Call for Evidence: “Good Practice on In-Work Progression”¹

- This response is sent on behalf of the Sustainable Care: connecting people and systems research team.
- It was prepared by team members Dr Diane Burns, Dr Cate Goodlad and Professor Sue Yeandle at the University of Sheffield and Professor Shereen Hussein and Dr Agnes Turnpenny at the University of Kent.
- The response relates to questions in the Call for Evidence as they relate to the care sector.
- For further information please contact us via the Sustainable Care Programme Manager Dr Kelly Davidge: email: k.s.davidge@sheffield.ac.uk
- Our response may be made available to others; it does not contain any confidential information.
- Six ‘vignettes’ are included at the end of our response to illustrate individual care workers’ experiences.

THIS RESPONSE RELATES TO CARE WORK IN THE HOME CARE SECTOR IN ENGLAND

Care work in homecare is not homogenous; companies differ in the job quality they create. Improvements are possible, showing that pathways to significant progress in employment practices can be found.

Q1. What are the specific barriers to progression? Are transparent pathways to progression in place in different regions, and if not, why not? What constraints hold employers back from prioritising progression in their business models? How has the impact of COVID-19 changed attitudes to progression, if at all?

Barriers include:
- **Childcare issues** – senior care workers and area managers are required to cover care visits if they are unable to find someone to cover for illness or absence. This can create problems trying to arrange childcare or support for other caring responsibilities at short notice.
- **Some care workers do not want to move away from a caring role** into a more office-based role focused on admin or quality assurance involving paperwork and are not interested in progression as they believe this is what would be involved. They prefer to go to work, complete their shifts and spend non-work time with their families. They feel a senior role would affect their life outside of work, as it requires being on call, and completing paperwork in the evenings.
- **Senior roles offer very small pay differentials**, and thus little financial incentive to progress. They often involve substantially increased workload and responsibilities but offer little, if any, improvement in job quality. Even salaried area manager positions can be well below median national pay levels. Some workers have strong views, and feel this is a very unfair situation.
- **Management positions may require study for in-work qualifications**, however long working hours, and a lack of paid study time, put some people off. (See Vignette A2.) Progression is commonly from a care worker to a senior care worker role, based on acquisition of experience as a care worker. Progression to this role tends not to require additional qualifications, although this varies between employers.
- **Many homecare providers lack scope to offer a tiered progression structure**, as they are small or medium sized businesses. Some distribute responsibility for tasks to selected care workers without any increase in pay or progression to a more senior role.

Q2. Where progression pathways (etc.) have been instituted, what impact has this had on business – we particularly welcome case studies and examples.

We don’t have evidence in our studies to answer this, although we consider it an important question.

Q3. What are the benefits to business of identifying and nurturing existing talent? *What approaches do businesses use to achieve this and which are the most effective?*

*In our study*, homecare provider companies said that internal promotion, from within their workforce, was preferred, as staff were already *working in ways that aligned with company values and preferred ways of working*. Care workers who progress thus tend already to have demonstrated commitment to the company. In our case studies, some care workers who had progressed said they felt valued by their company. Research also shows, however, that many care workers struggle, and feel frustrated about the limited support and reward available for moving to senior roles.

Q4. *How important for progression is enabling and empowering people to change jobs compared to ensuring established progression pathways within specific employers/sectors? What are barriers to people in low pay from progressing by changing jobs and/or sectors? What interventions would best empower people to overcome these?*

*Please see the following vignettes for examples:*
A2 - changing employer to achieve progression
A3 - achieving progression by becoming self-employed
B1, C1 - progression within a care company

Q5. *What role does transport and connectivity play in workers in low pay not taking up higher paid jobs and other opportunities for progression such as training and apprenticeships? Do other considerations, such as childcare, play a role in not taking up higher paid jobs and opportunities that could be vital to progression?*

*Please see vignettes A1, B1, B2, where childcare is mentioned as an issue.*

Many care companies still *do not pay travel time or expenses for travelling between clients*. Care workers understandably prefer to keep their travel costs to a minimum, and *many look for local jobs* as a way of minimising such costs. More senior positions often require more travel, which can mean a senior care worker’s take home pay is lower than that of basic grade care workers.

Q6. *Women, younger workers, older workers, ethnic minority background workers, and disabled workers are identified as most at risk of staying in low pay. What are the reasons for this? At what stages would interventions help each of these types of workers seek out and avail progression opportunities?*

*Women, older workers and workers from some BAME groups are over-represented in jobs in homecare. Progression opportunities do not always deliver improved job quality.* Pay is only marginally higher and contractual improvements, such as sick pay, paid travel time, paid time for training are rarely offered.

Q7. *Do positive role models and mentorships offer those in persistently low pay the confidence and support to seek a way out of low quality, low pay jobs? We would welcome case studies and examples.*

*Please see vignette B1 where work shadowing is mentioned.*

Job shadowing is a common practice used to develop the skills and experience of care staff in homecare, and to help build a worker’s confidence to progress to more senior roles. In our case studies, *job shadowing was especially useful for people whose experience of formal education had been poor* and/or who reported a lack of self-belief in their abilities. *Typically, internal promotion does not provide a way out of low-paid work*, however, as the positions to which people can progress in homecare are also low paid with few improvements in job quality. In many companies, progression from care worker to senior care worker involves more responsibility but creates poorer work-life balance, because as responsibilities increase, more *unpaid* time is expected.

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Q8. How can we embed a culture of lifelong learning in our workforce?

The status of care work is a key issue:

There is little incentive to gain qualifications in a sector viewed as low status, and of low value by wider society. Most care workers talk about having the right personal qualities to care, rather than the right qualifications. Those working in care perceive it as involving highly skilled work, but workers tend not to view care work as a profession.

Care workers in our studies told us that building and deepening experience in care and caring is viewed and treated as more valuable than qualifications. Thus a culture of experiential learning is strongly embedded in the care workforce. Some companies offer training opportunities beyond the mandatory training required by law, but this training often has to be completed in a care worker’s own, unpaid, time.

The low status and low pay of care work are linked; low pay and additional costs (for individual workers) of studying for qualifications run counter to a culture of lifelong learning. Material changes to pay structures, and paid and protected time for study will be needed to embed a culture of lifelong learning.

We found evidence of many college and university students working in the care sector to supplement their income while studying. In some cases, these students arranged to use their care work settings for university placements (e.g. when studying in a related area, such as occupational health or nursing). At the end of their studies, these students intended to move into NHS or other health-related services, however, where pay, employment conditions and development opportunities are much better.

SIX VIGNETTES TO ILLUSTRATE INDIVIDUAL EXPERIENCES

The six vignettes below are drawn from data gathered in two Sustainable Care programme projects, ‘Delivering care at home: Emerging models and their implications for sustainable care and wellbeing’ and ‘Migrant care workers in the UK: an analysis of sustainability of care at home’. We thank our case study participants for sharing their stories (all names are pseudonyms).

A Care Workers

A1 ‘Rachel’ is a care worker with a company delivering publicly-funded care. She is a single parent and has two young children. She would like to earn more money, but is not interested in progressing to a senior care worker role in the company until her children are older. Rachel values not having to travel far from her home to do her job. This would change if she took a more senior position at the company. Also, she does not want the additional responsibility of having to be available to take and respond to the ‘out-of-hours phone or to cover for care visits, as it would be difficult for her to arrange childcare at short notice.

A2 ‘Timea’ moved to the UK from an EU country, exercising her right to free movement, in 2013. She has a business degree and previously worked in an office job in her home country. While still living there, she applied for her first UK job in the UK, with a homecare company. Timea moved to the UK without her husband and three children; their plan was that they would join her when she was settled and had managed to secure suitable accommodation. Two years later, her family joined her; her children now work and study in the UK. Timea remained in her first UK job for about 18 months, before moving to another company that was recruiting people to provide critical care at home (i.e. in the homes of people needing care). The company offered NVQ3 training, which Timea completed. She has been with this company for over five years. She likes her job, especially the longer shifts the work involves, and that it does not require her to drive from client to client. She is on a zero-hours contract, however, and often works very long hours. She would like to do a Level-5 qualification and move to a senior or managerial role with less unsocial hours, and use some her other skills.

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A3 ‘Ausra’ has a degree in social work. She moved to the UK seven years ago, exercising her right to free movement in the European Union. She found her first job with a live-in care agency two months after arrival. She stayed with the agency for two years, but found there was less and less work available for her as the company was expanding and taking on new care workers. She had a zero-hours contract and often spent weeks without work and pay, waiting for placements. By this time, her English had improved and she had a better understanding of how the system worked, so Ausra decided to become self-employed. She says “I thought I could do better working for myself”. She has been self-employed for over five years and enjoys working independently. She also feels that her work-life balance and financial situation has improved. Ausra plans to stay in the UK and become a British citizen, but does not see herself doing live-in care for many more years. She finds it a physically demanding and unsocial job. She would like to find a job in a hospital working with people with spinal cord injuries using her experience as a live-in care worker and background in social work.

B Senior Care Workers

B1 ‘Sally’ had worked in retail for nearly twenty years before moving into care work because she wanted a job where she could ‘make a difference’. She works for a company that provides homecare on a private basis (delivering services to self-funding clients). After only six months with the company, during which she was on a zero-hours contract, she was surprised and flattered to be asked if she would like to take on a senior role. The promotion involves a permanent 16-hour per week contract, and more responsibility. Sally’s work now includes working on a rota to cover the out-of-hours phone, taking calls from clients and care staff at weekends. The company supported Sally through formal training and on-the-job shadowing of other senior care staff to help prepare her for the role. Sally enjoys the job, but does not like the out-of-hours cover work, as it impacts negatively on her family life. She complains that she can’t take her children to activities or get her shopping done at the weekends in case there is an emergency call, but appreciates the flat rate pay (£80) for being on-call over a weekend.

B2 ‘Sandra’ is a senior care worker with a company that delivers publicly-funded care (commissioned by local authority social services). Sandra was offered promotion to a senior care worker because of experience and skills she had developed in care and caring. She said she was persuaded to take the senior care worker job by her friend, who had vacated the post in order to progress to an area manager position. Sandra earns 25p per hour more than standard care worker jobs pay; she has the additional responsibility of being on-call over weekends, and providing cover for the area manager in her absence. Sandra told us that she felt the low level of additional pay did not reflect the extra responsibility or the unsocial hours of the senior care worker job. Part of the senior care worker role is to cover for any holiday and sickness absences of care workers. Covering the care calls of other workers, particularly at short notice, causes Sandra significant work stress, because it is not always possible for her to organise childcare at the last minute.

C Area Care Manager

C1 ‘Patricia’ works for company that provides publicly-funded care. She has worked her way up through the company from care worker, to senior care worker and is now an area manager. Her management role is salaried, and comes with some additional benefits, such as contractual sick pay (not provided in her previous care worker and senior care worker roles). It is not uncommon for Patricia to do paperwork in her own time during the evenings after a full day’s work. In addition, Patricia oversees the out-of-hours phone line on weekday evenings, fielding calls from members of the care team that she manages. She also has to deliver hands-on care if no other care staff are available to cover care visits to clients’ homes. The company has encouraged Patricia to study for qualifications appropriate to her role, but she has not committed to doing so yet; there is very little time to study and do her job, and she values the limited non-work time she does still have at weekends.

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