

Fair work in the foundational economy - experiences in social care

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Summary

There is growing interest in the foundational economy, but there is also some concern about the terms and conditions of employment in parts of it.

This report brings together insights from employees, their representatives and employers in social care - a key foundational sector. It finds that:

- Workers' experiences in social care are shaped by considerable job insecurity, primarily due to perceived arbitrary and inconsistent enforcement of the code of practice for social care workers.
- Workers also experienced insecurity in terms of hours of work, with widespread use of bank or zero hours contracts. Many social care workers face difficulty juggling uncertain demands of work with family responsibilities.
- Low pay was a matter of considerable concern to social care workers. Many did not earn enough for basics and had to rely either on welfare benefits or a partner's earnings. A number of workers said they undertook work for which they were not paid.
- Lack of sick pay was an added concern. Not only do workers who are unable to work due to illness or injury face financial hardship, some work when unwell posing risks to both themselves and the people they care for.
- Many workers reported high levels of stress as a result of uncertainty about working hours, increased intensity of work and concerns about their safety in the workplace especially if they worked alone. Early concerns about protective equipment in the pandemic had largely eased.
- Trades union membership is relatively low. Workers were not always aware that they could join a union and if they did, considered them too costly. Unions face difficulty organising in a highly fragmented sector, and were sometimes preoccupied representing workers at disciplinaries rather than wider issues of terms and conditions.

If the foundational economy is to be central to efforts to regenerate the Welsh economy, especially after Covid-19, then terms and conditions in social care, as in other foundational sectors, must be improved. Greater security and more certainty about hours of work, higher pay and provision of sick pay and improved safety at work should be priorities for improvement.

1. Introduction

The foundational economy is attracting increasing interest in Wales as a way of encouraging stable, local economic activity and employment. The foundational economy is very varied, ranging from the provision of essential services such as water, energy, housing and health care, to so-called ‘overlooked’ sectors that are mostly dependent on household expenditure.

Some parts of the foundational economy are associated with terms and conditions that are worse than average. If the foundational economy is to be the cornerstone of Welsh economic policy, the quality of jobs within key parts of it will need to be improved if low pay and poor conditions are not to be entrenched in the labour market.

The Bevan Foundation was awarded funding from the Welsh Government’s Foundational Economy Challenge Fund to identify ways in which the prevalence of fair work could be increased in it, focusing on three key sectors – retail, social care and hospitality. This report summarises the experiences of workers and employers in social care, offering insights into job security, pay, health and well-being, and worker voice for workers across the sector. It is part of a set of reports, with others covering key data, experiences in retail and hospitality and evidence on effective interventions.

1.1. Fair work in the foundational economy

The foundational economy comprises the provision of goods and services that are essential to everyday life, such as food, housing, health, and social care, as well as some services such as the retail and hospitality sectors. The concept has become popular in Wales in recent years, and it is seen to have considerable potential for growth especially in areas with weaker economies. Although much attention has been given to the potential of the foundational economy, jobs within the sector have relatively poor terms and conditions with issues of low pay, precarity, and insecure work. This is particularly evident in hospitality, retail, and social care.

The Fair Work Commission was set up by the First Minister to consider how Welsh Government could promote fair employment practices across Wales. The commission published a set of recommendations in Spring 2019 and defined fair work as a workplace where workers are “fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive environment where rights are respected”. The six characteristics outlined within the definition are:

- Fair reward
- employee voice and collective representation
- security and flexibility
- opportunity for access, growth, and progression
- safe, healthy, and inclusive working environment
- legal rights respected and given substantive effect.

The promotion of equality and inclusion is integral to all six characteristics.

1.2. The social care sector in Wales

Social care supports people who require care and assistance in their daily lives, such as older people, children who have physical or social needs, disabled people, and their families and carers. Care and

support might include support to communicate, protection from abuse or neglect, help to maintain or develop family or other significant personal relationships or help with everyday living (e.g., getting in and out of bed, cooking, and laundry)¹.

The organisation, arrangement, and delivery of social care in Wales is complex. The Covid-19 pandemic has exposed the fragility of elements of the sector and the issues of fragmentation of care. The Welsh Government sets national policy through the Department for Health and Social Services and local authorities have a statutory responsibility for planning and commissioning social care services. Each of the twenty-two local authorities plans and delivers this statutory responsibility differently; for example, some provide care directly whilst some commission services from the private or voluntary sector. As a result of local level decision making, adult social care services vary across Wales.

The commissioning of services has created a social care market that some refer to as a “monopsony – where there are a small number of purchasers and a large number of providers”. In Wales local authorities are the main buyer in the social care market and in the context of austerity, this market structure and pressurised budgets has caused a driving down of fees and costs. Private and third sector care providers are often competing within the same local area by minimising costs to win contracts. With the main costs for providers being labour, pay and terms and conditions are seen as a cost to be minimised to ensure providers can win contracts².

This becomes an issue as the number of private and third sector providers increases. Currently the majority of care homes in Wales are owned by a single owner who has less than five homes (75%) while a much smaller percentage of homes are owned by larger group providers (8%) or by local authorities (17%)³. The amount of local authority provision varies notably across Wales with local authority provision accounting for over 20% of beds in five local authorities. In contrast, five local authorities do not have any local authority run homes (Neath Port Talbot, Torfaen, Wrexham, Cardiff, and Powys). Blaenau Gwent and Conwy have only one local authority run home each⁴. The care home sector is indicative of social care more widely across Wales with the withdrawal of local authority providers meaning an overreliance on the commissioning of services of private and third sector with differing employment terms for workers.

1.3. Research methodology

We began with four interviews with key stakeholders with key insights into fair work across Wales. Following these discussions and the desk-based research, topic guides were produced to engage with workers, worker reps, and employers in each of the sectors. In total, nine workers, three worker reps, and one employer from across the social care sector were engaged in the research. The engagement was undertaken by a team at Miller Research Ltd.

To supplement the qualitative experiences of those interviewed, we commissioned an independent online survey aimed at engaging workers across Wales for their experiences of fair work in their employment. In total, 122 workers in the social care sector provided answers and the results, alongside the experiences interviews have informed the subsequent report. This report has been written by the team at Miller Research.

2. Working conditions and job security

Our engagement revealed that job security was a key concern for those working in the social care sector with a variety of reasons presented as increasing a sense of insecurity. These include the risk of allegations, inflexible and poor terms and conditions in contracts, the impact of the Covid-19 and the future direction of the sector. Each of these will be explored in turn.

2.1. Allegations and dismissal

The greatest concern that was repeatedly voiced by workers and worker reps across the social care sector was that workers feel constantly only one-step away from an allegation that can lead to suspension. Due to the number of risks associated with providing care, workers in the sector are vulnerable to both making mistakes and to accusations about their actions, something that is heightened by conditions within the workplace.

One worker in the third sector commented that it made no difference if they had been in their role for twenty years without an accusation, that if an allegation is made, they could find themselves out of job immediately. Another worker suggested that the code of practice⁵ can be used as “another stick to hit us [workers] with” as it can often be interpreted or twisted to fit a particular circumstance. Enforcement of the code of practice varies within the sector. One worker representative stated that “in some care homes if you make someone’s tea too hot you are at risk, in others something serious has to happen [for it to be taken seriously]”.

There was concern that the guidelines currently in place are increasing the burden on workers in the sector and creating an unfair route to dismissal. This varies depending on the care provider, but most of the workers considered that it is an unfair process which can be reputationally damaging for workers’ careers.

Their fears are compounded by the fact that workers are often not given details or reasoning for them facing disciplinary action, meaning that they often have to fight cases without prior knowledge of what they have been accused of doing. In cases where workers are represented by a trade union, they have, as one private sector worker stated, “someone backing them up”. However, it was clear that in some workplaces a lack of union recognition and unionised workers meant that going through a disciplinary process was highly stressful and often resulted in job loss.

This was an issue recognised by union representatives who stated that because of the number of disciplinary cases within the sector, the unions’ role is often limited to defending cases and providing advice to individuals rather than seeking to improve sector-wide terms and conditions or working on policy for a stronger negotiation platform.

A common theme that arose from the interviews with workers within social care was that they only consider joining a union when they felt they were under threat. One private sector worker stated that in their workplace, they knew just one worker who was a union member, but that all of their colleagues would approach this single person for advice if necessary. The reasons for not being in a union were varied and are explored further in section five, but it is clear that although most of the workers interviewed considered being unionised to be beneficial when facing allegations many only engaged with a union when allegations became a reality and when it was absolutely necessary.

One worker interviewed was employed in social care through an agency. They felt they were insecure in their role because allegations leading to job loss might require seeking employment from a different agency which would also require different training. This could lead to gaps in their employment, resulting in periods of time without pay.

2.2. Terms and conditions

Another of the issues faced by workers in the social care sector was the inflexibility of contracts and a reliance on bank and zero hour contracts⁶⁷. Many of the workers described a myth of flexibility, with the reality being on a zero hour contract that resulted in working excessive hours, not being guaranteed work and the difficulties of fitting work around family commitments.

One worker representative said that workers in social care do not have the flexibility enjoyed by workers in other sectors. For workers, the feeling of not knowing in advance the number of hours that they will be working leads to considerable stress and a feeling of insecurity. Compounding this is a reluctance by some care providers to offer contracts with guaranteed hours. Another worker in the third sector described how two of their colleagues had had bank contracts for more than five years even though they were working full-time hours, although they went on to secure full-time contracts.

Workers also felt insecure because of unsocial and changing shift patterns. One worker representative stated that many of those working in the social care sector also provide informal care, often for children and parents. This makes flexibility an important aspect of their work but this is often neglected. Another worker in the private sector described their experience following the birth of their child: they found their employer to be increasingly inflexible with shift patterns which meant that they found it difficult to get to work on-time as a result of having to do the school run in the morning. The worker often relied on colleagues informally covering visits and then making up time by covering for them. This frequently resulted in late night working to catch up. The worker described being physically and mentally drained and felt that her employer failed to support her.

2.3. Future of the sector

The future of the social care sector has been brought to the fore by the Covid-19 pandemic, with many of the workers we engaged with being concerned about work becoming even less secure and the risk of job losses. One worker who was required to shield in the early stages of the pandemic described this as an extremely worrying time: they were furloughed by their employer due to the risks and this caused a great deal of stress and concern about their future employability in the sector.

Generally, however, workers felt that care work was a relatively area of work as fulfilling the needs of people who require care is going to be a challenge into the future. This was supported by survey respondents who overwhelmingly suggested that they were very unlikely to face redundancy in the coming 12 months. Their greatest concern was not their ability to find employment in the social care sector but rather the quality of employer support in their roles.

3. Pay

The issues around pay for workers across the care sector were varied and ranged from a lack of sick pay, work far exceeding contracted hours and a disappointment that professionalisation has not led to greater recognition of the value of their work. A very clear theme was evident across all of the interviews: that workers in the care sector felt that they deserve to be paid more than minimum wage.

3.1. Pay

A consistent story told by workers was that the pay that they receive does not reflect the work that they perform. There was a strong desire to earn a decent wage to achieve a decent standard of living. Currently, earning minimum wage not only added to a feeling that they are undervalued but contributed to the lack of dignity associated with working in the social care sector. When workers were asked through the survey, improving pay was considered to be the most important issue for them at the moment and this was reiterated throughout interviews with workers. Pay in social care was often compared with that of workers in retail and the NHS. A number of workers suggested that they would earn more working in a supermarket, without the difficulties and stresses of care work.

Staff retention is key for the social care sector, and workers suggested that the only reason they persisted in their role was from a sense of loyalty towards those that they care for and a passion for providing care. It was suggested that their passion does not translate to being valued by employers or wider society: the discrepancy between NHS staff and workers in social care was repeatedly cited as demoralising.

One worker representative was clear that working in the social care sector was not a minimum wage role and the pay should reflect the skill and professionalism exhibited throughout the sector. This was reiterated by a number of workers who described the difficulties, particularly of those who have recently entered the workforce, of covering basic subsistence needs. During the interviews it was explained several times that workers would not be able to survive without a second household income from a partner. Wage levels contributed to workers having to access Universal Credit as a means to cover their basic needs.

3.2. Contracted hours

Working extended hours was a common occurrence for workers in social care. Many of the workers we engaged with stated that they were contracted for eight hours contact time, but they were expected to travel without being paid. This often resulted in working twelve hour shifts for eight hours' pay.

This, coupled with not being able to take regular breaks, was raised as a major issue both in terms of mental health but also in the quality of care that workers are able to provide.

Shift patterns were also considered an issue in terms of work exceeding the number of hours contracted for. There was significant variance between different care providers, but one private sector worker described how she was working back-to-back twelve-hour shifts, so rather than return home she slept in her car in a McDonalds car park to ensure she could be on time for her next shift.

The problem of being overworked without sufficient time to rest and recover was often attributed to a lack of staff, but it was clear to workers in the sector there was also an expectation that providing care was stressful and this was something that they had to accept.

3.3. Professionalisation

The Welsh Government's aim in professionalising the social care workforce is to ensure that workers are "widely recognised as dedicated, highly skilled, well-trained and qualified to deliver professional and compassionate care". This, they believe, will also mean greater opportunities to continue development through greater access to the resources and training⁸. Workers strongly believed that recognition has to come in the form of fairer wages and better terms and conditions across the sector. There was a general consensus that professionalisation would have benefits for both the perception of the sector and for recognising the responsibilities that come as part of the role, but this needs to be translated into not being paid the bare minimum.

Workers also voiced their concerns that increasing seniority, experience, and responsibility was not rewarded with an increase in wages. This acts as a disincentive for career progression in the sector, further exacerbated by a lack of support for training and development. In some cases, managers were reluctant to encourage progression and were not prepared to offer paid time off for training, meaning workers saw no purpose in developing their skills.

3.4. Sick pay

The concerns about a lack of sick pay for workers in social care was a recurring theme across all of the interviews, particularly with Covid-19 having a large impact on workforce availability.

Worker representatives stated that many workers accept a reduction in their sick pay for a small increase in their pay when offered by employers. This is often because low wages encourage people to accept unfair conditions in their employment for small increases in their wage. Lack of sick pay can have a significant impact on workers: one worker from a third sector provider described injuring their shoulder while performing their role which required them to take three weeks of unpaid leave. This meant that they were reliant on their partner to pay for bills, and this caused them a great deal of concern at the time. Another worker stated that they could not afford any time off work and therefore continued to go to their workplace even though they were experiencing significant health difficulties. The experiences of the Covid-19 pandemic were also highlighting the issues of sick pay, with anecdotes that workers did not want to self-isolate due to the fear of living for two weeks without sufficient pay.

3.5. Cost of union membership

The role of unions across the sector more broadly is covered in section 5, but a number of workers interviewed suggested that the cost associated with union membership was a considerable barrier to unionisation in their workplace. Although many social care workers saw the merits of being in a trade union, it was repeatedly claimed that being in a minimum wage job without any disposable income meant that union membership was simply too expensive. This meant that workers did not join until they found themselves in a situation where they required support from a trade union, or they relied on other people in their workplace to provide informal support.

3.6. Late receiving pay

One private sector worker had regularly experienced being paid late for work performed, although this was not reported by the majority of those interviewed. Receiving their pay late had an enormous impact every month in terms of paying bills and rent and caused them a great deal of stress. The worst experience they had of this was during the Christmas period where they had to borrow money in order to afford Christmas presents for their family. This person was not in a trade union as they believed the cost of membership was too high.

4. Health and Well-being

The health and well-being of workers across the social care sector has been put under increased strain due to the COVID-19 pandemic. This has exposed existing issues such as safety and stress in the workplace but also brought new challenges that are explored below.

4.1. Safety

Feeling unsafe in the workplace was a common occurrence for workers in the social care sector. This is often due to trying to provide care for challenging patients without adequate staffing levels to deal with some of these interactions. Two examples from our interviews with workers illustrate this point.

One third sector worker described having to work a sleep-in shift, that usually required two workers for one patient. On this particular night they were alone with the patient who would get aggressive in the night. They raised their concerns with management who replied that they should lock themselves in a separate adjoining room and to use a bucket as a toilet. Another worker described having to work a sleep-in shift where they slept on the floor of a patient's bungalow.

Workers agreed that when concerns and issues are raised about their safety, they are often told that it comes with the territory of the role that they perform. During the interviews, workers accepted a level of risk in the role, but stories of assault such as being headbutted or kicked were raised multiple times. Some workers suggested that they had to perform their role in a state of fear, and this was accepted and tolerated by management.

4.2. Stress

When asked to describe how they would describe their work, overwhelmingly workers described their experiences as stressful. This stress was caused by many of the factors touched on above, ranging from working conditions to unsatisfactory contracts, poor pay, and a lack of resources to adequately provide the necessary care to patients. What is more concerning is that the main cause of stress was the inability of employers to provide measures to alleviate the pressure on their workers.

Workers suggested that they were put under increasing stress by being asked to perform tasks without sufficient time to complete them. This increased the potential risks and meant that residents would not always be provided with an adequate level of care. When these concerns were raised with management they were often ignored, and feelings of stress were attributed as the main cause for the poor retention of workers in the sector.

An exception was a local authority worker, who said their employer took these concerns seriously. Their employer adopted an employee assistance programme that provided external support, the availability of counsellors, and consistent line management contact to ensure workers were cared for, both in terms of their personal development and their general well-being and mental health.

The issue of stress experienced by those interviewed was something that survey respondents agreed with. Of the 122 responses, only 10 described their job in social care as not being stressful at all with 38 respondents stating that their job was either very stressful or extremely stressful.

4.3. Covid-19

The Covid-19 pandemic has placed immense pressure on all of those working in the social care sector and in particular on the health and well-being of workers. One of the main concerns amongst interviewees was the risk of exposure due to issues with personal protection equipment (PPE).

Workers described the early stages of the pandemic as both exacerbating the spread of the virus as well as employers not offering protection within their workplaces. One private sector worker stated that sufficient PPE was not provided in their workplace until May 2020, meaning that they had been sharing visors and goggles, using bin bags as aprons, using poor quality gloves, and construction dust masks for the first couple of months of the pandemic. Another commented that their employer was more concerned with increasing costs and so the PPE provided was “cheap and not fit for use”.

The issues in social care were exacerbated by reduced staffing levels because of staff sickness. Anecdotally, workers suggested that colleagues did not want to self-isolate due to the fear of weeks of isolation without sufficient pay and this had an impact on infection control in the workplace. A number of workers highlighted the failure of statutory sick pay to support workers in their self-isolation period.

One of the workers interviewed had to take unpaid leave due to a deterioration of their mental health following the first wave of the pandemic.

All of the workers suggested that currently they feel much safer with the PPE that they have been provided with and lessons have been learned from the beginning of pandemic. This was backed-up by survey respondents, with only 9 of the 122 responses considering there to be a serious lack of equipment currently.

5. Effective worker voice

Having arrangements in place for employee voice and collective representation is a substantive characteristic of fair work, thus the recognition of a trade union for collective bargaining is both a route to, and a key indicator of, fair work⁹. Those interviewed discussed the role of trade unions in the social care sector as well as the arrangements in place for employees to express their views.

5.1. Trade unions in social care

Union representation across the social care sector is not as high as many would like. Amongst survey respondents, 71% of the 121 respondents stated that they were not a member of a trade union. There were a number of reasons given for low levels of membership.

As previously mentioned in section 3, a number of workers interviewed suggested that the costs associated with union membership were a considerable barrier to unionisation in their workplace. One commented that the monthly cost of being in a trade union was almost the same as two hours of work for them.

An additional reason is the fragmentation of the sector. The variety of providers in the sector means that recognised workplaces are fragmented in terms of union coverage which makes negotiating for fairer conditions more difficult. This is particularly an issue for trade unions working with smaller providers, where recognition agreements can be more difficult to reach. The erosion of these rights and low levels of union membership can lead to fire and re-hire practices and unfair contract changes.

Shifting contracts between private, local authority, and third sector organisations can also result in workers' terms and conditions being changed, often giving workers worse conditions than they were originally on.

Further, there is a lack of awareness of trades unions. Of the survey respondents the most often cited reasons for workers not having joined a trade union was that workers were either unaware of a union they could join or had never been asked or told of the benefits of joining.

Trade union representatives were clear that employers often “see trade unions as dinosaurs” and discourage workers from joining a union, but there are a number of benefits for employers in having a unionised workforce. One commented that some employers do encourage workers to join because the number of disciplinaries often means employers would rather unions were involved to advise workers, and also because a unionised workforce often has lower sickness levels and better staff retention rates. These benefits are not always obvious to employers, however.

5.2. Expressing views

Workers often felt that they were not listened to, and they had very little influence in their places of work. One private sector worker described an incident whereby a member of staff was not acting professionally with patients who required care. They approached their manager with a group of other workers about their concerns and statements were taken regarding a series of potential

misconducts. The incidents continued and management did nothing to rectify the issue, causing avoidable stress for workers.

Another worker shared their concerns during the beginning of the Covid-19 pandemic, as those in receipt of care were being moved between bedrooms on a regular basis. They feared this was leading to potential infection of residents and brought this concern to their manager. This experience was ignored by management, and the interviewee believed that not acting on this advice contributed to almost half of the residents in her workplace contracting and dying of Covid-19.

Another concern from workers in the sector was a lack of a forum to informally voice grievances. This was particularly acute for entry-level staff whose concerns were often ignored due to their inexperience.

6. Conclusions

Overall, the experience of workers across the social care sector is one of insecure work, low pay, high stress, and limited worker voice. This experience has only been exacerbated by the effects of the Covid-19 pandemic. Below, conclusions are drawn about the issues described by interviewees and possible actions that could be taken.

6.1. Job security

Workers repeated concerns that within the social care sector they are constantly only one-step away from an allegation that can lead to suspension. This puts a significant burden on workers, many of whom worry about unfair dismissal and the potential reputational damage to workers' careers. Interviews suggested that the large number of disciplinary cases were limiting the capacity of union representatives, as they inevitably have to focus on defending cases and providing advice to individuals.

Although the code of practice¹⁰ has been introduced to solve this issue, workers generally considered that this was a hinderance to their role and would not benefit them, as it can be interpreted depending on the circumstance. Across all settings workers require information to defend themselves, alongside clear guidance to ensure that they are not exposed to unfair disciplinary cases.

Workers also raised concerns around terms and conditions within the social care sector, particularly the reliance on bank and zero-hour contracts. They felt that this provided flexibility for their employers but inflexibility for themselves, as they were working excessive hours, not being guaranteed work, and struggling to fit family commitments around shift patterns. Workers require guaranteed hours and contracts that reflect the number of hours they are expected to work. There was a clear indication that employers often offer what they want and do not always offer what they can. Trade unions therefore need to support workers to improve knowledge of their rights in the workplace and the types of contracts that could be available to them if they so wish.

6.2. Pay

By far the greatest issue for workers in the sector was a sense of being undervalued, as wages did not reflect the work that they are asked to perform. Almost all workers described being paid minimum wage for what is key work, as has been highlighted during the Covid-19 pandemic. One of the problems that union representatives observed within the sector is that workers often do not feel like they have a strong voice to negotiate better wages, with workers more likely to stand-up for those that they care for more than themselves. This was considered a dignity issue but should also be considered another aspect of the fragmentation of the sector, as the number of specifications for roles and the number of different public, private, and third sector providers has implied an atomisation of the workforce and a weaker negotiating stance towards collective bargaining.

A number of solutions were presented to these problems: an acknowledgement that in Scotland they have successfully reduced the number of roles in the sector to twenty-two specifications therefore clarifying what is expected of different workers. The commissioning of services by the local authority was also highlighted as an opportunity to add conditionality to the awarding of contracts

such as paying the real Living Wage, ensuring that contracts matched the needs of workers, and recognition of trade unions.

All of the issues discussed, but particularly the issue of pay, were compared with the circumstances of workers in the NHS. Workers in social care saw comparable characteristics between the sectors and believed that pay needs to be brought in-line with other health workers, that pay rates should be dependent on experience and knowledge, and greater collaboration between health and social care workers. Some interviewees strongly suggested that a 'National Care Service' would solve the fragmentation of the sector and would benefit both workers and those being cared for.

Sick pay was a concern for those working in social care, worsened by the impact that Covid-19 has had on workers' availability. Worker representatives stated that many workers accept a reduction in their sick pay for a small increase in their pay when offered by employers because of the low wages across the sector.

The unions have worked to ensure that workers in the care sector receive sufficient sick pay during the pandemic to help stop the spread of the virus and allow workers to self-isolate when necessary. However, more is required to ensure that fair sick pay is a feature of working in social care. Workers acknowledged that their roles were often physically and mentally exhausting, with strong potential for injuries.

A key solution to addressing these issues could be conditions attached to the commissioning of services, including include fairer sick pay and access to mental health support.

6.3. Health and well-being

When workers were asked to describe their work, they overwhelmingly used the word stressful. This stress derived from feelings of being unsafe in the workplace and a lack of resources to adequately provide the necessary care to patients. Workers understood the risks associated with providing care to sometimes challenging patients but felt these risks were tolerated by their employer as inevitable, rather than something that could be mitigated.

Alongside this the issue of being understaffed was an added risk from workers being asked to perform tasks alone, potentially putting them in situations where they could be harmed. Workers identified the need for more staff to ensure that they can provide adequate support for those who require care and to reduce their own workloads. They suggested that this is difficult to do, partly because providers are in a "race to the bottom" in terms of wages and demands of workers but also because the sector is seen as unappealing and unskilled. They hoped that the pandemic was changing perceptions of their work but suggested that more needed to be done to highlight the skill and professionalism of workers in the sector.

This stress was compounded by the outbreak of Covid-19, with the early stages of the pandemic raising alarming concerns around viral spread and the provision of adequate PPE. This has seemingly been mostly overcome a year on.

6.4. Effective worker voice

When discussing barriers to trade union membership across the social care sector, workers repeatedly claimed that being in a minimum wage job without any disposable income meant that the costs of being in a trade union were too high. This often meant that workers were reliant on trade unions, of whom many saw the merits of, only when they became fearful of repercussions in their job.

The issues of organising across a fragmented sector were also seen as a barrier for greater coverage. Shifts between private, local authority, and third sector providers allow contracts and terms and conditions to change, resulting in workers having worse conditions than they were originally on. This also creates problems around union recognition within a workplace. Worker representatives were clear that they do not have a strong voice in the social care sector, but it is one that is becoming stronger.

Endnotes

¹ Rebalancing Care and Support – Welsh Government White Paper

² <https://gov.wales/sites/default/files/consultations/2021-01/consutation-document.pdf>

³ <https://gov.wales/sites/default/files/publications/2020-10/rapid-review-for-care-homes-in-relation-to-covid-19-in-wales.pdf>

⁴ <https://www.wcpp.org.uk/wp-content/uploads/2019/06/The-Care-Home-Market-in-Wales-mapping-the-sector.pdf>

⁵ <https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance>

⁶ Bank contracts are when an employer can call on a pool as and when work becomes available. The employer is not obligated to provide work for its ‘bank staff’ nor is any member of the pool of bank staff obliged to accept it should it be offered these contracts are often closely linked to low guaranteed hour contracts.

⁷ Zero hour contracts are employment contracts with no guaranteed hours. This means that employees are not guaranteed any hours of work by their employers and therefore have no guaranteed pay.

⁸ <https://gov.wales/sites/default/files/publications/2020-02/regulation-and-inspection-of-social-care-wales-act-2016-and-regulated-services-miscellaneous-amendments-regulations-2020.pdf>

⁹ <https://gov.wales/sites/default/files/publications/2019-05/fair-work-wales.pdf>

¹⁰ <https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance>