pressures associated with having to cover colleagues as a result of absence or staffing shortages. Although interviewees reported a range of fair work practices in the form of wellbeing interventions, concerns around stress and overwork should be a priority for policymakers, funders and care organisation leaders. Our research adds to an existing evidence base suggesting that there is a need to maintain and share good practice on wellbeing strategies, but also to investigate further the causes of, and appropriate responses to, stress at work (Scottish Care, 2017).

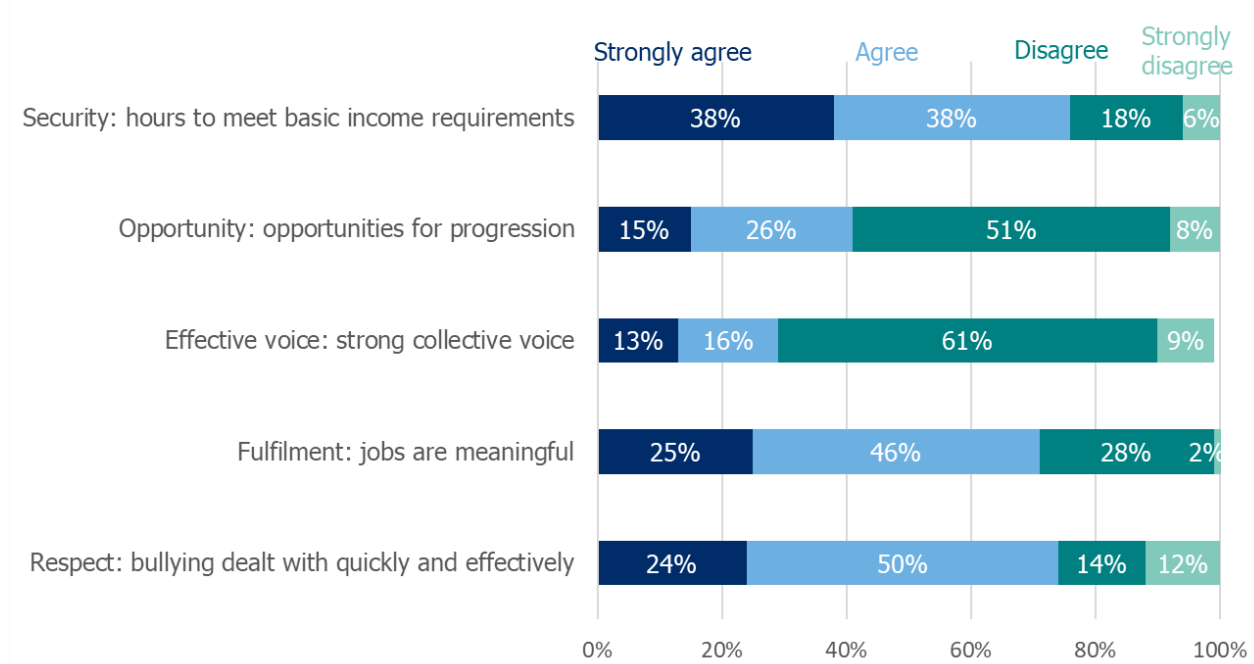
Recommendation: There is a need for care organisations to continue to resource and share good practice on existing health and wellbeing services run for care workers.

Recommendation: Care organisations and partners should share information (and potentially commission additional research) on the causes and consequences of stress among the care workforce. Although staffing shortages and workloads are likely to be key causes of stress, there is a need for further research on how, alongside investment in staff, organisations can best identify the problem and assist care workers to manage stress.

3.2 Key challenges for fair work in social care

In conclusion, our research with care organisations, their leaders and employees has identified a number of potential priorities for action if we are to implement fair work in the sector. A very brief precis of a few of our survey outcomes reminds us of how evidence of fair work practice was relatively positive across some dimensions of the Scotland's Fair Work Framework, while there is still work to do in relation to other dimensions – for example, care workers tended to find meaning and fulfilment in their work and for the most part identified a culture of respect in the workplace; valued opportunities to learn, but were more sceptical about career pathways; and felt that there was strong collective voice for only some colleagues. This latter finding is important because improving employees' sense of voice has the potential to drive change in other dimensions of fair work. Finally, in terms of the security dimension of fair work, most of the care workers who we engaged with sometimes struggled to make ends meet with available pay and hours of work.

Figure 3.1: Summary of key indicators of fair work



Indeed, perhaps most importantly, this report adds to an existing evidence base on the need for a shift in how social care is funded. Many of the fair work challenges identified in the sector are clearly rooted in resource shortages. Low pay makes it difficult for some workers to make ends meet, encourages overworking and feeds into recruitment and staffing problems that add to stress in the workplace. Broadly felt concerns about the financial sustainability of care organisations appear to feed into perceptions of job insecurity among employees. And we should be concerned that many of the positive experiences of fair work in the sector – a strong focus opportunities for learning; the developmental benefits of effective supervision; and the sense of meaning and fulfilment workers’ gain from spending time with service users – are all limited by, and vulnerable to, the impact of resource constraints.

There remain aspects of fair work practice that all employers and stakeholders in the sector can work together to make progress on immediately. We know that effective voice mechanisms are an important component, and facilitator, of fair work. It is therefore important that care organisations and trade unions continue to work constructively and collaboratively to ensure that employees’ concerns are heard, and that there are consistent opportunities for staff to feedback ideas and issues. There is

also a need for all employers in the sector to ensure that employees' contracted hours are stable and as far as possible meet their needs in terms of pay.

To conclude by returning to some of the positive findings from our research on fair work in social care: we interviewed and surveyed social care workers who valued relationships of trust with their colleagues and managers; found meaning and fulfilment in delivering excellent care; and felt that their teams were a source of support for responding to each other's and service users' needs. There is an urgent need to arrive at funding practices, and associated workplace practices and social care jobs, that build on the positive experiences and high levels of commitment, meaning and satisfaction reported by many social care workers. Fully integrating Scotland's Fair Work Framework in the planning, commissioning and management of social care provision would appear to be a logical and important next step.

4. References

- Audit Scotland (2016) Health and Social Care Integration: Update on Progress, Edinburgh: Audit Scotland.
- Clarke, M. (2015) To What Extent A Bad Job? Employee Perceptions of Job Quality in Community Aged Care. *Employee Relations* 37(2): 192-208.
- Cunningham, I., Lindsay, C. and Roy, C. (2015) The View from Here: People's Experiences of Working in Social Services: A Qualitative Analysis, Glasgow: IRISS.
- Devins, D., Bickerstaffe, T., Mitchell, B. and Halliday, S. (2014) Improving Progression in Low-paid, Low-skilled Retail, Catering and Care Jobs, York: Joseph Rowntree Foundation.
- Eldh, A.C. et al. (2016) I Have the World's Best Job – Staff Experience of the Advantages of Caring for Older People, *Scandinavian Journal of Caring Sciences*, 30(2): 365-373.
- Fair Work Convention (2016) Fair Work Framework, Edinburgh: Fair Work Convention.
- Findlay, P., Lindsay, C., McQuarrie, J., Pascoe-Deslauriers, R., with Findlay, J., Smart, A. and Chalmers, D. (2016) Exploring the Evidence Base – Opportunities for Fair, Innovative and Transformative Work in Scotland, Glasgow: University of Strathclyde. https://innovatingworks.org.uk/dist/assets/FITwork_Y1_Research_Briefing_1.pdf (Accessed 1 November 2018)
- Kreitzer, M.J. et al. (2015) Buurtzorg Nederland: A Global Model of Social Innovation, Change, and Whole-Systems Healing, *Global Advances in Health and Medicine*, 4(1): 40–44
- Low Pay Commission (2017) National Minimum Wage: Low Pay Commission Report 2017, London: Stationery Office.
- Office of the Chief Social Work Adviser (2016) Social Work and Social Care Statistics for Scotland, Edinburgh: Office of the Chief Social Work Adviser.
- Scottish Care (2015) In the Front Line: Social Care Providers Survey Report on Recruitment and Retention, Glasgow: Scottish Care.
- Scottish Care (2017) Fragile Foundations: Exploring the Mental Health of the Social Care Workforce and the People They Support, Glasgow: Scottish Care.
- Scottish Care (2018a) The Experience of the Experienced: Exploring Employment Journeys of the Social Care Workforce, Glasgow: Scottish Care.
- Scottish Care (2018b) The 4 Rs: The Open Doors of Recruitment and Retention in Social Care, Glasgow: Scottish Care.

- Scottish Government (2018) Growing the Economy: Inclusive Growth, <https://www.gov.scot/policies/economic-growth/inclusive-growth/> (Accessed 1 November 2018)
- Scottish Social Services Council (2016a) Codes of Practice for Social Service Workers and Employers, Dundee: Scottish Social Services Council.
- Scottish Social Services Council (2016b) Scottish Social Service Sector: Report on 2016 Workforce Data, Dundee: Scottish Social Services Council.
- Scottish Social Services Council (2016c) Supervision: Learning Resource, Edinburgh: Scottish Social Services Council.
- Scottish Social Services Council (2017a) Workforce Skills Report 2016-17, Dundee: Scottish Social Services Council.
- Scottish Social Services Council (2017b) Care at Home and Housing Support - Getting Ready to Register, at <http://www.sssc.uk.com/registration/employers-responsibilities/care-at-home-and-housing-support-getting-ready-to-register> (Accessed 1 November 2018)
- UNISON (2014) Time to Care: A UNISON Scotland Report into Homecare, Glasgow: UNISON.



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