timewise
TALENT THROUGH FLEXIBILITY

CARING BY DESIGN

How care providers can improve recruitment and retention by redesigning care jobs to be more compatible with carers' non-work lives

Timewise research funded by JPMorgan Chase Foundation

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One of the most urgent challenges facing communities around the world is the need for increased economic opportunity and more widely shared prosperity. At J.P. Morgan, we believe we are uniquely positioned to help invigorate the economy and help solve pressing economic, social and environmental challenges in the communities where we live and work. We try to deliver on this responsibility, using our strength, global reach, expertise and access to capital to support and invest in our communities. J.P. Morgan, through the JPMorgan Chase Foundation, gives approximately $200 million annually to non-profit organisations around the world to create pathways to opportunity by supporting workforce readiness, small business development and financial capability in the regions where we do business.

As a global aging population gathers momentum, we believe workforce implications for the Social Care sector deserve closer focus. The Social Care sector faces challenges in recruiting and retaining staff as well as equipping its workforce with the skills and knowledge required to progress in the sector and build long term rewarding careers. This Timewise report explores how a more flexible approach to job design may lead to improvements for those working in the sector. It provides an opportunity to stimulate debate in this area and inspire positive change and further exploration of flexible job design.

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INTRODUCTION

Social care has a reputation for offering flexible working to suit those with personal caring responsibilities and indeed 53% of the care workforce work less than full-time.[1] But equally, it requires unsociable hours – early mornings, evenings and weekends. Up to 60% of workers in domiciliary care are on zero hours contracts[2]: in theory, such contracts enable carers to choose both the schedule of hours they work, and the amount of work they do each week. But does the rhetoric of flexibility and family-friendly match the reality of carers' jobs?

Timewise set out to explore how care providers manage the challenge of delivering a high quality service to people who need care, whilst enabling carers – 82% of whom are women – to find the flexibility they need to manage their own non-work responsibilities. For the last twelve years, Timewise has been working with some of the UK's leading companies in a wide range of sectors to help them attract and retain people who need flexible working. We look for systemic solutions based on an understanding of the operational constraints in each sector.

There is a critical need to understand how to make care jobs more attractive to current and potential carers. Reports of a 'crisis in care' have been widely publicised recently[3] and demographic trends suggest that this crisis is deepening. Population ageing and the associated increase in the number of people with disabilities mean that, by 2025, the adult social care sector in England will need to add approximately one million carers to its existing 1.5 million.[4] At the same time, very high numbers of carers are leaving the sector: staff turnover in the home care industry is 27%[5] - more than twice the national average[6] – and there are real difficulties in attracting new staff. Recent figures suggest that almost half of carers leave their jobs within a year of starting work.[7] While pay is low, there is evidence that carers leave the sector for reasons other than pay.[8] And a key reason is the inability to balance work with their own non-work responsibilities.

Timewise believes that to help solve the crisis of recruitment and retention in domiciliary care, there needs to be a job design rather than simply a skills solution. Women in particular will only be attracted to, and remain in, the sector, if employers enhance and stabilise jobs by ensuring they are designed to be compatible with employees' non-work lives.

At Timewise we call this approach 'compatible scheduling'. We recognise that this is in no way the only solution to addressing the recruitment and retention issues within social care. The financial challenges and lack of investment are significant and require far wider government action. However we identify a missing part of the jigsaw: England's 650,000 domiciliary carers, and a further 205,000 community-based support workers[9], need jobs which are compatible with their non-work responsibilities. And care providers need to redesign jobs for 'compatible scheduling' if they are to attract and retain dedicated carers in an age of austerity.

1. ILC (2014) The future care workforce
2. ILC (2014) The future care workforce
3. See, for example: Age UK (2017) The Health and Care of Older People in England; Local Government Association (2016) Adult social care funding: (2016) state of the nation report; House of Commons (March 2017) Communities and Local Government Committee Adult social care inquiry
4. ILC (2014) The future care workforce
5. Skills for Care (2016) The state of the adult social care sector and workforce in England
6. LGiU (2014) Key to Care – Report of the Burstow Commission on the future of the home care workforce
7. House of Commons Communities (2017) and Local Government Committee Adult social care inquiry
8. IILC (2014) The future care workforce
9. Skills for Care (2015) The size and structure of the adult social care sector and workforce in England

EXECUTIVE SUMMARY

Many professional carers also have their own personal caring responsibilities. In many cases, it's their personal experience of caring, and the values that go with it, that make them good carers. To solve the crisis of recruitment and retention in social care, employers need to design jobs which are, as far as possible, compatible with carers' non-work lives. This 'compatible scheduling' has the potential to improve quality of care: care quality may be compromised just as much by constant change of personnel as by lack of skills. By reducing the cost of staff turnover, it can also save money for employers.

Timewise, with the support of the JPMorgan Chase Foundation, set out to explore how jobs could be enhanced within domiciliary care, by making them more compatible with carers' non-work commitments while ensuring quality of care was maintained.

KEY FINDINGS FROM QUALITATIVE RESEARCH WITH CARERS, MANAGERS AND SECTOR EXPERTS

- We found great confusion about what flexible working means in social care, and who it's supposed to benefit – employers or employees. Domiciliary care has a reputation for being a local, 'family-friendly' job, which attracts many women to consider the sector. However, the reality is very different. Many carers have very short careers, with a high proportion failing to make it even through the induction and training period, once the reality of the scheduling becomes clear.
- We identified five formidable structural constraints on providing jobs which are compatible with non-work responsibilities: the unpredictability of rotas, the absence of slack in the system, unsociable hours, downtime in the middle of the working day, and the need to travel long distances between clients. These factors make it difficult for employers to offer carers a stable or attractive schedule, and many have given up on even attempting to help their carers to achieve work-life balance. Instead, care managers and schedule coordinators are forced to focus on 'filling the gaps' in the schedule.
- However, rather than giving up on work-life balance for carers, Timewise believes there is another way. We identified three potential ways to create compatible scheduling for carers: reducing the volatility of the schedule from week to week, increasing advance notice of the schedule, and maximising carers' input into schedules.
- We also found that care providers were making special, individualised 'family-friendly' working arrangements for some carers, which disadvantaged other carers and were perceived as unfair. A team-based approach might solve this problem.

KEY FINDINGS OF SIX-MONTH PILOT WITH RATHBONE, A COMMUNITY SUPPORT PROVIDER

The purpose of the pilot was to test whether a geographical team-based approach to scheduling could stabilise and enhance jobs in care. The pilot showed that:

- The team-based approach gave carers greater control and input into their working times. There was also an improvement in the perceived fairness of the schedules.
- Reducing travel time by clustering support workers in a particular geographical area enabled the scheduling of a weekly team meeting. This was a forum for negotiating work-life needs, but also served to reduce isolation, improve teamwork and peer support, and increase team members' knowledge about service users and their needs. We identified a seven-step process which other care providers can use to implement this approach.
- The pilot has highlighted the need for further research on how to tackle the other two ways of improving compatible scheduling for carers – the volatility of each carer's schedule from week to week, and the amount of advance notice of the schedule. We know that there are multiple causes of schedule unpredictability, but we need to understand the relative importance of the various factors and then to develop strategies for reducing it. This is the critical next step in designing jobs which are more compatible with carers' non-work responsibilities – jobs which will attract and retain carers in the sector.

While there has been a wealth of reports into the state of the social care sector, there has so far been little focus on practical actions to improve the compatibility of carers' jobs with their non-work responsibilities. The structure of the social care industry, with thousands of small care providers operating on extremely tight margins, suggests that change needs to come from sector-wide initiatives. There is a strong business case for policy makers and commissioners to review job design in social care, as well as a strong social and moral case to enable carers to raise their living standards through secure employment which is compatible with their non-work lives. We recommend that the commissioning of care will need to change to enable the redesign of jobs in this way.

HOW WE COLLECTED THE EVIDENCE FOR THIS REPORT

We conducted our research with 51 frontline carers and support workers, and also interviewed care managers and care coordinators at ten different care providers.

We ran focus groups with care workers at five care providers based in east and south-east London. Our aim was to explore how they managed their work with their non-work lives. Two were small charitable organisations, one doing domiciliary care (Charity A), and one providing community support (Rathbone); one was a small private company (Company B); and the remaining two were east London branches of larger organisations (Branch C, Branch D). In each case we spoke to 8-14 carers, making a total of 51 carers and support workers. In order to encourage participants to speak freely and honestly, we promised confidentiality, so we have anonymised all responses and organisations.

In each case, we also interviewed the care manager, and in most cases the schedule coordinator, to understand the challenges of managing and rostering a care workforce. We also interviewed care managers in three further London branches of large domiciliary care providers (Branch E, Branch F, Branch G) who did not participate in the focus groups.

With one provider, Rathbone, we conducted a six-month action research project to pilot a geographical team-based approach to compatible scheduling in a team of ten support workers supporting 22 service users.

We also engaged with 60 women with caring responsibilities who either wanted to work in care, or had care jobs but wanted a more stable income and a more compatible schedule. We ran recruitment open days with Rathbone and two further domiciliary care providers, and also, through our sister company Women Like Us, coaching sessions for individuals. The main purpose of these interventions was to help women into care jobs, but they also deepened our learning about how women could progress into better jobs in the care sector.

Another focus was Personal Assistants (PAs) – carers who are employed directly by the service users rather than through a care provider. We ran focus groups with PAs working in three local authorities (Local Authorities X, Y and Z) in east London, giving a total of 29 PAs. In one local authority, we conducted a survey of 33 PAs; and we also interviewed the local authority managers who run the PA matching services. We also ran workshops with groups of PAs working within the six-borough ‘PA Tick’ initiative in east London.

WHAT DOES FLEXIBILITY MEAN IN SOCIAL CARE?

We found a lot of confusion about what flexibility actually means in social care – and who it's for. Who benefits – employers or employees?

In this section, we:

- identify mismatches of expectations about flexibility, which impact on retention rates
- define three ways to help carers to balance work with non-work needs
- look at whether zero hours contracts can provide this balance.

"The nature of the work means we need people at all hours, and we never know when, so we just need to employ very flexible people."
Priya, Care Manager, Branch G

"Every week, I see my rota, I sigh, and I just get on with it."
Fatima, Charity A

"They offered flexible hours, and hours to suit the family, but it's not like that."
Karen, Branch D

MISMATCHES OF EXPECTATIONS ABOUT FLEXIBILITY IN SOCIAL CARE

Many carers have very short careers in the sector. The dropout rate between initial training and starting work was very high, with one provider telling us that, of every eight people who start the induction and training process, only three go on to start work as carers. Traditionally, this has been attributed to misunderstanding the nature of the work, or finding personal care uncongenial: 'I really emphasise during training that you have to wash every part of the client's body' (Sue, Care Manager, Branch C).

But we found extensive evidence of mismatches of expectations around flexible hours. Care has a reputation as a sector that offers flexibility and family-friendly hours, and this is what attracts many care workers into the sector: "One of the reasons I came to the job is the flexibility – I can pop in and out, do local things, between calls" (Amina, Charity A). This works well for a few carers, especially those who live locally and have older, semi-independent children: "I like to pop back and see my daughter for 30 minutes" (Julianne, Branch D).

However, the reality for most carers was very different: "They offered flexible hours, and hours to suit the family, but it's not like that" (Karen, Branch D). Occasional and unpredictable downtime, spread throughout a long working day, was not useful for those with fixed non-work responsibilities such as the care of young children. At the moment, most carers who stay beyond initial training do not tend to be parents of young children. The ones we've spoken to are mostly older women and people in their 20s, whose lives allow both unsociable hours and unpredictable rotas from one week to the next: "This job is easy if you're not a parent" (Mira, Branch C). Those who need a predictable schedule are excluded, and some employers are nervous about employing too many carers with restricted availability and a preference for working school hours (9am to 3pm, Monday to Friday). One employer suggested that 'local mums' are also unreliable: "They think flexibility means I can come to work whenever I like" (Josie, Care manager, Branch E).

Personal Assistants

Personal Assistants work independently and are employed directly by their clients. Although their care packages are still defined by social workers, a few PAs found that this way of working enabled them to fit occasional family needs in with their professional caring responsibilities, because they had direct relationships with their clients: "I used to be a decorator, but the work dried up. I turned to social care and it turned out to be the best thing that's happened to me. My wife is in an office, she doesn't have the flexibility, but if my son's ill at school, I can go and pick him up, and take him to my dad's while I do the next batch of calls." Pete, Local Authority X.

However, very few of the PAs we spoke to had young children. Nearly all were older women (and one or two men) whose children had grown up, and who felt that being a PA was incompatible with young children: "You can't be a PA if you have young children. What if one of my kids was ill and I had to be with a client – that's an impossible choice. If you're stacking shelves in Tesco, you can call in and say you've got a sick child, but you can't do that as a PA – you're responsible for your clients" Carol, Local Authority Z.

THREE WAYS TO CREATE COMPATIBLE SCHEDULING IN SOCIAL CARE

The carers we spoke to were realistic about the need for unsociable hours, but they identified three ways to balance the needs of the job with their non-work needs:

1. **Volatility of schedule** There was widespread acceptance that the rotas would change from week to week in social care: "Every week, I see my rota, I sigh, and I just get on with it" (Fatima, Charity A). "Sometimes there can be five changes to the rota during the week. Usually at least two" (Tracey, Branch C), which meant that "You just don't know how many hours you are going to get" (Olga, Company B). The rota never reaches a steady state, so care providers expect carers to be 'flexible' to suit the fluctuating requirements of the business. Carers appreciate the challenges and agree: "They can't make it more predictable, it's not in their control. People die, we lose clients. We're dealing with sick people and elderly people, dealing with conditions that are very challenging for them. So we have to be flexible" (Amina, Charity A). Many carers took pride in this flexibility, as it demonstrated their service to clients: "We want to accommodate clients as much as we can because they need us" (Eileen, Company B).
2. **Control and input into schedules** Although in theory people choose their hours and their rotas, in practice carers have little control over their schedules. "The office sets the rota. We just get given it" (Mia, Branch D). Good care managers take account of their employees' preferences, and make a huge difference by doing so. However, for most carers, there was a sense of resignation, or even helplessness: "I never know what my rota's going to be, I'll just find out over time" (Jana, Branch C).
3. **Advance notice of schedule** Lots of carers spoke about the short notice they were given, and there were considerable time lags between draft and final rotas. This system allowed for late changes to be incorporated: "Adele does the rotas two weeks in advance but staff are given rotas on Thursday for the following Monday. Then they input, say when they're available, and the rotas are finalised on Fridays" (Mercy, Branch D). "Extra hours, different hours, just appear on the rota" (Violet, Company B) and from day to day, "The office are constantly texting us about changes to the rota" (Shreya, Charity A). This lack of advance notice made it very difficult for carers to plan their non-work lives.

Personal Assistants

Independent personal assistants (PAs) identify control over their hours as one of the biggest benefits of this way of working: "You can choose your hours, and how many hours you do. I'd never go back to agency work" (Janine, Local Authority X). PAs felt that this independence and control made for a better relationship with clients: "You do the job the way you want to. With the agency, you'd open the door, and the client would say, 'Oh, another one'. As a PA, you have the personal connection, they know you" (Melissa, Local Authority Z). Ultimately, this led to better care: "I can give my best as a PA. As an agency worker, you get pressure from clients, who ring the agency to say I'm late. But as a PA, I have a direct relationship with the client, they know me, they respect me, they don't push me" (Lexi, Local Authority X).

Their independence and direct relationships with clients also meant that some PAs felt empowered to negotiate a compromise for occasional work-life or personal needs: "You can't get ill if you're a PA. If I'm really ill, I still go to work. But I might spend a shorter time on each call, and ask the client's family to cover. Because I have a good relationship with them and with the client, they don't mind. Sometimes they say, You look awful, go home!" (Pete, Local Authority X).

ZERO HOURS CONTRACTS: THE IMPACT ON WORK-LIFE BALANCE

Most of the carers we spoke to were on zero hours contracts, although one of our providers employed people on guaranteed-hours contracts, and another used contracts which guaranteed 16-20 hours, while in practice usually giving carers 25-35 hours' work a week.

In a context which is highly constrained by both structural factors (such as frequent changes in the number of care packages) and financial factors (the squeeze on local authority budgets), employers need a flexible labour supply which enables them to provide quality care for minimal cost. Zero hours offer this 'employer-led flexibility', with carers working variable schedules and numbers of hours each week: "The nature of the work means we need people at all hours, and we never know when, so we just need to employ very flexible people" (Priya, Care manager, Branch G). Another employer characterized care work as "perfect for second earners" who don't rely on their earnings to pay for basics (Josie, Care manager, Branch E).

In these instances, 'flexibility' is defined to suit employers, and refers to the quantity of work, as well as its scheduling: financial risk is passed on to carers in the form of wildly variable weekly income. Some carers could accommodate the variable income, particularly if their partner had a stable income: "I do the work for the experience, and for the exercise, so I don't have to spend money at the gym. It gets me out of the house and otherwise I'd just be sitting at home" (Hope, Company B).

However, for most carers, the variable number of hours had a much greater impact on their work-life balance than the variable scheduling of those hours. Hours changed from week to week, as their employer lost clients or changed rotas: "It's up and down, it's a rollercoaster of hours" (Amina, Charity A) or "The rota has gone down again last week because a client passed away. I lost 12 hours from my rota" (Nita, Branch D). "Why can't we have a fixed hours contract?" (Indira, Charity A) was a frequent comment. Whatever the cause of the changes in weekly hours, and whatever the degree of advance notice, the carer lost the work, and the pay. Some employers were vague about the contracts when they advertised for new staff, so carers had unrealistic expectations of what they would earn: "I thought it was a contract; the advert says a permanent contract, but when you get here, you realise it's zero hours" (Lena, Branch D).

At the end of the next section, we consider the impact of zero hours contracts on the design of jobs, but first we look at the constraints on job design more generally.

DESIGNING JOBS, OR FILLING THE SCHEDULE GAPS?

Care jobs need to be designed to meet the sometimes-conflicting needs of three stakeholder groups:

- Carers need flexibility to fit around their personal needs either occasionally (e.g. to fit with childcare breakdowns) or regularly (e.g. minimising the early morning shifts)
- Service users need high quality care, from carers who understand their needs
- Employers need to manage costs in a time of austerity, and create schedules which meet the needs of both service users and carers.

In this section, we show how jobs actually get designed in social care, and identify the structural and cultural constraints on designing jobs which are compatible with carers' non-work needs.

"We always have vacancies, we're always running to catch up, it's just so hard to get good people, and to keep them in the long term."
Sue, Care Manager, Branch C

"We can't offer much to people who are not available 7-10am."
Monica, Care Manager, Branch D

"You may get a new care package coming in but then it doesn't fit with your other calls. You can't be in two places at once."
Danielle, Branch D

THE SCHEDULE COORDINATOR – DOING JOB DESIGN BY DEFAULT

The schedule coordinator is, by default, the 'designer' of the jobs done by carers.

The scheduler's job requires sophisticated decision-making, balancing the conflicting requirements of many different stakeholders. The schedule coordinators we spoke to struggled to be fair in sharing out the 'difficult' elements of the job, such as unsociable hours, long travel times, downtime in the day, rota changes or demanding clients. Some schedulers used the principle of 'sharing the pain' (for example insisting that everyone has to do one weekend shift, or work alternating weekends). Others gave more favourable treatment to those who had 'earned' it through long service or high performance – a principle which may be more or less unspoken. Sometimes, those with personal caring needs – typically parents, but also those looking after elderly or disabled relatives – were 'granted' special working arrangements, such as not working weekends, or having fixed hours.

Often, however, considerations of compatible scheduling were bottom of schedule coordinators' priorities: they were just desperate to 'fill the gaps' in a constantly-changing schedule. This might mean putting pressure on carers who don't complain, or newer recruits, to fill the gaps; or offering more work in future to those who do them the 'favour' of filling a gap. In return, carers might resort to bribing the scheduler to get a more compatible schedule: "You can always convince Joe to change things if you take him chocolate" (Jhanvi, Branch D).

FIVE STRUCTURAL CONSTRAINTS ON DESIGNING JOBS TO BE COMPATIBLE WITH NON-WORK RESPONSIBILITIES

The financial pressure on care providers has led to a 'time and task' approach to resourcing. Whilst this approach may seem efficient, the consequent degradation of jobs in care has long-term, but largely unmeasured, financial consequences in terms of attraction and retention of staff, and potentially quality of service.

We identified five structural and cultural factors which contribute to poor job design in social care. These were often characterised as the essential 'nature' of care work, but some may be amenable to change:

1 Unpredictability of rotas

Organising rotas in social care is complicated. The regular rota has to take into account many factors: the schedule and number of hours of care specified in each care package; continuity of care; skills matches for service users who need specialist care, such as for dementia or autism; the preferences of service users for carers of the same gender or cultural background; travel time between service users; and the preferences and work-life needs of carers.

On top of this, the rotas vary hugely from one week to the next. Drivers of unpredictability in the rotas include:

- Changes initiated by the service users: "Hours get cancelled when a client goes into hospital, or maybe they're going on holiday, or going into residential care for a while, or permanently" (Amelie, Charity A). Sometimes clients gave notice if they didn't need support, but at other times, the cancellation might happen at the last minute, if a client was admitted to hospital as an emergency, or was living with dementia: "When a client closes the door in your face and says, I don't want you, you lose the hours, and the manager has to call and calm them down. But it's all part of the job" (Amina, Charity A).
- Changes initiated by carers themselves, for personal needs or sickness (occasional changes) or vacations (predictable changes) – or because their expectations change. Some care managers positioned 'occasional' flexibility as one of the benefits of the job, the only thing they could offer carers to mitigate the instability of a zero hours contract: "We always accommodate

our people if they want to go to a parents evening or a doctor's appointment. It's the least we can do – and anyway the rotas are always changing at the last minute, you can't know in advance what you're going to need, so it's just part of the mix" (Clare, Care manager, Charity A). Several providers said that carers changed their minds about doing unsociable hours after a few months – perhaps unsurprising if the hours were not made clear at recruitment stage, or when new carers learned that others had 'earned' the right to avoid unsociable hours. "Every month they change their availability, what they're prepared to do. They come in saying they'll do weekends, and then when they're established and they have a few clients, they say, Now I don't want to do weekends any more" (Joe, Schedule coordinator, Branch D).

- Changes driven by vacancies when a carer leaves the organisation.

None of the providers interviewed could provide precise information about the relative importance of the different causes of rota changes – although one guessed that about half of it was due to changes in demand (from service users) and half from changes in supply (from carers). This lack of understanding of the relative importance of different factors led both carers and their employers to give up on trying to make care jobs more predictable.

2 Lack of slack in the system

The financial pressure on care providers, and the difficulty of attracting and retaining carers, have meant that care providers are unable to create any slack in the system. Carers are paid for their contact hours, but there is no spare capacity to make service improvements or deal with emergencies: "We have to keep the rotas really tight because the money we get from the council has gone down" (Josie, Care manager, Branch E). And there are constant vacancies because of the difficulty of attracting staff to the sector: "We always have vacancies, we're always running to catch up, it's just so hard to get good people, and to keep them in the long term" (Sue, Care manager, Branch C).

Each change to the rota therefore has a huge domino effect on everyone else's rota, and the rota never achieves a steady or predictable state.

3 Unsociable hours

Unsociable hours are a fact of life in social care: some said between a quarter and a third of the work is required at weekends, early mornings and evenings, throughout the year. This presents a real problem for care providers: "Three-quarters of our staff don't want to work weekends. We advertise for weekend workers, but don't get many replies" (Isaiah, Schedule coordinator, Company B). Some care providers sometimes had to refuse care packages involving unsociable hours: "We don't take on late evening work as we can't get the staff" (Amandine, Care manager, Company B). One care manager told us that up to 40% of domiciliary care work happens between 7.00am and 10.00am. The carers we spoke to recognised and accepted the need to provide support at unsociable hours: "It's all part of the job" (Mabel, Charity A).

4 Downtime and 'peakiness'

The well-known 'peakiness' of care work leads to (unpaid) downtime between client calls: "You have to sit there in your car, between clients, waiting for the next call" (Amelie, Charity A). Older carers regretted the reduction of care work to basic functional tasks clustered around mealtimes: in addition to making the work less meaningful, it also made it more time-specific and 'peaky'. "There used to be more respite work, taking people out, so you could fill the day. But the council doesn't pay for that any more. Now it's just meals, so there are gaps in the day" (Ife, Charity A).

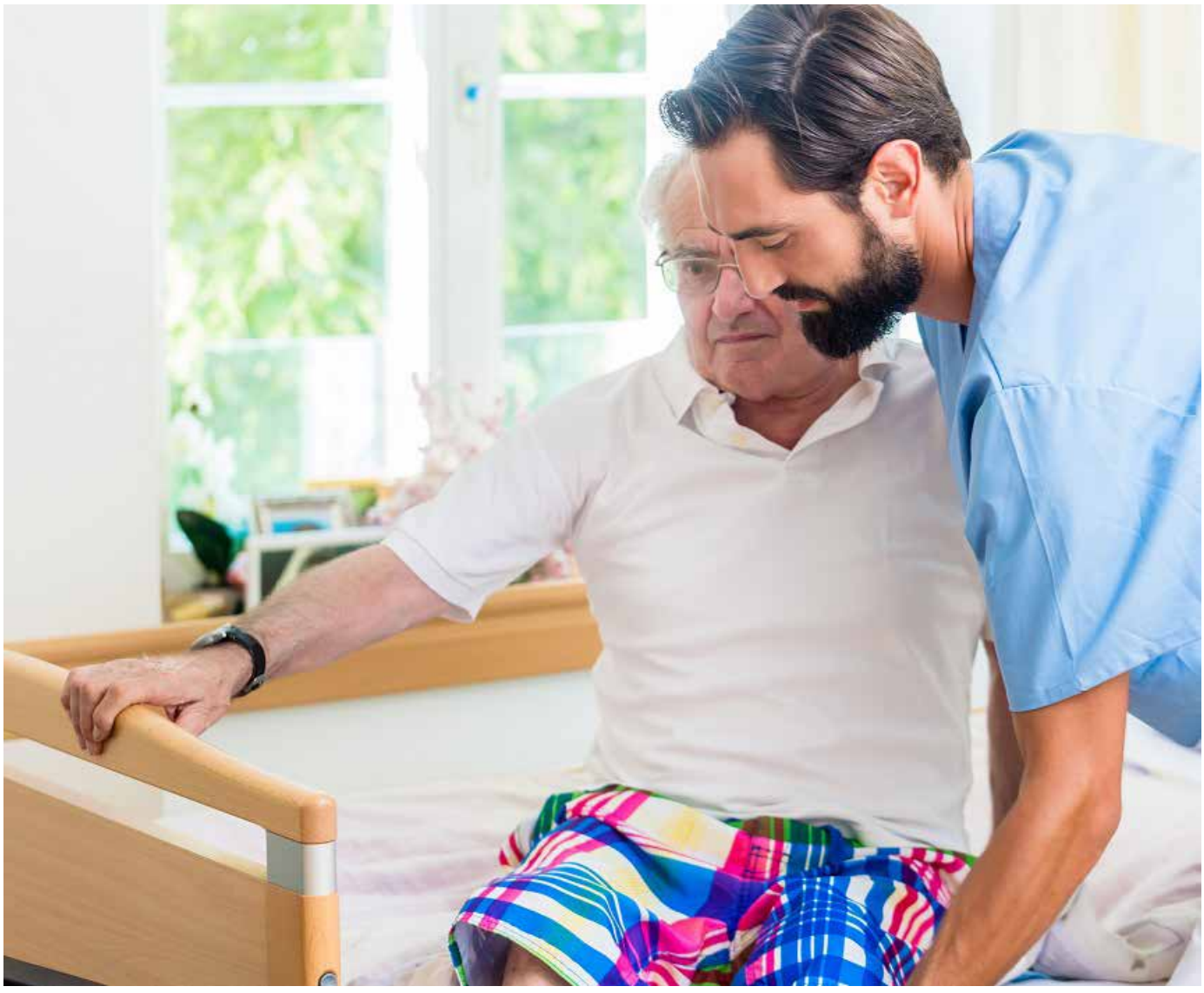
Employers might occasionally be able to fill a few carers' downtime with office work. One carer filled in time between client calls by doing all the office timesheets: "I'm quite lucky, my shifts have changed and they needed someone to do the time sheets so it all works for me, I don't have gaps in the three days I work" (Elena, Charity A). But this is obviously not a general solution. Downtime was less of a problem for those working in a geographically-tight area near their home – they could go home for an hour. But for most carers, the long travel times meant that this wasn't feasible, especially in more central areas of London, where carers couldn't afford to live. Overall, most of the carers we spoke to had jobs with significant downtime, which greatly reduced the quality of their jobs: "I do seven hours a day on Mondays and Wednesdays to Saturdays, but I start at 7am and often I don't finish until 8 or 9 in the evening" (Lilyana, Branch C).

5 The need to travel long distances between clients

Many carers on zero hours, who were not paid for travel, ended up on an hourly rate that was well below the minimum wage: “People start working here but then leave because once they realise how much time they spend travelling they see how little we get paid. We get paid nothing for travel” (Nita, Branch D). Carers typically spent between a quarter and a third of their time travelling, although one carer said “We spend as much time travelling as working” (Omolara, Branch C). Most used public transport, which was not always reliable: “You can wait 20 minutes for the next bus to Leytonstone” (Abby, Branch C).

Because of social care’s reputation as a local job with flexibility, “People think they can pop in and out – but they don’t realise how much they’ll be travelling and how far away from home they might be” (Amandine, Care manager, Company B). Care providers accept care packages across a wide geographical area, because financial pressure is intense, but the result is that carers end up doing lots of unpaid or low-paid travel.

The long distances also reduce carers’ ability to take on last-minute changes to rotas. Carers are more willing to do an emergency call for someone local: “They asked me to do one lady early, rang me up just beforehand, she was just round the corner so I went in my pyjamas, then I went back to bed after” (Fatima, Charity A).



COMMITMENT TO CLIENTS – AND DETACHMENT FROM EMPLOYERS?

The carers we spoke to loved their work, and derived huge satisfaction from relationships with their clients: "I love this job. I wake up and think, I've got Frank today, that's nice" (Fatima, Charity A) or "The clients feel like family" (Maddy, Company B) were typical comments. Many joined the sector from a sense of vocation: "I wanted to help people. What if I'm disabled too one day? I hope someone would care for me. My belief system is that what goes around comes around, so I have faith that people will look after me if I look after other people" (Violet, Company B). Other jobs couldn't provide the same sense of purpose: "I used to be a waitress, but I wanted new challenges. It gets me out of bed in the morning, because I know somebody needs me. I had a friend who worked in social care, and she didn't like it, she said it's all wiping bums, but it's just like looking after your grandmother, you do it because people need help" (Antoinette, Company B).

However, despite their strong attachment to their clients and their sense of vocation, some carers felt detached from their employers. Good care managers and schedule coordinators could make a huge difference to carers' commitment, but some carers, especially those on zero hours contracts, felt detached: "I feel like I'm self-employed" (Alfonso, Company B). Some explicitly connected their detachment with the type of contract they were offered: "They're not interested in me, so I'm not interested in them. It stands to reason if you're not properly contracted, not offered enough hours and then they suddenly want you to help them out at the last minute, and you do it for the clients, but not for them [the company]" (Ebele, Charity A).

In a job that is all about relationships, many domiciliary carers can become isolated. Some older carers lamented the loss of a sense of team, and a sense of value, resulting from the cuts to budgets and the degradation of care jobs: "You had pride when you worked as a team...We used to have a lot more team meetings, it was weekly in those days...We were a team, you felt more part of it, more valued" (Mabel, Charity A). They missed the emotional support that came from a team environment, in an emotionally demanding job. This isolation could be mitigated to some extent when managers took a personal interest and got to know carers' needs, including taking their changing work-life needs into account in the scheduling. One team manager explained that "Care workers tend to feel a lot more special when they're part of the team" but admitted that this was difficult with large groups of carers because "You can't build up personal contact with 70 people" (Sue, Care manager, Branch C). Managers could create a sense of reciprocity: "Clare has explained we have to fairly share what work we have, so we have to help each other" (Amina, Charity A). However, financial pressures meant that there was no time in the rotas for team contact, sharing knowledge or building relationships.

Personal Assistants

Personal Assistants were equally dedicated to their vocation: "In the end it's not like going to work" (Parvati, Local Authority X). However, they suffered more isolation, without the support of a team around them: "Sometimes I cry on the way home. I feel like I'm the doctor, nurse, psychologist, mother, father, daughter for my client. When she's upset I comfort her, give her a massage – but there's nobody to support me" (Consuela, Local Authority Y). The more experienced and confident carers, with better local networks, coped better, but still "There's no ongoing assessment or review, no support when you're worried about your clients, nobody to talk to if you're feeling down" (Renata, Local Authority Y).

The more successful PAs were those who had experience of agency work in the local area, had built their own networks, and had plenty of contact with other PAs to provide support.

HOW CARERS ON ZERO HOURS CONTRACTS 'CHOOSE' TO DESIGN THEIR JOBS

For a few carers, especially those without fixed caring responsibilities, and those who had a partner who was the main earner, zero hours worked well: "I feel I can just take the work that I want to do. I like nights but I don't like mornings. My husband works nights, so he has the car from 11, so it all works for me" (Mercy, Branch D).

However, many of the carers on zero hours contracts said they would like more hours: Patsy (Branch C) thought there were "too many carers, not enough work" and Lavinia (Branch D) said "They're taking on new people, but we don't have enough hours".

How is it possible that, despite the well-publicised shortage of carers, there are so many carers unable to get enough work? The standard answer from employers, and from many of the carers themselves, was that carers with non-work responsibilities excluded themselves from work and needed to be more 'flexible': "There's always more hours if you can be flexible" (Amina, Charity A).

Nevertheless, there are many other reasons why carers on zero hours contracts were unable to get enough work – many connected to working practices and job design:

- Calls are too far away. An unwillingness to do long hours of (unpaid) travel created a 'catch 22' choice between inconvenient work or no work: "I'm not going to go all the way to Barking just for a half hour call" (Julianne, Branch D). But a willingness to travel meant more work: "If you stay in Walthamstow, you have less choice of work, there just isn't enough work just in Walthamstow. So if you need regular money, you take the work wherever; whatever you can get" (Patsy, Branch C).
- Calls clash with existing schedules. The schedule coordinator knows when each carer would prefer to work, and tries to fit new work together with their existing calls, but the work is clustered around mealtimes: "You may get a new care package coming in but then it doesn't fit with your other calls. You can't be in two places at once" (Danielle, Branch D).
- Calls are last-minute. A willingness to do last-minute calls might build your 'credit' with the schedule coordinator, and increase the chances of getting more, or better, hours in future: "We try to do cover if we can because we don't want to lose work in the future" (Omolara, Branch C).
- Calls are at unsociable hours. The carers we spoke to accepted the need for unsociable hours. However, new recruits sometimes had unrealistic expectations about the work and didn't realise that those who can't do the early morning slot (perhaps because they can't get childcare for these hours) are unlikely to get much work: "We can't offer much to people who are not available 7-10am" (Monica, Care manager, Branch D). The usual procedure was for care managers to ask new recruits to fill in a sheet saying when they could work: any potential carer who suggested working 9-3, Monday-Friday, would get very little work, and there was often little dialogue or negotiation around this issue.

For most carers, the 'choice' supposedly offered by zero hours contracts was therefore highly constrained. The interaction of work-life needs, zero-hours contracts, and structural constraints such as travel time or unsociable hours created a catch 22, meaning that carers often had to choose between inconvenient work (wrong location, wrong time, last-minute) and having no work at all. Some chose the latter option, and waited (unpaid) in the hope of another, more convenient, care package coming in. Others took the unattractive work, as a better option than no work, and felt unable to do anything about it: "I don't want to upset anyone so I don't say nothing... shouldn't complain" (Fatima, Charity A).

Personal Assistants

Personal Assistants work independently and so design their own jobs. As mentioned above, they enjoyed the control they had as an independent PA, but they had to deal with the same problems of scheduling their work, and getting the right number of hours.

PROVIDING THEIR OWN COVER. In theory, their employer, the service user, is responsible for 'filling the gaps' in the schedule when a PA takes holidays, or sickness absence. However, the experience of most of the PAs we spoke to was that their employers were unable to provide cover, leading one PA to claim that "You can't do this job on your own. It's not an individual job" (Santiago, Local Authority Y). PAs felt personally responsible because of the close relationships they had built up with their clients: "I had to cancel my holiday because there was nobody else to care for Theresa, and I couldn't leave her alone" (Tessa, Local Authority Z).

SHARING COVER. Many of the PAs we spoke to had formed informal agreements with other PAs to provide cover. Some had paired up with a 'buddy' and jointly contracted with a single service user, while others had more informal arrangements, perhaps with a group of other PAs: "Clients don't mind having different PAs looking after them, as long as they know who's coming" (Maria, Local Authority Z).

COOPERATING THROUGH TECHNOLOGY. Encouraged by the PA Coordinator, PAs in one local authority had set up a Facebook group that had 61 members after two months in operation. PAs can post requests for cover, whether emergency or planned, and individuals respond if they are available. The group administrator controls who can join the group.

GETTING ENOUGH WORK. Among the PAs we spoke to, the minority with plenty of experience and good local networks found they had plenty of work. However, those new to care, those less confident, less experienced, or less well networked found this a much harder way to work: many didn't have enough work, and struggled to find it. In our survey of 33 PAs in Local Authority X, only half were happy with the number of work hours they had; nearly all of these wanted more hours, although a couple would have preferred fewer hours. Those who wanted more hours were all experienced carers, implying that it's not a lack of skills that's stopping them from getting work. Those who collaborated with others, in either face to face or virtual teams, found they had more work: news of new care packages could be shared with the group, and could find their way to the most appropriate PA. One team even had an (informal, unpaid) team leader who distributed new care packages among the team. Almost without exception, PAs got new work via word of mouth, not via the Local Authority matching service: social workers, although not officially allowed to recommend particular PAs, nonetheless would sometimes give clients the names of PAs that they could choose from the Council listings.

A GEOGRAPHICAL TEAM-BASED APPROACH TO COMPATIBLE SCHEDULING: THE TIMEWISE/RATHBONE PILOT

Our conversations with frontline carers demonstrated that the sector struggles to provide jobs which are compatible with carers' non-work commitments. We wanted to trial a team-based approach, to find out whether it enhanced care jobs, and what impact it might have on carers' work-life balance. We approached a number of care providers, and the Lambeth Elfrida Rathbone Society, a community support provider in south-east London, agreed to work with us.

Rathbone's outreach workers are employed on regular contracts, not zero hours. They provide support in the community to their service users, many of whom have complex needs. Rathbone was struggling to attract and retain high-quality staff, and was open to working with Timewise to try a team-based approach.

We conducted focus groups with Rathbone outreach workers and managers: they told us that the unpredictability of the scheduling made 'compatible scheduling' difficult, but also that many support workers felt isolated and travelled long distances. It was hard to find time to share knowledge and learning about service users. The schedule coordinator had to remember the needs of 45 outreach workers, and match them up with the needs of service users. This mammoth scheduling task was made more complicated because some long-serving staff had been granted 'family-friendly' or fixed-schedule contracts (e.g. not working weekends, not working after 3pm) which meant that others had to be hyper-flexible to meet the service users' needs. This led to a feeling of unfairness among other staff.

We were aware that a team-based approach would be a challenge, given the financial and structural constraints within the sector, but felt that it offered the best chance of increasing fairness, reducing travel time and improving staff input and control into their schedules. We wanted to find out whether a geographical team-based approach would be able to overcome some of the challenges of compatible scheduling – and whether this smaller team would be able to support all the service users and provide cover for each other.

AIMS OF THE PILOT

- Empower support workers to input into schedules to make them more compatible with their non-work lives
- Reduce travel time through a geographical approach
- Increase fairness, through a more open understanding of each other's non-work needs, so that nobody feels they've been allocated all the unsociable shifts
- Reduce isolation, improve engagement, and improve learning and information sharing through weekly team meetings
- Improve continuity of care, based on an understanding that there's more to this than the raw number of support workers who visit each service user: shared information and relationships could mean that a team approach improves continuity, even if the number of different people visiting a particular service user doesn't change
- Reduce absenteeism by involving staff in putting together the rotas each week, and ensuring that work-life needs are, as far as possible, taken into account.

DELIVERY OF THE PILOT

Timewise worked with Rathbone managers to create a pilot team of ten support workers who worked with the 22 service users in a particular geographical area of Lambeth. We devised a team-based approach to scheduling, agreeing parameters around service user support quality, and protocols around how swapping and sharing calls could be done, while maintaining continuity of care and appropriate safeguarding and manager oversight.

Reorganising Rathbone's 45 outreach workers to create a pilot team in a particular geographical area involved disrupting some relationships between support workers and service users, and rebuilding new relationships. Support workers volunteered to join the pilot, but those who had already been granted 'family-friendly' or fixed-hours contracts were reluctant to join, as it might disrupt their arrangement.

One or two were concerned that designing rotas within the team would take work away from the schedule coordinator, and load unwanted responsibility onto themselves.

The team met weekly to discuss schedule preferences and work-life needs, as well as service users' needs – not just their rostered hours, but their support needs and how the service could be improved. The meeting was a scheduled part of the support workers' timetable, made possible by a reduction in travelling time because of the geographical approach. Support workers were encouraged to swap and share shifts. Dealing with changes in the rota – when service users leave, or requirements change – was a key focus. There was some concern that a smaller team means fewer options for covering holiday and sickness absence.

The team leader was prepared to step back a little from controlling the team rotas, but the lack of mobile technology limited the amount of responsibility which could be taken by team members, since changes to the rota still had to be input into the central system. As a second stage of the pilot, we introduced tablets for support workers, enabling them to input changes directly into the system, with electronic authorisation from the team leader. This hugely reduced the administrative burden, and also enabled support workers to access central records.

OUTCOMES OF THE PILOT

Feedback from team members at the end of the pilot showed that they felt they had more input into the schedule, and that the schedule was now fairer across the team. They also reported that the pilot had reduced their isolation and travel time, improved teamwork, increased their knowledge about service users and their needs, and improved the support provided to service users. The pilot improved commitment to working at Rathbone, and reduced intention to leave. Compared with non-pilot team staff, the pilot team spent 30% less time travelling, and had one hour per week extra contact time with service users, as well as finding time for a two-hour weekly team meeting. None of the pilot team staff left during the pilot period, while staff turnover for non-pilot staff was 15%. There were also marked improvements in service users' satisfaction with the number of people who support them, the quality of the support they get, and the quality of relationships with support workers.

However, some of the structural constraints on reducing the unpredictability of the rotas remained. Changes initiated by the service users (such as medical appointments, or changes of preference for the day's activities) continued to mean constant last-minute changes to the rota. There were also some major non-pilot issues that had to be accommodated: for example the departure of several non-pilot staff meant that pilot staff were called upon to cover calls to non-pilot service users, which disrupted rotas. While half of team members felt that the volatility of their schedule from week to week improved during the pilot, others felt the pilot had no impact on this indicator. It was not possible, overall, to improve advance notice of schedules and there was no improvement in absenteeism, although in such a small sample, this indicator was adversely affected by a couple of individuals taking significant time off.

Based on our experience of running this pilot with Rathbone, Timewise has identified the following seven-step process to introduce a geographical team-based approach to compatible scheduling.

1. Agree and articulate your objectives. Do you want to focus on increasing input into schedules, reducing volatility of schedules, reducing travel time, increasing fairness, reducing isolation, improving engagement and learning, better quality care or reduced absenteeism?
2. Get all your managers on board. Involve senior managers and team leaders in discussion of the principles and parameters. Will it be team-led or team-manager-led? What role will your schedule coordinator play?
3. Select your team(s). A pilot in a single area is a low-risk way of learning how to make this approach work – but some disruption to existing relationships between carers and service users is involved, and you may find it easier to involve all staff at once. You will need to manage both the carers and the clients into their new teams. Select a geographical area, and the group of clients who live there. Then select the team manager and the team of carers who will look after those clients: we recommend a team of about 9-12 carers. A smaller team means fewer options for covering holiday and absences – but remember that one of the aims of the pilot is to reduce the latter, as well as increasing carers' ability to take responsibility for covering for each other.
4. Set up weekly team meetings. The geographical approach should reduce the overall travel time and so enable you to create scheduled time for team meetings. At the first meeting, explain the purpose of the meetings and the approach, and discuss any concerns as soon as they arise.
5. Draft a rota in the first team meeting. Ask all team members to be open about their work-life balance needs and preferences, and use this information to create a best-possible 'regular' or 'skeleton' rota. Use weekly team meetings to update this, taking into account changes in both carers' and clients' needs.
6. Review throughout the pilot. Continue to review progress at weekly team meetings, noting what's working, what's not working, and solving any problems that arise. It's a good idea to keep a record of these meetings, so that you can learn from them.
7. Survey team members so that you can measure the impact of the pilot. A simple survey can ask carers about the indicators chosen at the beginning. From your central records you can also note any changes in turnover and absenteeism rates across the pilot team and the wider organisation.

RECOMMENDATIONS FOR CARE PROVIDERS

BE CLEAR ABOUT UNSOCIABLE HOURS AT RECRUITMENT STAGE

There is a high fall-out rate between people applying for care work and starting work as a carer. While some of this fallout may be because applicants hadn't realised the nature of the tasks involved, we also found unrealistic expectations of the hours required. Care work has a reputation for being flexible and fitting in with family needs, but this wasn't borne out by the experience of many people we spoke to.

Employers need to be open about the need for early starts, evening and weekend work. Work out the proportion of unsociable hours, and tell people before offering the job – while also stressing the satisfactions of the job. It's much better for people to know from the start – so you don't lose them in three months' time, after you've invested in training them. Don't assume that anyone with family responsibilities will automatically want 'family-friendly' hours; they may have childcare support in place which enables them to work unsociable hours.

If you operate zero hours contracts, don't just ask candidates or new employees to fill out a sheet saying when they'd like to work: explain the implications of their availability pattern for the amount of work they will get. If, for example, not being available 7-9am means that little work will be available, it's best that candidates know that upfront so that they can plan around it and make informed choices.

ESTABLISH OPEN COMMUNICATION AND NEGOTIATION OF WORK-LIFE NEEDS

It's hard to offer predictability when schedule coordinators have so many different requirements to consider. But don't give up entirely on work-life balance: you may be able to offer carers more input into their schedule.

Good care managers and schedulers are in constant touch with their carers so they really understand and anticipate their needs. This refers to both regular scheduling needs (e.g. who doesn't do Tuesday afternoons) and occasional ones (so that staff are not afraid to negotiate for attending e.g. PTA meetings). These conversations require skill, diplomacy and constant effort, as carers are often unwilling to ask for flexibility, fearing that it will affect their ability to get work in the future. Make these conversations a 'normal' and regular part of supervisions, and explain the constraints as well as the opportunities.

Good schedule coordinators and care managers are also open about how they allocate unsociable hours – whether the principle is 'sharing the pain' or 'earning the right'. The latter principle can work well if you have other carers who prefer to work evenings and weekends – but be careful about being fair to new starters. If you allow the more experienced carers the better schedules, new starters may feel entitled to ask to stop the unsociable hours after a few months.

TRY A GEOGRAPHICAL TEAM-BASED APPROACH TO SCHEDULING

Carers' jobs need to be designed to maximise compatibility with their non-work responsibilities. Our pilot project shows that care jobs can be improved through a geographical team-based approach to scheduling. While we cannot remove the unsociable hours, nor stop the unpredictability of the schedule (although we make recommendations for policy makers below), this approach gives carers more input into their rotas, which improves their sense of agency.

RECOMMENDATIONS FOR POLICY MAKERS

The scale of the attraction and retention problem in social care merits radical thinking. The structure of the social care industry, with thousands of small care providers operating on extremely tight margins,[10] suggests that change needs to come from sector-wide initiatives, and particularly from sector bodies: small employers don't have the bandwidth.

While upskilling carers is important, care quality may be compromised just as much by constant change of personnel as by lack of skills, so a job design solution is needed. Timewise recommends that the government invest in further research on the design of jobs in social care. This needs to focus first on the causes of, and remedies for, unpredictable schedules; secondly on reducing travel time; and thirdly on reducing downtime in the carer's day.

We also recommend that the sector needs to upskill care managers to enable them to operate a geographical team-based approach to scheduling.

ACTION ON THE CAUSES OF UNPREDICTABILITY IN SCHEDULES

Unpredictable schedules are a key driver of poor job design in domiciliary care. Timewise recommends that further research is needed to clarify the sources of this unpredictability and the degree to which it is driven by carers, by service users, by vacancy rates, or by a lack of slack in the system.

Once the sources of unpredictability are better understood, strategies for reducing it can be developed and costed. If predictability can be increased, it might be possible to provide better advance notice of schedules to carers, enabling them to plan their lives more easily. The potential for reducing costs through better attraction and retention is huge.

As part of this approach, it's important to look at the lack of slack in the system. While minimal staffing appears to offer efficiency and cost savings, experience in other sectors[11] shows that the cost of understaffing can be higher than the cost of overstaffing.

ACTION ON TRAVEL TIME: COMMISSIONING WITHIN SMALLER GEOGRAPHICAL AREAS

Travel time reduces the attractiveness of care jobs, by reducing hourly pay: care workers who have to do lots of unpaid or low-paid travel are unlikely to stay in the sector. Working within a geographically-based team has many advantages in addition to reducing travel time: it can reduce isolation and increase carers' ability to share knowledge about service users or local services, as well as making it easier for new starters to learn the job. It also increases carers' flexibility to fill in and help out with last-minute changes to the rota.

Timewise recommends that local authority commissioners should consider whether each care provider should operate within a smaller geographical footprint, which in turn might enable them to design better quality jobs. An extension of this approach is for care teams to take more ownership of, and responsibility for, clients in their area, which helps to professionalise care jobs.[12]

10. ILC (2014) The future care workforce
11. Zeynep Ton (2014) The Good Jobs Strategy, Amazon Publishing, New York
12. See the buurtzorg model: http://www.publicworld.org/blog/buurtzorg_repository_of_resources

ACTION ON 'DOWNTIME': COMMISSIONING CARE PACKAGES WITH NON-TIME-SPECIFIC TASKS

A basic principle of job design is that more flexibility is possible if non-time-specific tasks are balanced with time-specific ones. Commissioning most social care around specific times of day (mealtimes) creates gaps in the day and increases the care workers' downtime – and so makes the jobs unattractive.

Timewise recommends that commissioners include in care packages more non-time-specific social tasks, such as taking clients out, shopping, housework, or social tasks. Although expensive, the ability to schedule tasks in blocks (e.g. 7am to 2pm, or 2pm to 9pm) would avoid downtime and potentially hugely increase the quality of care. Research is needed into the cost of this option, set against the cost of the alternative: the huge cost of failing to attract and retain carers because their hours of work are spread across long days, making them incompatible with their non-work lives.

Another option would be to consider what other non-time-specific tasks carers could do in their downtime – possibly not domiciliary care, but other types of work which is local but not time-specific, such as domestic cleaning, or tasks in residential homes. It is worth considering also whether there are other Council services which need to be reviewed and might be combined with carers' work.

UPSKILL CARE MANAGERS TO DEVELOP GEOGRAPHICAL TEAM-BASED APPROACHES

The approach we used in our case study requires managers who are skilled and confident with managing a team-based approach to rostering. Timewise recommends that the sector develop a training module on this approach, so that care managers can extend its use more widely.

Care providers need to be able to share their experience of implementing this approach, perhaps through peer support groups for care managers working this way.

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TALENT THROUGH FLEXIBILITY

ABOUT TIMEWISE

Timewise works to unlock the flexible jobs market in the UK. We share market insights on flexible working and flexible hiring, deliver training and consultancy to help businesses attract and develop the best talent, and conduct research such as our annual Flexible Jobs Index. We also run Timewise Jobs, a jobs board for roles that are part-time or open to flexibility.

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