

PAY, CONDITIONS AND CARE QUALITY IN RESIDENTIAL, NURSING AND DOMICILIARY SERVICES

This *Round-up* examines the relationship between pay and conditions for workers in residential, nursing and domiciliary care services and the quality of care experienced by people using the service.

Key points

- Care workers do demanding work for low pay. Evidence on the direct causal relationship between increased pay and improved care quality is as yet inconclusive. However, research shows the importance of making staff feel valued; chances for progression; managerial support and human resource management that is proportional.
- The low social status accorded to care work needs to be addressed as it influences how the whole sector is perceived and reward understood.
- In order to provide the appropriate conditions, rewards and support to staff, organisations need to understand the personal motivation of care workers. Many are loyal to the sector because they are motivated by a primary commitment to service users.
- Working conditions and organisational culture are essential parts of the overall approach to ensuring low-paid staff feel valued and satisfied, recruitment and retention of talented staff is maximised, and the continuity of care associated with quality is maintained.
- Employee retention is important in a sector where staff continuity is needed to ensure relationship-building between care worker and service user that is of vital importance to care quality, particularly for older people.

INTRODUCTION

This paper summarises the findings of a Joseph Rowntree Foundation (JRF) study that looked at staff pay, status and quality of care in social care (Owen *et al.*, unpublished). It supplements this with messages from two JRF reports on rewarding work for low-paid employees and career progression for workers in retail, catering and care sectors (Philpott, forthcoming; Devins, 2014).

The main question the summary seeks to explore is: What motivates and supports care workers to do a good job and deliver quality care?

Background

Social care services are being delivered in an increasingly challenging environment where costs are being cut, commissioners are expecting providers to 'do more with less' and yet people who use services, their carers and families have increasing expectations about service quality and care worker skills and attributes. The job of the care worker is becoming more complex, with older people who have high support needs living longer in the community and increasing numbers of people with advanced dementia living in residential and nursing care homes. However, despite its demanding and often complex nature, care work remains one of the lowest-paid and lowest-status jobs. According to Skills for Care, in 2012 adult care workers were paid an average of 91p per hour above the £6.19 National Minimum Wage for adults (Skills for Care, 2013). Crucially, the extent to which care workers feel their job is valued is influenced by general social perceptions of care work. The low status accorded to care work may have a pervasive effect on the whole sector.

Several reviews and inquiries have suggested that the quality of care delivered by some care providers can be substandard and requires urgent attention, particularly in relation to staffing issues and working conditions. For example, the Cavendish Review, an independent inquiry into care work in health and social care, pointed to difficulties with management and employers ensuring their staff had basic competencies (Cavendish, 2013). Among other things the review highlighted training, skills development, career progression and professional esteem as in need of improvement for care workers. The Equality and Human Rights Commission has warned about the potential impact of cuts on the pay and conditions of care staff and the consequent effect on service quality (EHRC, 2011).

There are several ways to define quality of care. For the purposes of this *Round-up* the definition of quality focuses on the personal, lived experience of people using the service, their carers, family and friends. It can be measured by the extent to which a service supports a person to live with maximum dignity and independence and with optimum choice over their support and control over their lives. The *My Home Life* initiative promotes quality of life in care homes and defines eight themes for good practice and care quality for people living and working in them:

- 1 Maintaining identity
- 2 Creating community
- 3 Sharing decision-making
- 4 Managing transitions
- 5 Improving health and healthcare
- 6 Supporting good end of life
- 7 Keeping the workforce fit for purpose
- 8 Promoting positive culture

(My Home Life, 2006)

The *My Home Life* evidence demonstrates that care quality is underpinned by 'relationship-centred care' that recognises the importance of seeing the care home as a community where the quality of life of staff, family, friends and residents are all crucial to improvements in practice. The evidence

also suggests that where staff are supported to feel emotionally engaged in their work, this has the potential to have a positive effect on quality.

The research looked at for this *Round-up* examines some of the possibilities for good practice in care worker reward and recognition to deliver the quality of care people want. It is commonly thought that the low wages of care workers have a direct impact on the quality of care for people using services and their carers because low pay affects motivation, performance, recruitment and retention. However, the research suggests that the picture may be more complex than it first appears.

The main points from the three pieces of JRF research about what motivates and supports staff to deliver quality care in residential, nursing and domiciliary services are summarised below under three headings: motivation and values; pay and progression; conditions to do the job well.

Motivation and values

The industry consultation research by Owen *et al* (2014) on the relationship between staff pay and quality in social care indicated particular emotional and value-based motivations for some staff working in the sector. Consultation respondents felt that quality was often driven by staff commitment to service users and because of this focus many staff were motivated to focus on quality of relationships as well as tasks. The squeeze on budgets was found to affect motivation relating to job satisfaction, as reduced budgets often meant reduced time spent with service users. Because of this positive personal motivation, Owen *et al* warn against too much emphasis on the type of over-professionalisation that marginalises the 'soft skills' needed to deliver the basic individual care and attention associated with relationship-centred care quality.

Similar messages come from the JRF research on rewarding work for low-paid workers (Philpott, forthcoming). It found that despite the fact that the majority of care workers have minimal or no formal qualifications, they have particular soft skills, personal characteristics and a strong vocational motivation despite low pay and low status. This loyalty to the sector is evidenced by patterns of job movement within the sector – workers staying in social care but moving employers. This reflects the finding of Owen *et al* (2014) about many care staff having a primary motivational commitment to service users and then to the organisation that employs them. In addition, care worker retention can be affected by staff not having the managerial support or working conditions to offer the type of care and support they think service users value, as well as by factors relating to reward and recognition. There can be tensions between managerial stipulations about productivity and the extent to which some employees feel able to fulfil their true vocation to the job. Employee retention is important in a sector where staff continuity is needed to ensure the familiarity between care worker and service user that is vital for care quality, particularly for older people.

Pay and progression

The research by Owen *et al* (2014) indicated a complex relationship between staff pay, performance and care quality. It found that evidence concerning the direct causal relationship of increased pay to improved performance and quality is inconclusive. Although opinions differed, in general the experts consulted said they did not think there was a simple situation where increased pay automatically led directly to increased quality. There was a mixed response on whether pay directly affected staff sickness and retention, but a recognition that levels of pay can impact on employers' ability to recruit and retain talented staff. Valuing staff can be expressed in monetary reward, but this is just one part of the overall organisation's relationship with staff and the general societal recognition of the value of care work. However, Philpott (forthcoming) argues the need to raise minimum pay rates to a living wage, which is set at £7.65 across the UK except for London, and £8.80 in London (Living Wage Foundation, 2013). So, while pay is important, it is not sufficient in itself to address the issue of ensuring quality care. A care worker could be paid twice as much but if working conditions remain the same, they would still not be able to perform to their best ability and sustain or improve quality.

When it comes to progression, JRF research shows that care work is often seen as a 'job' that is temporary or to supplement income, particularly for women with family caring roles, so 'career'

progression is not necessarily built into the reward structure in some organisations. The absence of a conventional route to progression is also influenced by the size of the employer, which for care providers differs greatly. Some care workers have strong personal skills but weaker literacy and numeracy skills, which can make the higher level training required for progression problematic. It is not always the case that care staff financially benefit from becoming more qualified, as few organisations have the wage or other hierarchy structures to facilitate that type of progression. However, small pay increases can be used as incentives for workers to learn, and support for learning through paid study time and meeting the cost of training can help skills development to improve the quality of care.

In an industry where progression is not as simple as the movement from frontline to management positions, schemes like job variation can have a positive impact on staff performance and retention in the care sector. Such an approach can improve work variety and increase experience. The Cavendish Report into care work recommended the development of a sector Career Development Framework (Cavendish, 2013). More generally, the JRF report on the progression of low-paid workers, including those in the care sector, recognised that offering progression and investing in and engaging the workforce are activities that add value (Philpott, forthcoming). Devins *et al* 2014 show that the development of comprehensive approaches to employment and training in environments without conventional progression and hierarchy can help employers develop and retain good staff and give employers a competitive advantage. Improved management practices around supervision, reflection and mentoring can identify and nurture employees with the aspiration and potential to develop their skills. If levels of staff turnover affect quality, the care sector can realise the potential benefits (including cost) of retaining and developing direct care workers through intelligent approaches to pay and progression schemes.

Case study: United Response

United Response is a national charity that supports people who have learning disabilities, mental health needs and physical disabilities to take control of their lives. Their work ranges from supporting people to live as independently as possible to helping them access community services, secure training and seek work opportunities. It employs 3,500 across 300 sites. The majority of workers are employed in frontline positions as support workers and senior support workers.

A people-centred approach lies at the core of the organisation's values and this informs their practices to support progression. United Response has established a competency framework for roles within the organisation and workers are assessed against this. Line manager reviews are a central element of the approach with assessments of workers' qualifications, informal learning, attitudes and behaviours made against the competency framework. Line managers are also expected to offer coaching and mentoring in line with the people-centred approach favoured by the organisation.

United Response offers apprenticeships wherever possible and workers are expected to indicate a commitment to complete the qualification, which then opens up opportunities for progression to a senior support worker role.

Although willingness to undertake training does play a role in progression, other factors such as a good attendance record, strong organisational values and an affinity for the role are also important.

The organisation prides itself on supporting progression and this is reinforced by managers and supervisors who have themselves progressed in the organisation. Developing and sustaining strong values, attitudes and behaviours among the workforce as a whole is a key to the successful growth of the company

A people-centred approach is seen to reduce staff turnover, and improve the quality of service. United Response reports that it is much more cost-effective to progress and promote existing staff than to recruit externally.

(Devins *et al* (2014) pp. 35–36)

Conditions to do the job well

The research summarised here is clear that low-paid workers such as those in the care sector require better conditions to do their job well and to deliver good quality person-centred care. The JRF report on in-work poverty (Philpott, forthcoming) suggests 'job quality' is important for low-paid work and for workforce training and capacity building. Similarly the report looking at rewarding work for low-paid workers (Devins *et al.*, 2014) emphasises the 'case for good work' and better management and suggests ways to make low-paid jobs better that do not necessarily involve significant pay increases. Examples from Owen *et al.*'s consultation illustrate some approaches.

Practice examples

Providers were asked about the impact of pay incentives on staff motivation, retention and quality.

- One provider noted how recent pay rises had helped staff recognise that they were above average pay across the sector. This appeared to be regarded as positive in helping staff feel valued by their organisation.
- As part of improving organisational culture, a domiciliary care agency had begun to pay for travel time and had witnessed an improvement in retention.
- A provider noted that because they were less reliant on local authority placements, they could pay their staff more and as a result had seen a measurable improvement in quality. They were more able to recruit staff who were proficient in communication and could understand the needs and preferences of individuals, including cultural aspects of care.

From the industry consultation by Owen *et al.* (2014)

Looking specifically at care, Owen *et al.* stress the importance of organisational culture for supporting staff to do their jobs well, to communicate value and to build on primary motivational commitment to service users. The Cavendish Report (2013) highlights good practice where organisations recruit workers for their qualities, values and commitment to caring, and invest in training and development, which is then translated into daily practice. All these factors are found to influence an employer's capacity to recruit and retain talented staff, with retention being vital for the continuity of care needed for delivering quality and containing agency staff and recruitment costs.

In their industry consultation, Owen *et al.* (2014) discovered that there were various ways to demonstrate staff being valued. However, respondents said that care workers needed to feel valued and supported in what could be a physically and emotionally difficult job, with expectations that they take on high levels of responsibility for delivering complex services. Workloads could be high and conditions stressful. Examples include offering benefits packages (such as local discounts, counselling services, childcare vouchers, staff awards, recreational room), ensuring flexible working and creating links between staff personal interests and the work they are doing. Training, development, management and supervision are also cited as being vital aspects to address when improving working conditions to improve quality of care. This includes full induction, opportunities for safe and open reflection and staff support forums. Involvement in, and ownership of, organisational values and culture could contribute to improved working conditions and staff commitment and satisfaction. 'Little things' like the way the organisation engages with staff and the quality of communication between managers and workers were found to influence the quality of service being provided.

The JRF research on rewarding work for low-paid workers (Philpott, forthcoming) gives further detail about the type of working conditions and approaches that impact on motivation and the delivery of quality services. The reduction of employee stress is an important factor, particularly for those working in social care. There is a general case for organisations with low-paid staff to adopt appropriate and proportionate human resource and development practices to improve the quality of the working life of

low-paid employees and the bottom-line performance of low-paying organisations. Human resource processes are needed in the adult social care sector but should not be overly bureaucratic as this could divert managerial attention from direct frontline work. For providers looking to change their working conditions and organisational culture, the research shows that strategies should target improvements in leadership and management, particularly people management skills. To boost staff motivation and performance, the change management process requires the close consultation and involvement of employees.

Philpott (forthcoming) also highlights the core issues of quality of management, working conditions and appropriate, supportive human resource practices. Again the research shows that care workers do demanding work for low pay, characterised by antisocial hours, isolation, uncertain contractual arrangements, and travel time and costs for domiciliary work in particular. These negative aspects need to be addressed through improved working and human resource management practices. The report notes that the type of contracts used by employers can affect staff retention and quality. It is estimated that 30 per cent of care staff are now on zero-hours contracts. While the flexibility of such contracts can work for local workers with other commitments, zero-hours contracting is generally regarded as being in the interests of the employer. The near absence of collective bargaining or trade union representation in the sector makes it difficult for workers to challenge issues like contract terms.

The Cavendish Report (2013) recommended minimum competency standards before staff can work unsupervised and an employee code of conduct. The research points to the importance of improved management practice and better managerial training, according to the character and scale of the provider. Philpott's (forthcoming) JRF research suggests that employment relations in very small organisations without formal human resource management structures or collective representation can result in situations where workers are put under pressure from managers to do unpaid overtime. The specific impact of travel time and costs is well evidenced, with domiciliary care workers sometimes not being paid for travel time or fully reimbursed for fuel costs, a factor that can lead to retention problems in a sector where greater continuity of care is regarded as crucial for quality. The Cavendish Report (2013) recommended including travel time in job contracts in order to improve quality of care.

Implications for practice

The JRF research here suggests that pay is one factor in the more complex business of retaining and motivating staff to do their job well. The following points outline some implications for practice coming out of the research.

- If an employer is unable to provide staff with the conditions to focus on what service users want, then some staff may be more likely to move to another social care provider.
- Social care employers should recognise the potential benefits of focusing on core issues of management competency and communication; organisational engagement with staff; proportionate, supportive human resource management; investment in training and development; imaginative benefits packages; and reduction of employee stress. All these issues can affect quality of care.
- For employers wishing to improve staff performance, incentives for learning and skills development, improved management supervision and mentoring practices, and job variation can have positive impacts.
- Staff retention has cost as well as quality implications and intelligent approaches to pay setting and progression schemes can have potential benefits for retaining staff.
- If local authority commissioners focus on cost reduction this can mitigate against the development of services valued by service users and carers who are concerned primarily with quality.

About this paper

This *Round-up* was commissioned as part of the JRF Care homes: risk and relationships programme. It draws together key messages from research on staff pay, conditions and career progression for workers in residential, nursing and domiciliary care services and the impact on quality of care.

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