

Reports of a 'crisis in care' have been widely publicised, and the situation is likely to deepen as demand grows in line with our ageing population. At the same time, very high numbers of carers are leaving the sector: staff turnover is 29% – more than twice the national average of 15% across other sectors¹. And there are substantial difficulties in attracting new staff.

There is a critical need to make care jobs more attractive to current and potential carers. While low pay is undoubtedly the main concern, there is evidence that many leave the sector for reasons other than pay. A key factor is the inability to balance work with their own non-work responsibilities², and we therefore believe that enhanced flexible working could provide part of the solution.

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. Moreover, 24% of care workers are on zero hours contracts³, which can in theory enable them to choose both the schedule of hours they work, and the amount of work they do each week.

However, the flexibility on offer is often 'poor flexible work'. Zero hours contracts bring unpredictability and insecurity, while the 'flexible hours' that are available are mostly at unsociable times – early mornings, evenings and weekends, which are prime times when carers need to be with their own families.

While the domiciliary care sector is crying out for a complete overhaul of the complex challenges caused by under-funding, Timewise believes that a job design solution could go some way to alleviating the retention crisis in the short term. Women in particular will only be attracted to and remain in the sector if employers enhance and stabilise the roles, ensuring compatibility with employees' non-work lives.

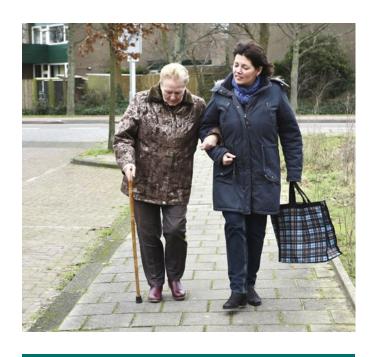
Timewise decided to initiate a project that would explore how care providers can deliver a high quality service whilst also enabling their care workers to find the flexibility to manage their own non-work responsibilities. A challenge to project design was that the social care sector is very fragmented, with a lack of top-down policies or standards around workforce planning and job design. However, local authorities are the key commissioners of social care provision – spending £23.3 billion in 2019⁴. To ensure that the learnings would be best embedded in the system, we therefore looked to partner with a local authority commissioning team.

We teamed up with London Borough of Barking and Dagenham (LBBD) and a selection of providers in their area, and set out to understand in more depth what carers say they need to make the job fit better with their personal commitments. Our aim was to provide wider insight as to how small changes and greater transparency around the nature of working patterns could potentially enhance retention during the stages of recruitment, induction, and the first few months of the job.

We recognise, of course, that job design is just one very small part of addressing the recruitment and retention challenges within social care. Far wider government action is needed on many counts.

Emma Stewart

Founder, Timewise



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OUR APPROACH

Timewise partnered with LBBD firstly to review the extent to which workforce scheduling is a concern for new recruits, contributing to early drop-out rates; and secondly to test whether increased clarity and support around flexible working has the potential to improve matters.

Our 18 month programme ran from May 2021 to October 2022 and comprised four phases:



- Timewise and LBBD commissioning, and review of the programme approach
- LBBD promote the opportunity of involvement to home care providers
- Introductory workshop for providers, to outline what the opportunity involves and secure engagement.



PHASE 2:

DIAGNOSTIC AND ACTION PLANNING

Timewise undertook an initial diagnostic of current scheduling and workforce practices in domiciliary social care. Specific activities undertaken during this phase included:

- Rapid evidence review of wider research and data on compatible scheduling within adult social care
- Interviews with LBBD's commissioning and economic regeneration teams, and also with wider practitioners such as Skills for Care and Care City
- Qualitative interviews, via Zoom and telephone, with managers and HR from a group of four adult domiciliary care providers in the borough (Allied Healthcare, Supreme Homecare, Caronne Care and Redspot Care)
- A focus group with social care workers from the participating providers
- A workshop with LBBD and leads from the providers, to review the findings and agree next steps.



PHASE 3:

INTERVENTION WITH PROVIDERS

Building on the findings of the previous phase, Timewise determined that the most effective and pragmatic intervention would be to focus on recruitment and onboarding challenges for providers. Together with LBBD we agreed to:

- Undertake a review of the worker-led experience of recruitment, induction and onboarding. This involved shadowing care workers, but also managers and schedulers, in two of the providers for several weeks. The aims were to:
 - o capture good practice where it already exists
 - gain a deeper understanding of how scheduling could potentially be adjusted to take workers' needs into account
 - capture what care workers need to know at the point of hire, in order to make an informed decision to accept a job offer and therefore increase their likelihood of staying in the job.
- Based on the findings of the shadowing exercise, we developed a set of resources to help providers support candidates during the job application process. This comprised a guide and a video for prospective carers, and an accompanying guide for managers.
- Finally, we tested the effectiveness of the resources through LBBD's job brokerage team.



PHASE 4

EVALUATE, CODIFY AND SHARE

- The learnings from these interventions were evaluated by Timewise and the insights and recommendations are captured in this report, to be disseminated to practitioners, sector bodies and broader policy makers at London and national level.
- A briefing workshop on flexible job design will be held for providers across LBBD and neighbouring boroughs, targeted at care managers and schedule co-ordinators.
- Timewise will also provide additional specific recommendations for LBBD to consider.

THE CASE FOR ACTION

In this section, we provide the findings of our Rapid Evidence Review of the challenges in recruiting and retaining social care workers.

The turnover rate among care workers in England stood at 29% in 2021/2022⁵. More exited the social care sector in London than in other regions⁶, and the vacancy rate was also higher in London (13.2% compared to 10.7% nationally)⁷. The gap between supply and demand is expected to widen further over time, due to ageing within the population, and it is therefore a high priority for LBBD to improve both recruitment and retention.

There are also some issues with workforce diversity: carers are overwhelmingly female (82%) and older than average (27% are 55+), which suggests that providers struggle to recruit men and younger people. On the other hand, 21% are from minoritised ethnic groups, which rises to 67% in London – with 38% of London carers being non-British nationals⁸. This means that workforce planning is vulnerable to immigration changes affecting the future supply of candidates.

Jobs in the social care sector – and domiciliary care in particular – have some intrinsic characteristics which can be expected to create recruitment and retention challenges, especially in London:

- Low pay: while carers' pay has increased in line with the National Living Wage, it is lower in London than in other regions when adjusted for cost of living⁹. Average pay for care workers is also now lower than the 9 largest supermarkets, which have taken the cost of living into account when increasing their pay rates¹⁰.
- Challenging role: the role often involves lone working, comes with a high level of responsibility, time and travel pressures, and some unappealing tasks and stressful events¹¹.
- Lack of guaranteed work/hours: 41% of care workers in London are on zero hours contracts (significantly higher than the average rate for England of 24%)¹².

Additionally, a range of factors in HR processes contribute further to high staff turnover, including:

- Problems in the recruitment process, such as the targeting of recruitment efforts, filtering of candidates, and how expectations of the role are conveyed.
- Induction and support of new recruits
- Management approaches
- Training and development opportunities
- Workloads / planning / scheduling issues

One research study¹³ specifically links work planning and scheduling to recruitment and retention: "How working time is organised, including shift arrangements, the flexibility available to meet workers' needs, and requirements for travel may be critical to both entry and retention." The study concludes that work planning and scheduling are heavily influenced by local authority commissioning arrangements, requiring task based visits within tightly specified time slots. This means that paid working hours are focused at times of high demand, with the periods in between being neither rewarded nor recognised. In addition, carers often feel that they have to either rush their time slots or work a little longer without pay, and that the travel allowance is often insufficient to cover their time.

Most employers emphasise the availability of flexible working arrangements, including part-time positions¹⁴. However, divergencies between contractual hours and actual working hours are growing¹⁵, perhaps because of fewer workers and increasing workloads. As a result, the domiciliary care sector is characterised by a poor work/home equilibrium¹⁶.

Another report¹⁷ found that the inability to offer staff their preferred working patterns, due to service demands, was a challenge for providers when recruiting and retaining workers.

Research also highlights that care workers themselves identify a lack of autonomy and control over how work is planned as a key trigger for leaving their jobs¹⁸. Specifically, they cite a lack of guaranteed hours, unsociable hours, downtime in the middle of the day, unpredictable rotas/last minute changes, and a lack of input into rotas.

INSIGHTS FROM SOCIAL CARE PROVIDERS

This section records feedback from our initial interviews with managers and HR, and also from the shadowing exercise with service managers and schedulers. The insights are presented across a number of themes.

RECRUITMENT AND RETENTION

Plugging gaps and maintaining a sufficient workforce were the uppermost challenge for providers, with recruitment being a constant process. There are never no vacancies, and intensive time and considerable costs are required to interview candidates, conduct screening checks, and run training and inductions.

The managers try to be clear from the outset about the nature of the role and their expectations, in order to filter out unsuitable people. Nonetheless, they get a high number of candidates who either drop out before the end of training/induction or soon after starting the job. There is a perception among managers that the main problems are a lack of commitment on the part of candidates, and a lack of understanding of the nature of the tasks. In particular, they report that many people apply simply to fulfil the job search requirements of Job Centre Plus; and say others only want to work very restricted hours in order to continue receiving benefits. The problem of fall-out because candidates don't really want to work in care was heightened during the first year of the pandemic, when people applied due to having no other options.

Finally, the poor flexible working options that are available in domiciliary care mean that many of those who decide to stay in the care sector treat domiciliary work as a transition job, moving on as soon as they can to jobs in care homes, nursing or elsewhere.

Providers face a vicious circle and several have stopped taking on more care packages due to resourcing challenges. The result is that LBBD, like many other local authorities, face considerable challenges in ensuring they can provide care in future for all the clients who need it.

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They all have bills to pay. The hours aren't guaranteed so a lot of people don't want to do the job and I don't blame them.

TIMEWISE REFLECTIONS AND RECOMMENDATIONS

- The lived experience of being a carer is hard to convey in the abstract. While improvements to job quality are the primary need, finding effective ways to be more transparent during the application and interview process will also help ensure that more new recruits stay in the job in the long term.
- Providers have a standard set questions at interviews, which focus on choosing the 'right' type of person based on their values. But whether the person can realistically handle the schedule is a key contributor to the significant fall-out rate during the recruitment and induction phase, and scant attention is paid to this.
- Many new joiners are working mothers who need flexibility that fits with their family, and soon find that the times of work in fact offer a very poor fit. It's important to explain to parents that they will need a really good support network around them in order to be able to manage the shifts required in a care role.
- Providers need to be as transparent as possible in job adverts, their career pages and at interview around what shifts and working patterns are and are not possible.
- Some new recruits have insufficient language or technical skills to cope with aspects of the training, and it would be helpful to screen more effectively for this at recruitment.
- Providers could also try a wider range of recruitment tactics, for example improving their social media presence, and using referral and incentive schemes such as <u>Care Friends</u> to link in with the government's initiative on 'Made with Care'.
- However, we recognise that providers will struggle to implement some of the above suggestions, as they have little capacity to reflect on processes around recruitment, induction and retention.



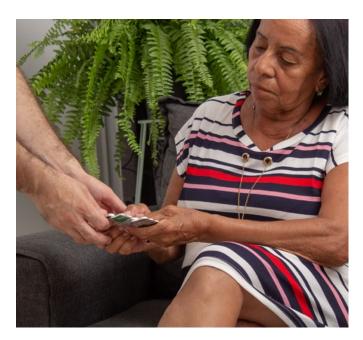
It's not a job for working mums because of the hours.

INITIAL TRAINING AND INDUCTION

New joiners complete modules of classroom training, shadowing and coaching, usually in that order. Around 50% of new recruits reportedly drop out during induction, with the biggest crunch point coming when they get practical exposure to the work and realise that the job is not for them. This is a clear waste of the investment in the theoretical classroom training.

There are, however, some competency issues around the classroom-based training, as the standards required of carers are now higher, especially with regard to safeguarding. Some candidates didn't finish school or have low English proficiency, which means they can struggle. In addition, those who are not tech savvy find it challenging to learn to use the app required by most providers, for clocking on/off and recording details of their visits to clients.

Another hurdle for new joiners is that they are not always paid for their time spent training, and this can be a significant deterrent especially for those who incur substantial costs such as childcare during this time. Certain support schemes are available, but they are often hard to access.



A lot of people struggle with the classroom learning and the detail of safeguarding.

People will do the training but then not actually commit to the shifts required.

TIMEWISE REFLECTIONS AND RECOMMENDATIONS

- In our view, it would be better for the shadowing and practical induction phase to take place first, before the theoretical training. Some providers are already trialling alternative approaches.
- To mitigate the problem of investing in the practical induction, only to have some new recruits dropping out due to lack of skills to complete the classroom training, we would recommend better skills screening at recruitment stage.
- There is a role for local authorities in providing clear guidance to ensure providers understand and comply with requirements around pay for training.
- If the training period will be unpaid, providers must ensure that job applicants are fully aware of this, and know how long the training will last. Providers should also signpost to funding, where available.
- While some financial support is available, many
 of the workers we spoke to were not clear on
 what they were eligible for, or how to apply for it.
 Commissioners should support care providers by
 clearly signposting information about training and
 childcare subsidies, so these can be promoted to
 potential new recruits. They should also signpost
 details of local support advisors (both independent
 services and those offered by local authorities) who
 can help prospective care workers to apply for
 financial support.
- More broadly, local authority commissioning leads should continue to play an active role, both directly and through the Local Government Association, in supporting policy lobbying for sector reform. This should include progress on pay, childcare subsidies directly funded by the government, and greater flexibility in universal credit requirements that will enable more women to make a career in social care financially viable.

THE ROLE OF COMMISSIONERS

Local authorities are responsible for commissioning publicly funded social care services, so play a key role in organising and paying for domiciliary care. This includes supporting care providers to operate in a sustainable way, ensuring they will be able to provide care in the future.

SCHEDULING

It is a constant headache for providers to ensure continuity of care for their service users, when a large proportion of carers want to work restricted hours, or are non-drivers and can only take local clients. They also regularly need to find cover for short notice absences, and respond quickly to changes in the demands of their service users.

All providers interviewed for this project reported that they enable staff to say at the outset which shifts they can work, and try to match this. However, some providers allow more flexibility than others. While managers do not perceive scheduling to be as big a cause of staff churn as low pay and the challenging nature of the job, there was nevertheless evidence of some pressure points:

- New recruits have little predictability over how much work they are given, or the times when it occurs.
 Flexible working tends to improve for care workers when they become more established and can build up a settled run with the shifts, locations and clients that work well for them.
- Most care workers therefore start by saying they can work a heavier shift pattern, but then decrease their hours when they realise they are not getting the balance they need to support the other aspects of their lives.
- Some new recruits refuse to take on certain shifts, quoting their zero hour contract as meaning they don't have to take it. Many managers feel this is because they lack commitment to the role, and say that it is very difficult after the probation period to dismiss these uncommitted carers. This means they have to pile more pressure onto their reliable staff, eventually causing some to leave to work elsewhere such as in a care home. Some providers financially incentivise carers to work the less attractive shifts, but others cannot afford to do this.
- Office staff often need to cover for sickness as there is not enough slack within the team of care workers.
- Smaller providers, or branches of providers, face increased challenges if they don't have a dedicated rota co-ordinator or use automated tools to support scheduling. They tend to be able to offer the least flexibility to their carers.

TIMEWISE REFLECTIONS AND RECOMMENDATIONS

- Explaining the nature of scheduling to applicants, and again during the induction, is key to helping people to understand their options and assess the compromises they may need to make.
- There are a number of ways to encourage the team as a whole to input into the scheduling and to support each other by swapping shifts and cover arrangements. One of these is the wholeteam meeting that providers convene every one to three months to keep carers up to date on any new training or information. WhatsApp groups are also used to good effect by some of the larger providers – separate groups for different care rounds can give staff an opening to raise issues as they happen, or to discuss changes to their own availability or needs. Finally, each carer's monthly session with their Field Supervisor is a good occasion to check in on whether the scheduling is working for that carer. Timewise's 2017 report on social care contains some useful insights on team sharing, including a team based rostering model that was effectively piloted with support from Timewise in south London.
- Even those who do want to stay often don't because they're loaded with work with not enough breaks, and because of the pay.
- It's like they control us...they have us over a barrel with zero hours contracts...it's emotional blackmail.



OTHER ASPECTS OF THE JOB

Whilst the focus of this report is on scheduling and how better flexible work can help attract and retain more carers, it is worth recording some of the other concerns that managers voiced about the way the sector works, and the barriers to improved retention.

Pay: Managers recognise that pay is paramount. LBBD pays all of their staff and agency staff a London Living Wage¹⁹ and in 2022 became an accredited Living Wage employer, committing to also require their suppliers to pay staff working on LBBD contracts the London Living Wage. However, due to timing of contracts, the current homecare framework is not required to do this, although commissioning is supporting providers to move towards it.

Rewarding excellence: Managers also say they would like to be able to pay care workers more once they have proved themselves, and also to have more ways to recognise and reward good performance. However, the lack of national funding for social care limits the margins from commissioned contracts; this in turn restricts care providers' ability to allow for any such additional costs.

Team building: Domiciliary care can be an isolating role, as most visits are done by a care worker on their own, with limited connectivity to the rest of their team. New recruits feel this solitude most keenly. Good managers therefore connect regularly with their carers, spotting areas where they can support them with further guidance and training. They also operate an open-door policy so carers feel the management team are approachable and available to support anyone who is experiencing difficulties.

Travel and pay: An allowance for travel time is included in the living wage pay calculations, but carers report that they sometimes find it is insufficient to cover the full time involved. And while petrol is paid by some providers, public transport costs tend not to be.

TIMEWISE REFLECTIONS AND RECOMMENDATIONS

- LBBD's action on the London Living Wage is a
 positive step, but it has not yet become standard
 practice across all local authorities. Timewise
 supports the London Mayor's ask²⁰ of all London's
 boroughs to match the London Living Wage.
- Commissioners could better support care providers to maximise employee engagement and team cohesion, through access to free training and development for leaders and managers.
- Travel time and wait time between appointments should both be included in the pay calculation, as well as the time spent with clients. At the very least, pay per hour including all these components should average out at the national minimum wage or London living wage²¹. Commissioners should ensure that carers' travel time is paid, by improving the clarity of guidance to providers and doing spot checks to ensure consistent implementation, as carried out by LBBD.



INSIGHTS FROM DOMICILIARY CARE WORKERS

Pay matters most to carers. That's a given. But having input and control over their working patterns matters too, especially with regard to predictability and advance notice of shifts.

SCHEDULING ISSUES THAT ARE PROBLEMATIC FOR SOME CARERS

Carers told us they feel rushed by their rotas because tightly specified slots, especially short visits, give them little time with their clients and between visits. They report that insufficient time is allocated for some visits, meaning they end up working longer and not being paid.

Carers also feel under pressure to work more than they wish to, in response to managers' requests to provide cover.

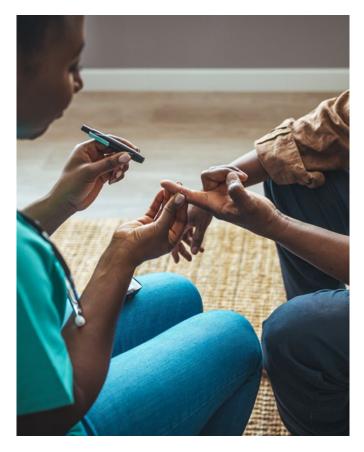
But not getting enough guaranteed hours' work is also cited as a problem, particularly by new recruits. This is because it takes time for new staff to build up a rota of regular clients, and also because the work that is offered is not always at times they can manage. Unpredictable shifts are also a heightened problem for new recruits, who cannot see that better times lie ahead and find it difficult to plan for unpredictability in the short term.

Locally based runs are very important to carers, but they can be hard to come by. Non-drivers are particularly reluctant to go further afield, because public transport takes longer and their travel costs are not paid.

A few carers felt that rotas are not allocated fairly and that some have more favourable arrangements than others.

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It was too demanding to be on call as a field supervisor. I wanted more family time.





HOW SOME CARERS MAKE THEIR SCHEDULES WORK FOR THEM

Carers who stay in the job long enough are often able to build up a rota of regular clients in locations that are easy to travel between, and this gives them a settled, more predictable week. Those who manage to get clients close to their own home can also reduce their downtime between visits by heading back for a break or to do some personal chores, instead of having to hang around.

Building a good relationship with their care co-ordinator, and having the confidence to be firm about which shifts they will and won't do, are both critical to developing a rota that works. Of course, this input from carers is the flip side of managers' concerns about staff being reluctant to work certain shifts. It is a tension that needs careful management.

Carers who manage well also say that it is important to push back against the pressure to work more hours – in particular, they say it's important for all carers to inform their field supervisor when time slots have been underestimated, so that the care package can be reassessed. Carers report that failing to sort out problems leads to some carers rushing their tasks or running over time without pay, which can cause them serious difficulties with their family lives, such as being late for school pick-ups.

The carers who make their schedules work well are also good planners. They think through efficiencies they can make, such as combining the shopping requirements of three different clients into one weekly shop; thinking ahead about cover they can draw on in the event of an emergency; managing the ad-hoc calls and questions they get from clients and their families by keeping them up to date with their own availability.

Those carers who had the best experiences with their rotas reported that their managers keep the team in the loop and explain why schedule changes are needed. Good managers are also amenable to making changes at the request of their care workers, and bring the team together to discuss scheduling issues so there is a sense of involvement, trust and parity.

I've got my run so it's OK now. It took a long time to get what I want.

You decide how you want your job to be planned. If you don't like something they'll change it. That's why I'm still here till now.

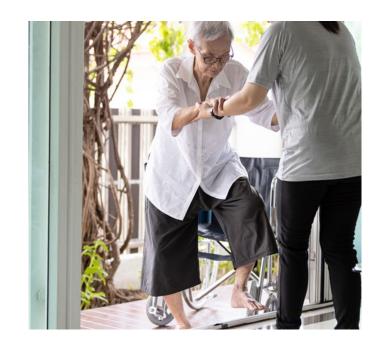
There's no hierarchy, everyone is treated equally. We're a team.

OTHER ASPECTS OF THE WORK

Pay issues are of course a common criticism from carers. This includes resentment over not being fully remunerated, because the travel time allowance is insufficient or because not enough time has been allocated for visits; and also because the cost of public transport between client visits is not reimbursed.

The nature of the tasks is another issue, with some carers preferring clients with fewer personal care needs and complex medical routines. On the other hand, visits to complex cases are paid more, and carers often work in pairs in these cases due to the intensity of the work.

Carers derive satisfaction from caring, but it can be a solitary and stressful job with little sense of belonging to a team. All these factors, combined with limited progression opportunities, lead them to view care work as an interim job. And in the current economic climate, plenty of other work opportunities are available.



TESTING IMPROVED CLARITY AROUND FLEXIBLE WORKING

We learned from our research and from talking with care managers that providers are dealing with a high volume of inappropriate candidates, and that there is a significant drop-out rate at interview, induction and training. The carer-led shadowing exercise then showed us that, while there are many other challenges to recruitment and retention, scheduling is one of them. We decided to try to address the early drop-out rate, within Timewise's remit of flexible working.

Practical exposure to scheduling, during induction or in the early months of the job, is one of the contributary crunch points for drop-out, when new recruits realise that the flexibility that is available is not the right sort of flexibility to fit with their other commitments. We mapped the resources available to people looking to work in social care and found lots of information on the nature of the job, but very little advice on the working patterns.

We therefore agreed with LBBD that we would test the effectiveness of plugging the information gap, and encouraging applicants to consider whether they can manage the role alongside their personal commitments.

Timewise produced the following resources to support candidates' thinking:

- A guide for carers featuring 'best friend' tips from a team of care workers, with a focus on the realities of scheduling, to help applicants consider whether the career choice is likely to suit them.
- Guidance for hiring managers to accompany the guide for carers, as the managers were responsible for encouraging carers to read the guide, and also needed to be receptive to any resulting questions.

The resources were supplied to LBBD's team of job brokers and to Care Providers Voice – a network for providers in LBBD and two other boroughs in North East London. The resources were used over a period of three months, with qualitative evaluation via follow up interviews.

THE CARERS' GUIDE

The key resource was the <u>carers' guide</u>, 'Time to care?' The contents cover the following themes:

Understanding the working patterns

- The pros and cons of zero hours
- How scheduling works
- What a full day in domiciliary care looks like
- Which working patterns might fit around your life
- Travel considerations

What to expect in the first few weeks and months

- Training and shadowing
- Unpredictable working patterns initially
- Compromises for you to consider

'Coffee break exercises' to help you work out how you might manage your time

- Time I have for work
- Time for family & friends
- Caring for me



EVALUATION

Over a period of three months, we tested the carers' guide through LBBD job brokerage and Care Providers Voice. The guide was promoted to new potential applicants for jobs in domiciliary care, to see if it helped them better understand the reality of working patterns and how to make these work around their own non-work commitments.

The effectiveness of the guide was evaluated through qualitative video and telephone interviews with the brokers, the employment engagement lead who co-ordinated the trial, and six candidates who received the guide.



FEEDBACK FROM BROKERS

The brokers reported that the candidates they saw during the test were generally very interested in the flexibility offered by a job in domiciliary care. The majority were seeking part-time hours due to health, their own caring needs, retaining benefits, or study.

All the brokers agreed the guide includes useful information that is not available elsewhere. Feedback included that that its advice is comprehensive and well thought out, building a picture of how challenging it may be to work in social care at first, and showing clearly that the job requires carers to fit into the lives and needs of their clients, which can conflict with their own personal lives and needs.

However, the brokers questioned whether a written guide is the best delivery channel for imparting information to candidates, who they felt would be more engaged by a video or interactive online resource. Brokers tend to deal with applicants who have language or educational barriers to entering work, who require intensive support and guidance delivered face-to-face. They are perceived to be unlikely to be able to access and benefit from written information, and take more in by listening to someone.

As such, there was a suggestion that the guide should be recast as an interactive online resource for brokers to use during conversations with applicants.

Alongside the test, we also shared the guide informally with one of the providers involved in the work shadowing. The operations manager reported that they used it across their recruitment channels, finding it an effective way to provide information about the nature of working patterns to prospective candidates. Early indicators were that applicants felt it helped them to better understand the nature of the role.

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If I knew nothing about working in care, I would be able to gain invaluable information from the guide. I would come away knowing that it is a fulfilling and rewarding role but also challenging at times.

FEEDBACK FROM CANDIDATES

The trial experienced some challenges which limited our ability to evaluate the guide's impact on candidates. Primarily, there was a significant drop in candidates during the trial period. This was perceived to be due to multiple factors – the summer timing; suppressed interest in social care jobs because of many alternative job options being available in the buoyant vacancy market; and the impact of the cost of living crisis causing reluctance on the part of unemployed people to enter work and risk losing benefits.

In addition, it was challenging to engage with some of the candidates who were put forward to be part of the evaluation. Some were not contactable, some dropped out at short notice, and most of those who did take part had low English proficiency, so may have found it a challenge to read the written guide, as the brokers suspected. Finally, not all of the interviewed candidates recalled reading the guide. Some said they had a lot of other documents to review and complete, and they felt overwhelmed with information and paperwork. There was a general preference for speaking to their broker or work coach so that they could ask questions, rather than being given information in a written format.

Notwithstanding all these issues, those candidates who had read the guide found the contents interesting. The interviews confirmed the fact that while candidates are aware of the nature of tasks in care work, they are unaware of the working patterns. They believed the role would suit them as it would fit with their personal caring responsibilities, and did not realise that the timing of some slots would be a problem. It highlighted to them the need to talk through the timing of slots at interview stage, and to make sure they were completely clear about how much flexibility would and wouldn't be possible before starting their induction.

Overall, the advice provided by the guide was valuable, and there were indications that it could help cut down on wasted applications and on the cost of training carers who would not be able to manage the schedules. But, in a nutshell, the guidance was not presented in the best delivery format.



CONCLUSION AND RECOMMENDATIONS

This project by Timewise and LBBD has reinforced previous evidence of the need to make social care a more attractive career choice, in order to solve the recruitment and retention crisis in the sector. Our work with existing care workers – most of whom were women with their own caring demands – highlighted the importance of balancing work with personal commitments, and identified this as one the many reasons for high staff churn. We also found that while providers do try to accommodate flexibility, there is a lack of transparency about what is and isn't possible.

Our findings suggest that greater clarity around scheduling would be helpful during the recruitment process, and potentially reduce the high drop-out rate that occurs when new recruits experience their schedule and realise that the working patterns are not a good fit for them. We do, of course, fully recognise that improving flexible working in care jobs is just one small component of the many wider changes needed to solve the crisis. The sector needs big solutions, but there are some quick practical wins to be made through supporting providers to improve workforce planning and make recruitment a more transparent and efficient process.

We hope the resources produced in the course of this project, together with the insights gained and captured in this report, will prove useful to care commissioners and providers. We are delighted that, following the project, LBBD are now bringing job design training into their wider offer to their social care provider network, having recognised both the gap in capability and also the needs of the local workforce who want to work flexibly.

Below, we summarise some recommendations for further action by providers, intermediaries and commissioners, with a focus on flexible working and job design in the context of workforce planning. A joined-up approach will be required, with providers and local authorities working together, and with local authorities both commissioning AND providing more tailored job brokerage support to providers.

RECOMMENDATIONS FOR PROVIDERS

- Be as transparent as possible to prospective carers, communicating as much as you can about working patterns throughout the recruitment process. See more information in our guide for managers.
- Support new carers to feel part of a team, as our project highlighted that this can aid retention by helping them settle into their roles and feel able to adjust/swap shifts with their colleagues.
- Ensure field supervisors have regular (ideally monthly)
 welfare meetings with care workers, and that they use
 them to review shift allocations, capture preferences,
 and communicate where adjustments can and cannot
 be made.
- Encourage the use of Whatsapp or Facebook groups to support informal team connections, and facilitate workers to share hints and tips on making the job and its working patterns work for them.



VIDEO RESOURCE

Separately from the test described and evaluated in this report, Timewise produced a video to raise awareness of scheduling as a critical component of pursuing a career in care. We are currently discussing with Skills for Care and others how to best promote the video to providers and carers.

RECOMMENDATIONS FOR LOCAL AUTHORITY EMPLOYMENT AND SKILLS TEAMS AND OTHER LOCAL JOB BROKERAGE PROVISION

- For advisors: To help reduce drop-out rates, ensure to ask jobseekers who are considering care for the first time to carefully think through their working patterns, as well as the nature of the tasks. Offer advice on assessing how to balance work with their own caring or non-work needs. Use our guide for carers and accompanying guide for managers and also consider what can be made available on video or digitally for those whose first language is not English.
- For employer engagement leads: Stimulate
 conversations with providers about how to provide
 clarity up front around the precise nature of flexible
 working options for carers. Encourage providers to
 be as clear and honest as possible in job adverts and
 during the interview process.
- For managers: Task advisors with having these discussions and provide access to support and training on flexible job design, scheduling, best practice examples and case studies.

RECOMMENDATIONS FOR LOCAL AUTHORITY COMMISSIONING TEAMS

Across the board it was suggested that the following adaptations in local authorities' commissioning practices would make it easier for providers to schedule work:

- As part of a whole systems approach to workforce planning within the commissioning of adult social care services, consider the importance of supporting providers with job design skills and capabilities.
 Ideally this would be through access to training for social care managers, provided by the local authority, potentially as part of wellbeing strategies.
- Enable providers to cover carers' travel time and to reimburse their associated costs (for example by providing parking permits), as this could encourage carers to travel further afield.
- Allocate more realistic times to tasks through the commissioning process, particularly for morning visits, in order to reduce pressure which risks carers' time going unpaid.
- Task providers to pay London Living Wage and wherever possible provide funding for carers' induction and training.



- 1. Skills for Care 2022
- 2. The King's Fund 2018
- 3. The Health Foundation, 2020
- 4. The King's Fund 2021
- 5. Skills for Care 2022
- 6. The Health Foundation, 2020
- 7. Skills for Care 2022
- 8. The Health Foundation, 2020
- 9. The Health Foundation, 2020
- **10.** The King's Fund, 2022
- 11. Transform Research, 2017
- 12. The Health Foundation, 2020
- 13. 'Bringing the employer back in: why social care needs a standard employment relationship' Rubery et al, 2011
- 14. Atkinson et. al. 2016 & Yeandle et al., 2006
- 15. Bessa et al., 2013
- 16. Rubery and Urwin, 2011
- 17. Social Work Services Strategic Forum, 2016
- 18. Transform Research, 2018
- 19. https://www.lbbd.gov.uk/sites/default/files/2022-09/Pay%20 Policy%20Statement%202022-2023 0.pdf
- 20. https://www.london.gov.uk/press-releases/assembly/pay-care-workers-the-london-living-wage
- **21.** https://www.theaccessgroup.com/en-gb/blog/hsc-home-care-and-travel-time-pay-what-is-the-situation/

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Timewise is a social enterprise with commercial expertise and a clear goal: to make flexible working work for everyone.

Through our work with employers, candidates, policymakers, labour market influencers and funders, we're creating stronger, more inclusive workplaces, powered by flexible working.

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