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Research Exploring Zero-hours Contracts and 'Call Clipping' in Domiciliary Care

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Research exploring zero-hours contracts and ‘call clipping’ in domiciliary care

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Glossary

Call Clipping

Having to routinely cut calls short specifically because care workers have not been given enough travel time by employers between calls

CIW

Care Inspectorate Wales, the regulator of social care providers

Commissioners

Refers to those who commission health care services. This includes individuals working in local authorities and NHS health boards

COVID-19

The COVID-19 pandemic, the period between 2020 and 2021 where the COVID-19 virus was spread worldwide and the UK was placed into various lockdowns to limit the spread

CQC

Care Quality Commission, independent regulator of all Health and Social Care services in the UK

Domiciliary Support Services

A domiciliary support service is the provision of personal care and support to an individual in their home.

HMRC

His Majesty's Revenue and Customs

LA

Local Authority

NMW

National Minimum Wage, minimum pay per hour almost all workers are entitled to.

ONS

Office for National Statistics

Providers

A social care provider is a legal entity, or a sub-set of a legal entity, which may provide care under local authority or NHS service contracts

SCIE

Social Care Institute of Excellence, agency that co-produces, shares and supports the use of knowledge and evidence about what works in social care and social work

Segmentation analysis

Statistical analysis where audiences are segmented into groups based on common characteristics

UKHCA

UK Homecare Association

ZHC

Zero-hours contracts

1. Introduction and background

The Welsh Government commissioned Social Change to conduct a literature review and primary research relating to the use of zero-hours contracts (ZHCs) in domiciliary support services across Wales. This research includes an examination of the sector's reception of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, which resulted from the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016 and aimed to regulate the use of ZHCs, alongside the impact of the COVID-19 pandemic and considerations of call clipping in the sector. Given the development of the domiciliary care workforce to date, the Welsh Government considered it necessary to review recent literature and primary research to understand the views, attitudes and perceptions of commissioners, service providers and the workforce, and understand the challenges they face and identify best practices from which to develop effective and meaningful policy change.

The following report presents two phases of research, a comprehensive literature review and primary research, as well as key findings and conclusions. Phase one of the research, the literature review, had the objective of providing a comprehensive review of current knowledge and understanding regarding the use of ZHCs among registered workers in domiciliary support services, evaluate the impact of COVID-19 and Brexit on ZHC usage, and the consideration of other key learning from recent literature to inform future policy considerations. Phase two of the research, the primary research, focused on understanding the impact of the 2017 regulations on providers, commissioners and the workforce in Wales, as well as understanding the effectiveness of the regulations and how they could be improved in relation to ZHCs. The specific objectives of the literature review and primary research are outlined within their respective sections of this report.

1.1. Introduction to the project

Domiciliary care workers, sometimes referred to as 'home care' workers, are employed in both the public and independent sectors to support people in their own home. They help people with physical or mental health conditions who need care to live independently at home. The domiciliary support service "is the provision of care and support to a person who by reason of vulnerability or need is unable to provide it for him or herself and is provided at the place in Wales where the person lives" (RISCA, 2016). The support they provide varies, but often includes personal and practical care (i.e., assistance with bodily functions, managing continence, oral and dental care, getting dressed, maintaining skin integrity, and administration of medication; CIW, 2018).

Domiciliary care is the social care sector's second largest service in Wales (Social Care Wales, 2022b). In 2022, an estimated 19,571 people worked within domiciliary care across Wales, representing 21.6% of the sector in Wales (Social Care Wales, 2022b). In Wales, there were 1,492 reported vacancies (and an additional 236 predicted; Social Care Wales, 2022b), accounting for 29.1% of all vacancies across social care across the country.

ZHCs, sometimes referred to as ‘casual contracts’, denote contracts of employment which do not include a guarantee of regular work for an employee. In turn, individuals are paid only for the hours they work. According to recent data published by the Office of National Statistics (ONS), an estimated 1.13m people were employed on ZHCs across various sectors in the UK between October and December 2022 (ONS, 2023). The health and social work sector (which includes domiciliary care) accounts for the second highest prevalence of people employed on ZHCs in the United Kingdom with 212,317 workers (18.7% of people in employment on ZHCs) (ONS, 2023). Evidence suggests the dominance of ZHCs across the sector may contribute to high vacancy rates, with a 2020 study finding care providers offering ZHCs had more difficulty filling vacant posts, with a 0.01% increase in the share of staff on ZHCs associated with a 3% higher probability of having vacancies (Vadean et al., 2020).

1.2. Regulation

In 2015, research commissioned by the Welsh Government and conducted by Manchester Metropolitan University Business School (MMUBS) identified that ZHCs had become normalised within domiciliary care services (Atkinson et al., 2016), which is a view that has also been echoed in subsequent literature (Cominetti et al., 2020), and that the resulting job insecurity was associated with higher levels of work-related stress and lower retention of the workforce. Furthermore, with concerns of an increase in ‘call clipping’ (whereby care workers have to routinely cut calls short specifically because they have not been allocated enough travel time by employers between calls), it was deemed necessary to bring in new regulations to improve the recruitment and retention of domiciliary care workers and ensure the delivery of high-quality care.

Since 2016, under Section 10 of the Regulation and Inspection of Social Care (Wales) Act 2016, providers of domiciliary care services have been required to provide details of their use of ZHCs in their public annual return submitted to Welsh Ministers each financial year. It is worth noting that although the first annual return for all regulated services was due in May 2020, this has been subject to delay due to the COVID-19 pandemic. Consequently, as of March 2024, ZHCs cannot currently be evaluated through these annual returns.

In 2017, to improve the quality and continuity of care a requirement was introduced under Section 42 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 for regulated providers of domiciliary support services to offer workers on ZHCs an employment contract with guaranteed hours after their first three months of work. To address concerns of call clipping (a phenomenon explored in more depth later in this review), Section 41 of the regulations placed a requirement on service providers to issue a schedule of visits for staff, explicitly stating that sufficient time must be dedicated to travelling between visits, and stipulating that employees are to record their schedule for inspection purposes.

Furthermore, in 2020, it became a mandatory legal requirement for domiciliary care workers to obtain registration with Social Care Wales within six months of commencing employment.

Introducing this requirement was intended to instil confidence among the public that care workers have the appropriate skills and qualifications to do their jobs in a professional and compassionate manner (Welsh Government, 2021a).

Finally, significant national and global events - namely Brexit and the COVID-19 pandemic - have heavily impacted domiciliary care support services in recent years, for reasons that include, but are not limited to, staff sickness, mental health of the workforce, and retention and recruitment challenges (Turnpenny and Hussein, 2022; Cannings-John et al., 2022). In the wake of these events, the Welsh Government recognised a need to update the knowledge base as to how, if at all, such challenges, and the support schemes put in place to reduce their impact, have influenced the use of ZHCs and impacted the domiciliary care sector in Wales.

2. Phase one: Literature Review

2.1. Aims and Objectives

This literature review serves to update existing knowledge and understanding, as well as to identify any gaps in the knowledge base for the primary research to further investigate. More specifically, the three objectives of this review are to:

Objective 1: Provide a comprehensive synthesis of up-to-date knowledge and understanding regarding the use of ZHCs for registered workers in domiciliary support services

Objective 2: Assess how COVID-19 and Brexit have impacted on the use of ZHCs for registered workers in domiciliary support services

Objective 3: Consider other key learning from recent and relevant literature that could inform future policy

2.2. Methodology

2.2.1. Data collection

The purpose of the literature review is to serve as a basis upon which to refine research questions for the subsequent primary research within this project of work, providing a comprehensive review of the knowledge base surrounding ZHC among registered domiciliary care workers in Wales over the past decade.

A variety of data sources were collated and reviewed for this work, including:

- Data and documentation provided by the Welsh Government and Social Care Wales in response to a 'data wish list' issued by Social Change (i.e., any data and statistics relating to the geographical spread of domiciliary care service provision, demographic data, past qualitative research into care worker perceptions of domiciliary care work).
- academic literature available in the public domain
- policy guidance documentation
- any articles, media coverage or data deemed relevant to the core research objectives.

2.2.2. Desk-based scoping exercise

The data which formed the ‘data wish list’ were collated and summarised, with key themes in a scoping document. All executive summaries and abstracts for academic and grey

literature sources were read and assessed for their relevance to the research objectives. Two researchers independently reviewed these sources before conferring about the extent to which each aligned with these objectives.

2.2.3. Search protocol

A team of Behavioural Insights Specialists and Social Researchers at Social Change conducted an initial narrative literature review of Social Care Online from Social Care Institute of Excellence (SCIE) database and additional searches via Google Scholar for academic and grey literature published over the last decade [2013 - 2023]. Search terms included:

- 'domiciliary care' and 'zero-hours'
- 'social care' and 'zero-hours'
- 'domiciliary care' and 'brexit'
- 'domiciliary care' and 'covid-19'
- 'domiciliary care' and 'call-clipping'

All literature contained within this document was subject to a more critical analysis and review of their methodology and research findings. The initial search predominantly focused on Objectives 1 and 2 as researchers were confident that reviewing this literature first would likely highlight any additional learnings that did not relate to Objective 1 or Objective 2 directly. As such, findings relating to Objective 3 are less comprehensive, however, they reinforce the importance and justification for the primary research that follows.

2.3. Findings

This section explores findings from the literature search and review process, addressing each objective in turn.

2.3.1. The domiciliary care workforce in the UK

Domiciliary care is mostly delivered by independent-sector providers commissioned by local authorities. In Wales, the independent sector employed 79% of domiciliary care workers in 2022 (Social Care Wales, 2022b). In 2021/22, there were 10,850 domiciliary care services registered in England with the Care Quality Commission (CQC), with an estimated workforce of 570,000 people (Skills for Care, 2021a). The majority of these were working within the independent sector (approximately 500,000) as opposed to within local authorities (19,400).

At a UK level, the latest figures from Skills for Care (2023) suggest that 42% of the whole domiciliary care workforce (including managers and support staff) in the UK in 2022/2023 were employed on a ZHC, a reduction of 1% since 2021/2022. Concerning domiciliary care workers specifically, however, 50% of workers were on a ZHC.

2.3.2. Workforce demographics in the UK

The most recent figures from Skills for Care (2022b) suggest most domiciliary care workers in the UK identify as female (83%, which is slightly more than the health and social care sector average), while 16% identified as male and 1% as non-binary or gender fluid. Across the sector, the average age of domiciliary care workers is 45 years old. The vast majority of workers (96%) are white British, Welsh, Scottish or Irish nationality.

2.3.3. The domiciliary care workforce in Wales

In 2020, it was made a legal requirement for domiciliary care workers to obtain registration with Social Care Wales within six months of commencing employment (Welsh Government, 2021a). According to registration data from Social Care Wales, as of 1st April 2022, 19,982 domiciliary care workers were on the Register, compared to 22,131 in 2021; the registered workforce has decreased since implementation of the requirement (Social Care Wales, 2021b).

Although 2,882 workers have joined the Register since June 2021, 5,031 have left during this same time period, indicating a shrinking domiciliary care sector. Furthermore, 94% of all registered workers are known to be in current employment, with 53% of these working in the private sector, 24% in the third sector and 21% working for a local authority. More than a third of these workers (37%) had started their job in the last three years, and just 3% had been in their role for more than a decade, further demonstrating the employment retention challenges exhibited by domiciliary support services (Social Care Wales, 2022).

The annual social care workforce data collection is designed to be a snapshot of the entire social care workforce in Wales (i.e., those employed in the provision of care and support -or supporting that provision- as defined by the Social Services and Wellbeing [Wales] Act 2014).

Recent data from the annual social care workforce data collection by Social Care Wales revealed there were an estimated 19,571 people working in domiciliary care across Wales in 2022, with 22% of these working within a local authority run service and 80% working for commissioned service providers. The domiciliary care sector has seen an estimated 18% reduction in workforce numbers since 2021. However, Social Care Wales note that caution must be taken when comparing the two years, as the methodology for estimating missing data was revised in 2022 (Social Care Wales, 2022b).

Domiciliary care worker roles continue to be predominantly occupied by women, who account for 88% of the Welsh workforce, which is higher than the overall percentage of women across the social care sector (81%). Male care workers represent 12% of the workforce, with less than 10% of domiciliary care workers identified as gender fluid or as non-binary. A further 346 care workers preferred not to disclose their gender (Social Care Wales, 2022b).

According to the data, most local authority domiciliary care workers are aged between 46-65 years of age, whereas there is a higher representation of younger age groups within commissioned services (Social Care Wales, 2022b).

The domiciliary care workforce appeared to be slightly less ethnically diverse in 2022 when compared with corresponding data from 2021. White ethnicity remained the most common ethnic group (96% in 2022 compared to 87% in 2021) and mixed ethnicity decreased considerably (1% in 2022 compared to 6% in 2021). It must however again be noted that the change in methodology for estimating missing data could, in part, explain this change in ethnic diversity between these two years (Social Care Wales, 2022b).

Regarding roles and contract types, care worker roles account for the majority (81%) of staff numbers in domiciliary care, and most care workers are employed on permanent contracts. Local authority employers have a higher proportion (85%) of their workers on permanent contracts, compared to 64% among commissioned providers (Social Care Wales, 2022b).

Workers on ZHCs account for a third (34%) of the commissioned provider domiciliary care workforce and 11% of the local authority workforce. In 2022, Social Care Wales concluded that there has been a shift away from ZHCs and casual employment in commissioned services (down 23%). Many appear to now be employed on a permanent basis, with a 21% increase in 2022. Local authorities have, in contrast, not observed such changes in the distribution of contract types, with only a slight decrease of 2.5% of workers on permanent contracts (Social Care Wales, 2022b).

2.3.4. The use of ZHCs: the UK context

Data collected between April and June 2023 from the Office of National Statistics (ONS, 2023) revealed that of those employed on a ZHC (across all sectors), 26% are working full-time, as opposed to 73% who are working part-time. Health and social work, which includes the domiciliary care workforce, represents the second highest use of ZHCs (accounting for 18% of people employed on ZHCs), with 217,097 people working on a ZHC in early-mid 2023.

Within the UK, 3% of employed UK nationals are on a ZHC (984,124), compared to 5% of employed non-UK nationals (195,528), so while more UK nationals are employed on ZHCs, the proportion of non-UK nationals employed on a ZHCs is higher.

The ONS (2023) Labour Market Survey dataset also revealed that over a third of people in the UK on ZHCs have been with their current employer for less than 12 months (38%), with only 11% of people on ZHCs having been at their workplace for more than a decade, indicating a link between the use of ZHCs and retention challenges across sectors. Discounting changes to work goals attributed to the COVID-19 pandemic, there has been a growing interest in working more hours from the ZHC workforce across all sectors. The amount of people on ZHCs wanting more hours in their current job rose markedly between 2013 (97,429) and 2020 (216,347), but has fluctuated ever since, falling to 133,000 in July to September 2022, then rising again to 148,610 in October to December 2022 and was recorded most recently at 179,229 between April and June 2023 (ONS, 2023). It may be that these fluctuations are, in part, associated with the COVID-19 pandemic, the impact of which is explored in more depth later in this review. While this data demonstrates changes in the wider UK workforce, no evidence of research into the sentiment and working goals of the domiciliary care sector specifically was found during this review.

Sick and injury leave among employees on ZHCs also both appear to have increased, in addition to holiday leave. This includes bank holidays, maternity, paternity and parental leave and other leave or holiday (e.g., time-off work for training courses, changing jobs, adverse weather, personal or family reasons; ONS, 2023). For example, the percentage of people on ZHCs taking sick or injury leave increased from 1.2% in 2020 to 2.2% in 2023. It must be noted, however, that data captured at certain time points were from smaller sample sizes thus may have led to less precise estimates being calculated. The use of ZHCs in Wales is particularly prevalent, with an estimated 43,925 Welsh residents employed on ZHCs across sectors between October and December 2022 (representing 3% of people in employment; ONS, 2023).

2.3.5. Previous Welsh Government Research into Social Care

The Welsh Government and the Care Council for Wales (now Social Care Wales) commissioned a literature review, with subsequent focus groups and interviews with domiciliary support workers, managers and commissioners, in 2015 (Atkinson et al., 2016). This review had the aim of exploring the factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care.

The research revealed key themes relating to job insecurity, high levels of ZHC use and associated lower pay, and non-standard employment relationships. The authors concluded that to improve retention and increase recruitment within the workforce, better training, better pay and more appropriate working patterns are required to improve the quality of care delivered.

In 2020, the Welsh Government commissioned further mixed methods research to review disparities in pay and conditions across the social care workforce in Wales and assess the extent to which this may have influenced recruitment and retention of registered social care workers (Wallace et al., 2020).

This study consisted of four research phases: a desk-based review of the literature; a Wales-wide survey of employers of social care workers working in regulated adults' services and registered children's residential homes; a Wales-wide survey of NHS employers; and interviews and focus groups with managers and staff in regulated adults' social care services and regulated children's residential homes.

The care workers' pay, shift work and unsocial hours were cited by many local authorities as pertinent reasons for difficulties both in recruiting into the care sector and retaining employees. Their additional explanations for recruitment and retention concerns were the availability or pursual of alternative jobs outside of the care sector, the challenging nature of the work and similar jobs being available elsewhere in the health sector.

2.3.6. The impact of ZHCs use

Only one source was identified which investigated ZHCs and the domiciliary care services workforce. It highlights a sector characterised by low wages, and an associated low sense of entitlement to higher wages, difficulties mobilising and retaining employees and job insecurity or precarity. In turn, there are concerns that the quality of care delivered by the workforce has been eroded (Ravalier et al., 2017).

2.3.7. Working time

The literature reviewed provided evidence to suggest that, historically, many care workers have not been paid for the time spent travelling between care visits, despite estimates they spend almost 20% of their working time travelling (UKHCA, 2015). In 2012, The Department for Business, Innovation and Skills (BIS) issued new guidance that the National Minimum Wage (NMW) must be paid for time when workers are 'required to travel in connection with their work', inclusive of any rest breaks taken during the time the worker is travelling (Bessa et al., 2013). Since then, there has been a lack of evidence providing insight into whether, and if so how, this has changed. However, a 2015 study in England into fragmented time practices among 52 independent-sector domiciliary care providers highlighted that just one provider explicitly paid for travel time between calls, with one in five reporting paying a supplement for travel time and 37% reporting reimbursing travel costs, such as mileage allowances and petrol money (Rubery, 2015).

Survey data collected by UNISON in 2012 revealed that 58% of care workers reported not being paid for time spent travelling between client visits (UNISON, 2013), though there is a lack of up-to date reporting on the incidence of this within the domiciliary workforce.

In the research conducted by MMUBS (Atkinson et al., 2016), there was also evidence to suggest care workers were not necessarily aware they are entitled to payment for this. This echoes findings from Bessa et al. (2013) who reported on five individual case studies of local authorities in England reporting on the commissioning of domiciliary care services.

2.3.8. Pay and benefits

As aforementioned in this review, pay has been frequently cited as a challenge across the domiciliary care sector, regardless of contract type. However, domiciliary care workers who are specifically on ZHCs have reported feelings of financial insecurity due to the unpredictability and volatile nature of work and a lack of benefit entitlement, such as access to family friendly policies and sick pay (Social Care Wales, 2023).

Furthermore, significantly fewer care workers benefit from family-friendly policies (31% of respondents) compared to social care managers (71%) and domiciliary care workers on contracts with fixed hours (45%) (Social Care Wales, 2023).

2.3.9. Care worker wellbeing

The use of ZHCs within social care settings has been associated, for some, with irregular working hours, numerous unpaid time periods during the working days, and a subsequent loss of benefit entitlement (Ravalier et al., 2017). Many domiciliary workers live busy lives juggling multiple jobs with other caring and domestic responsibilities which creates a ‘relentless, hectic, frantic pace of life and work’ (Atkinson et al., 2016). Some are fearful of turning down shifts in case they are not offered work again. In turn, it appears that many workers are looking for more autonomy and control over their working conditions, and roles that can provide more stability and security.

In a qualitative exploration of the role of time in the management of domiciliary care work for older adults in England and its consequences for employment conditions of care staff, Rubery et al. (2015) conducted interviews with 52 independent sector domiciliary care providers. The six areas explored were:

- recruitment and retention
- pay and working time
- performance management
- training
- relationships with local authorities
- attitudes toward care standards and public policy

Interviews revealed how the use of fragmented time practices (i.e., an employment arrangement as when employers use strict work scheduling to focus paid work hours at high demand) creates insecurities and demands high work engagement.

In a cross-sectional survey investigating the relationship between working conditions and employee outcomes such as engagement and general mental wellbeing in a sample of UK care workers and management, Ravalier and colleagues (2017) found that whilst ZHCs did not significantly influence employee overall wellbeing, a higher proportion of those on ZHCs

scored above the threshold for an increased likelihood of mental health problems (i.e., psychological disorders such as depression and anxiety). Furthermore, despite having greater levels of engagement in their jobs, care workers on ZHCs also reported higher occupational demands, lower levels of control than management and a lack of understanding regarding their role within their organisation.

Later, in 2018, the same group of researchers conducted interviews with domiciliary care workers in the UK and compared the work of those on ZHCs to those on 16 hours or more of contracted work per week (Ravalier et al., 2019). Thematic analysis revealed that common themes across the ZHC group were poor levels of pay compared to responsibility required, difficulty maintaining work-life balance, aggression and hostility from service users and/or their families and a lack of peer support. Furthermore, of the respondents who were on ZHCs, two further stressors were reported: an imbalance of power between employees and management (management 'holding' the power); and uncertainty created by a lack of set hours of work or pay and their subsequent inability to plan their lives around their work.

The lack of evidence identified for this report suggests that, as yet, research has not explored whether such practices and their resulting challenges for the workforce has influenced the subsequent use of ZHCs in the sector, or in contrast led to more strictly enforced scheduling of work to curb 'call clipping'.

2.3.10. People's reasons for choosing zero-hours work

Recent data from the Chartered Institute of Personnel and Development (CIPD, 2022) suggested those employed on ZHCs had markedly higher Good Work Index (GWI) scores for health and wellbeing and work life balance than those on alternative contract types. Despite this, GWI scores were lower for those on ZHCs on the remaining five indicators:

- employment contracts
- job design and nature of work
- pay and benefits
- relationships at work
- voice (e.g. channels for employees to provide feedback and feel heard)

Furthermore, ONS (2023) data suggest 14% of those on ZHCs, across sectors, were seeking out either a new job or additional work, in comparison to just 4% of those not on a ZHC.

In a recent qualitative study, Smith and McBride (2022) gained insights into low-paid multiple employment and zero-hours work in Yorkshire and the North-East of England, by conducting 50 semi-structured interviews with low-paid workers in multiple employment, as well as a number of senior managers (n = 6), trade union representatives (n = 9) and foodbank organisers (n = 2).

Interestingly, a key finding was that workers' experiences refuted claims that people tend to choose and prefer ZHCs over fixed-hours contracts. Instead, it appeared that 'making ends meet' was a primary motivating factor for the workers having multiple jobs and some took 'any job', including ZHCs, to avoid constant scrutiny from Jobcentre Plus. However, many care workers did comment on the flexible nature of ZHCs, favouring not having to commit to specific times and days of the week and fitting work around other commitments. Looking at the social care sector specifically, in the research conducted by MMUBS, although care workers expressed dissatisfaction with the poor pay they received, many reported staying in their roles due to intrinsic motivation to deliver high quality care to those in need of it (Atkinson et al., 2016). Commissioners in the same research study suggested the intrinsic 'caring' element of the role and 'making a difference' was a primary motivator for staying in their roles and managers largely echoed this.

Although some employers offer 'alternative' contracts (minimum hours contracts/low working hours), the authors argued that these constitute 'reputational window dressing' (i.e., they are little more than glorified ZHCs). Motivations for the reported overuse of ZHCs by employers appear to be the organisational 'flexibility' they afford. However, for care workers, this tends to mean increased uncertainty as to whether or when they are going to get a call with an offer of increased hours (Atkinson et al., 2016).

When asked whether they would prefer a fixed or regular hours contract or to stay on a ZHC, over half (52%) of care workers who took part in the Social Care Wales workforce survey (2023) reported that they would prefer a fixed/regular hours contract, but 38% would choose to stay on a ZHC.

Overall, this segment of the workforce appears to accept the challenging use of ZHCs and minimum hours contracts out of necessity and a desire to continue caring for people who need care and support but may need more opportunities for fixed-hours contracts and the financial security they may provide.

2.3.11. Reasons for leaving domiciliary care

An adult social care workforce survey was conducted between September and October 2021 with care home staff and domiciliary care providers in England (Department of Health and Social Care, 2021). Service providers were asked to report on any changes in the level of challenge faced regarding staff recruitment, retainment, morale and ability to access agency staff compared to in April 2021. The most challenging issue of all, reported by 82% of respondents, was recruitment of staff into the sector. It is important to note that this survey did not recruit domiciliary care workers themselves, thus the perceptions of providers may not accurately reflect the experiences of the workforce.

The survey also revealed that, with regard to perceived reasons (by service providers) for staff leaving their domiciliary care roles, 29% selected better pay outside of the care sector, 12% selected better hours and working conditions outside the care second and 10% selected feeling burnt out or feeling stressed.

Another study based on focus groups and interviews with care commissioners, service providers and care workers also revealed that most participating local authority care workers had previously worked in the independent sector, citing insecurity as a primary reason for their decision to move to local authority employment (Atkinson & Crozier, 2020).

In 2020, researchers at the University of Kent used data from the Adult Social Care Workforce Data Set (ASC-WDS) and a range of econometric methods to explore factors affecting turnover and vacancy rates of adult social care staff in England (Vadean & Saloniki, 2020). They concluded that to improve recruitment and reduce the likelihood of high turnover and vacancy rate, employment related factors need to improve, including the introduction of guaranteed hours in place of ZHCs and the need to foster a healthy and safe work environment for employees.

The Social Care Wales 2023 workforce survey (Social Care Wales, 2023) highlighted that just under a third (29%) of domiciliary care workers were quite - or very - likely to leave their job within the next 12 months, with almost half (46%) quite or very likely to leave within the next five years. Among the reasons given for wanting to leave across both care home workers and domiciliary care workers were pay, a high workload (i.e., feeling 'overworked') and poor employment or working conditions.

2.3.12. COVID-19 infection, mortality and staff sickness rates

Since the start of the COVID-19 pandemic, people working across the care sectors in England and Wales have experienced higher rates of death associated with COVID-19 infection. Social care workers, in both residential and domiciliary care settings, were particularly affected during the first full year of the pandemic, with rates of COVID-19 infection approximately double that for health care workers at 12% of the workforce (Lugg-Widger et al., 2021; Schoenbuchner et al., 2022). Infection rates were also higher for domiciliary care workers employed by local authority-run services than private sector services, and 34% of domiciliary care workers sought medical help or received treatment for their mental health over the course of the pandemic (up to May 2022).

Data from the UK Government concerning people who work in care homes showed that those in client-facing roles had an adjusted prevalence of staff sickness of 16.5%, compared to 11.7% of healthcare workers with direct patient contact (Department of Health and Social Care, 2021).

Workforce data from 2022 provided further evidence that staff sickness increased during the pandemic, almost doubling from 4.4 days over 12 months in 2019/20 to 7.2 days in 2021/22 for domiciliary care workers. More recent data, however, suggests that staff sickness has been relatively stable since March 2022 (Skills for Care, 2022b). In 2020/21, turnover rates were also higher for care workers on ZHCs (32%) than for care workers without ZHCs (23%) (Lugg-Widger et al., 2021).

Many increases in mental health concerns during the pandemic were reported to be related to significant personal burden placed on care workers; disrupted workforce organisation and

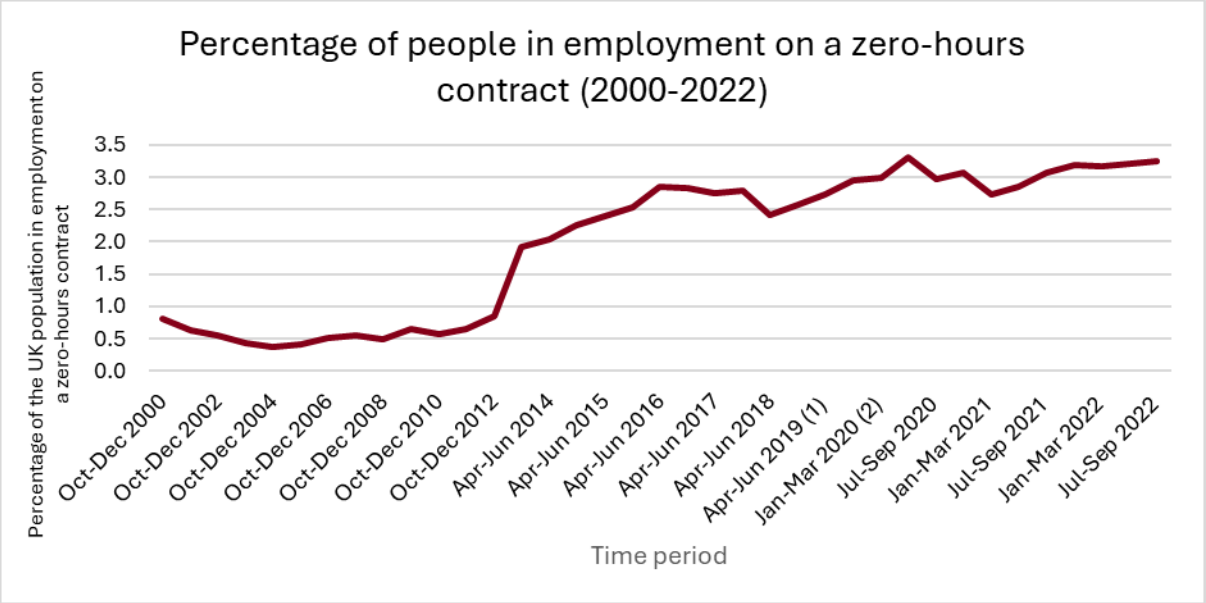
staff availability; isolated working practices; and uncertainties over work environments, like how recommendations translate to domiciliary care work; problems with supply and use of personal protective equipment (PPE); caring for infected individuals; the potential for further lockdowns; and concerns for their clients' health (Cannings-John et al., 2022).

Those particularly in need of mental health support included workers with a disability, a co-morbidity, or who were on the shielding list. It was estimated that 7,500 care workers in Wales may have been seeking mental health support during the pandemic (Cannings-John et al., 2022).

2.3.13. Use of ZHCs during the COVID-19 pandemic

The most recently available figures from the ONS Labour Force Survey demonstrate the sharp rise in UK ZHC use collectively across all sectors between 2012 and 2016, however, a subsequent decline from 2016-2018. When the COVID-19 pandemic hit, ZHC use began to rise again, throughout 2019, but appears to have fluctuated ever since. Figure 1 below displays the percentage of the UK population in employment on a ZHC across a 22-year period, from 2000 to 2022. A gradual decline is observed between 2000 and 2004, from 0.8 to 0.4%, before a slight rise until 2006 to 0.5% of the UK population. This followed a plateau until 2010, at which point the percentage began to rise again, steadily until 2012 (at 0.8%) and then sharply, more than doubling, in 2014, to 2%. It continues to rise between 2014 and 2016, to 2.9%, before a slight decline is observed between 2016 and 2017, and a steeper decline in 2018 to 2.4%. During 2019 and 2021, throughout the COVID-19 pandemic, the percentage fluctuated between 2.7 and 3.1%, rising to 3.2% in the autumn of 2022 (see Figure 1).

Figure 1: People in employment on a ZHCs [2000 – 2022]



Source: ONS Labour Force Survey (2023)

According to a 2019 study into ZHCs and labour market policy in the UK, the introduction of the National Living Wage in 2016 led to an increase in the use of ZHCs in adult social care, with the increase being most pronounced within domiciliary care services (Datta et al., 2019). The latest figures from Skills for Care support these findings, with 42% of the workforce (and 50% of those in a care worker role) being employed on a ZHC in 2023 (Skills for Care, 2023)

A Citizen's Advice (2020) report (On the edge: insecure work in the pandemic), noted an estimated 78,000 more people in the UK employed on a ZHC between April and June 2020 than between October and December 2019, with 52% of those in insecure work, across sectors, during the pandemic self-identifying as 'key workers'.

2.3.14. The impact of Brexit on domiciliary care services

Whilst demand for social care services across the UK is at an all-time high, this review has highlighted widespread issues relating to recruitment challenges, low retention, high staff vacancy levels and turnover rates (Skills for Care, 2017). Whilst the extent to which Brexit has contributed to these issues is yet to be explored in depth, particularly in relation to perceptions and experiences of the workforce themselves, research evaluating the impact of Brexit to date has pointed to significant future workforce shortfalls.

Turnpenny and Hussein (2022) published a recent scoping review exploring the impact of Brexit upon migrant home care workers in the UK. The findings were grouped into five key themes: migrant, user and employer outcomes; effect on the workforce; and sustainability.

Migrant care worker outcomes related to 'migrant agency' staff, which relates to migrants coming to the UK and choosing to work within social care, viewing it as an important stepping stone towards other roles within and beyond the sector. They also related to the wider migrant experience, characterised by facing racism and discrimination as well as unfair treatment within their roles. A further theme of 'risks and vulnerabilities' was included in migrant care worker outcomes, highlighting an increased vulnerability of migrant care workers to risks such as gendered risks of abuse, emotional challenges, isolation, precarity, and unfair treatment. Finally, 'relationships and values in care' related to working in care and the associated relationships with clients being highly valued by many migrant care workers.

User outcomes referred to literature that had explored service user experiences of care delivered by migrant workers and highlighted how some service users very much value characteristics associated with migrant workers such as resilience, commitment, and maturity, however some voice discriminatory views and concerns about linguistic and cultural proficiency.

Employer outcomes captured how migrant workers were a source of flexibility for some employers, by fillings gaps in rotas and being more willing to work unsocial hours, but other employers have highlighted burdens and challenges of recruiting migrant care workers such as time commitments required for induction and training, mediating preferences of discriminatory users, and having to undertake additional 'paperwork'.

Workforce outcomes related to the findings of just two studies, highlighting how migrant care workers tend to be 'structurally positioned' in low-paid and precarious jobs, and that this is most prevalent within the private sector. Furthermore, one study reported that migrant workers were more likely to be male, younger, working full time, in 'direct care' roles compared to the overarching social care workforce, showing that migrant workers are likely to have different demographics than non-migrant workers.

Finally, sustainability referred to factors that influence the supply and demand for migrant workers. In the UK, historical ties, language acquisition, and job availability in social care without formal qualifications act as pull factors. Additionally, there's reliance on migrants already in the country with the right to work. Brexit-related uncertainties exacerbate challenges in recruitment. On the demand side, structural factors and immigration rules shape the need for migrant workers, with certain regions and sectors more vulnerable to supply shortages. Additionally, complex immigration rules can deter smaller employers from hiring migrants.

The authors concluded that the post-Brexit immigration system creates new risks and challenges for the domiciliary care sector, including increased labour supply, due to increases in job losses and vacancies in other low-paid sectors.

Of the limited research to date exploring staff and service provider insights, a mixed methods study employing semi-structured interviews and surveys with domiciliary and residential care managers found that irrespective of whether they employ European Union (EU) or European Economic Area (EEA) workers or not, there were deep concerns about Brexit's potential impact on the social care labour market (Read and Fenge, 2019). Participants believed that not only would staff retention worsen, but that their organisation would not have the necessary resources to increase wages enough to compete with bigger care providers due to a reduced availability of care workers.

With rising demand for social care comes a greater need for staff delivering this care, and to date, the care sector has heavily relied on a migrant workforce. The Skills for Care State of Adult Social Care report (2022a) revealed that more than 90% of people recruited into adult social care jobs from outside of the UK were from non-EU countries in 2021/22 and 16% of the social care workforce had a non-British nationality.

Researchers at The Institute of Public Policy Research (IPPR) published a report into Care in a Post-Brexit Climate in 2017, providing guidelines and information of how to tackle workforce challenges and raise care standards (Cory et al., 2017). They concluded that rising demand due to changing adult needs and falling investment due to funding concerns have, in turn, drastically and negatively impacted the availability and quality of care provision. With a view to raising standards in the care sector, they outlined three key recommendations:

- effective minimum standards to push up quality, developed by skills for care in conjunction with a representative board, and enforced through a stronger CQC
- better conditions for workers, enforced through a stronger CQC in partnership with hm revenue and customs (HMRC)

- an industrial strategy for care with a new focus on innovation, including stimulating the potential of new technology to drive productivity improvements

There is a need to explore whether recommendations such as those set out by the IPPR in 2017 have been implemented within domiciliary care, and if so, to what extent improvements have been seen in recent years

2.3.15. Call clipping

'Call clipping' is a term used to describe when care workers have to routinely cut calls short specifically because they have not been allocated enough travel time by employers between calls and where employers have done so on a systematic basis to maximise work delivered and financial return. This action can result in the delivery of poor-quality services because people receiving care and support, with domiciliary care workers feeling the care deliver is either rushed or incomplete due to the time constraints faced from needing to get to their next visit.

Many care workers in the Welsh Government-commissioned research conducted by Atkinson et al. (2016), especially those who had shorter visit times, felt there were unrealistic expectations surrounding the quality of care they could feasibly deliver in these timeframes. Shorter visits were associated with higher pressure and stress for domiciliary care workers, and concerns about the impact on the service users they support. Incidences of 'call clipping' are thought to compound these impacts and therefore challenge the effectiveness of the care provided by workers who by necessity cut visits short.

In a critical analysis of a UNISON-led UK campaign seeking to improve pay and working conditions of domiciliary care workers (Johnson et al., 2021), several challenges within the sector were highlighted. The analysis revealed that workers, most of whom are employed by private sector providers working under contract to local authorities, were faced with the long-term underfunding of domiciliary care and an over-reliance on the private sector to deliver care. There were also discussions surrounding 'call cramming', whereby workers had as little as five minutes for visits on multiple-visit days. It must be noted that RISCA (2016) has specific restrictions on the length of visits that can only be scheduled for less than 30 minutes in specific circumstances. This legislation was introduced to address concerns about so called 'call cramming'.

2.3.16. Efforts to improve recruitment and retention

Managers within domiciliary care services have reported finding it difficult to strike a balance between meeting the needs of both service users and care workers regarding the rotas developed. The majority of managers participating in the research by Atkinson et al. (2016) reported their employees were on ZHCs, but several did comment on beginning to offer more contracted hours to improve retention and recruitment of care workers. Those who had already switched to offering staff contracted hours had observed improved security for

providers that workers would be available to work as they could no longer turn down the offer of work.

Managers also argued that care work was not low-skilled and that its status should reflect this. They acknowledged the complexities involved in the role and suggested that it had changed over the years with care workers undertaking tasks that once would have been the role of a health care professional. Higher status was perceived as essential and necessary, given the high level of knowledge care workers possess.

2.3.17. Pay, bonuses and support schemes

A number of one-off payments have been granted to domiciliary care staff in Wales in recent years. In recognition of the work of domiciliary care workers in the first wave of the pandemic, the Welsh Government funded a bonus payment of £500 for them in 2020. This was followed in 2021 by a further £735 payment to eligible health and social care staff including domiciliary care workers, to recognise their extraordinary contributions throughout the COVID-19 pandemic (Welsh Government, 2021b). This initiative resulted in 91,358 payments to social care staff at an overall cost of £77.86m.

A further payment of £1495 was delivered in 2022 to registered social care workers to align with the introduction of the Real Living Wage (Welsh Government, 2022b). The additional payment applied to ZHC workers who undertook regular shifts but not agency staff, and it was intended to show commitment to the sector and improve retention in care.

Social care workers across Wales now have free access to Canopi, a counselling service supported by the Welsh Government, offering mental health support to NHS staff working through the COVID-19 pandemic. Along with changes to regulations for domiciliary care and additional COVID-19 payment boosts, it is intended this service will support workers' wellbeing beyond the pandemic given the challenging nature of their work.

2.4. Conclusions

This literature review exploring the use of ZHCs in domiciliary care has highlighted key issues faced by the social care sector, with a particular emphasis on the impact major events such as COVID-19 and Brexit have had on the use of ZHCs and on the employees within domiciliary care services themselves.

Objective 1 of this review was to explore the use of ZHCs for registered workers in domiciliary support services across Wales and their impacts on employees. This review has highlighted recent evidence that the number of ZHCs being used across the sector has declined since 2020, associated with several challenges that impact upon the daily role and responsibilities of domiciliary care workers and their wellbeing. Despite these challenges, ZHCs are often praised by both care workers and providers with regards to the degree of flexibility they offer the worker and organisations more widely.

Objective 2 was to assess how, if at all, COVID-19 and Brexit have impacted on the use of ZHCs for registered workers in domiciliary support services. The literature explored under this objective suggests the impact of these events has not, yet, been significant in influencing the prevalence of ZHCs. Whilst there was evidence of a small and gradual rise in late 2021, this is in stark contrast to the rapid rise between 2010 and 2016 (ONS, 2023). These findings emphasise the need for further research exploring the use of ZHCs and related issues among service providers, but also the employees on the frontline delivering domiciliary care services.

Objective 3 was to consider other key evidence from recent and relevant studies that could inform future policy. The review has identified several pertinent and persistent challenges within the domiciliary care sector, but also several potential solutions to improve or overcome them, such as offering staff contracted hours. Historically, low recruitment and retention rates and 'call clipping' appeared to be widespread issues not only across Wales but the UK more broadly, and further research into the domiciliary care workforce's experience of these issues could prove fruitful in shedding light on key influencing factors and future policy changes that may be required to improve working conditions and the quality of care delivered.

Not only has this review shed light on what is currently known in the area, but most importantly what remains unknown (notably the impact the 2017 Regulations have had on providers, commissioners and the domiciliary care services workforce, as well the extent to which 'call clipping' still occurs in domiciliary care, its key determinants and the consequences) and thus requires further exploration with primary research.

The findings of this review directly informed and guided the development of the methodology for the quantitative and qualitative research with domiciliary care service providers, commissioners and care workers reported in the following sections, to establish in-depth understanding of attitudes and sentiment towards ZHC use and 'call clipping'. In turn, this primary research serves to provide a more robust and detailed overview of the challenges faced by the domiciliary support services workforce and identify best practice from within Wales from which to develop effective and meaningful policy recommendations.

3. Phase two: Primary Research

3.1. Aims and objectives

The primary research phase involved a quantitative survey (see Annex A) with a sample size of 291 participants and incorporated a segmentation analysis. Subsequently, interviews were conducted with 10 care workers and seven providers to understand deeper key insights identified in the survey. Finally, recognising the need for further insight into call clipping, two additional specific interviews were conducted.

The objectives of the primary research were to:

- understand the impact that Section 42 of the Regulated Services (Service Providers and Responsible Individuals) Regulations 2017 has had on providers, commissioners, and the domiciliary support services workforce in Wales. This includes understanding levels of awareness of the regulations among providers, commissioners and the domiciliary support workforce and for the workforce, the level of knowledge regarding how to access these rights
- understand what is working well with the Regulations in relation to ZHCs
- understand what could be improved with the Regulations in relation to ZHCs

Additionally, the research sough to gain insight into various perspectives on call clipping and its relationship with ZHCs.

3.2. Methodology

3.2.1. Survey

3.2.1.1. Design of quantitative survey

Following completion of the literature review, the findings from the scoping phase were reviewed in line with the project brief and key research questions. This was to inform the development of a quantitative survey with commissioners, providers and care workers within the domiciliary care sector across Wales. The survey explored respondents' beliefs and attitudes towards, and experiences of, ZHCs, the COVID-19 pandemic and call clipping, as well as seeking to understand key challenges they face within their various roles across the sector. In addition to this, a separate recruitment survey was created to gather participants interest in participating in further research. This short survey had the objective of gathering participants for the next stages of research (e.g., interviews and supplementary interviews).

3.2.1.2. Recruitment of participants

Social Change provided a recruitment email for Welsh Government and colleagues, such as Social Care Wales, to disseminate the survey. They utilised existing communication channels with commissioners, providers, and the domiciliary care services workforce. The survey was distributed to all registered domiciliary care workers through Social Care Wales' regular emails communications with the sector. Providers were also encouraged to promote the survey via Care Inspectorate Wales newsletters. Therefore, all domiciliary care workers had the opportunity to participate in the survey.

3.2.1.3. Ethical considerations

To allow for informed consent to be obtained, within the online survey platform, prospective respondents were presented with an introductory page, detailing the survey aims and outlining information about how their data would be stored and kept confidential. Links to Social Change's GDPR Policy and Welsh Government's privacy notice were also included within this introductory copy. Those responding 'no' to a screener question asking whether they consent to participate in the survey received a disqualification message: 'As you have declined to participate in this research your survey will not begin. Thank you for your time'.

3.2.1.4. Data collection

Following approval of the preview survey links by Welsh Government, both the English and Welsh language surveys were set live and monitored weekly by Social Change for a period of four weeks from June 2023 to July 2023 to maximise the likelihood of obtaining a representative sample whilst also keeping to pre-determined project deadlines.

3.2.1.5. Analysis of survey data

Following survey closure, response data was downloaded from SmartSurvey, cleansing of data was followed by a high-level data analysis to capture overall response figures and descriptive statistics with Microsoft Excel. Both datasets, the English and Welsh versions, were cleansed to identify errors or corruptions and to remove any duplicate responses (i.e., the same person having started the survey and provided responses on separate devices). Subsequently, more in-depth qualitative analysis was conducted with responses to open questions, using thematic techniques to generate key themes.

Researchers elected to include 50 out of the 290 partial responses to the survey as these included full responses to all questions up until the COVID-19 section which related to the primary objectives of the research. That partial responses will have missed the demographics questions and so will not be included in that analysis.

Descriptive statistics were conducted on a total of 291 responses for subsequent data analysis, with response totals and percentages calculated for each question to establish high level insight.

3.2.1.6. Participant details

The survey comprised participants across Wales and of these 188 were domiciliary care workers, 92 were providers and 14 were commissioners. The job role question was multiple choice and captured those who were both a care worker and manager, therefore the total number of responses exceeds the number of respondents.

3.2.1.7. Demographics

The survey sample demonstrated diversity of age. It is worth noting that just over a tenth (12%) of people chose not to disclose their age or were amongst those providing partial responses (i.e., did not complete the full survey, reaching the demographic questions at the end).

Percentages of the 255 people who provided their age can be found in table 1:

Table 1: Demographic: Age

Age range	Number of respondents	Percentage
18-24	7	3%
25-34	39	15%
35-44	48	19%
45-54	76	30%
55-64	71	28%
Older than 65	14	5%

*The percentage is not provided if fewer than five respondents provided a response.

With regard to gender, 16% chose not to disclose their gender. Gender percentages of the 251 who provided gender can be found in table 2.

Table 2: Demographic: Gender

Gender	Number of respondents	Percentage
Female	212	84%

Male	38	15%
Agender or nonbinary	Fewer than 5*	-

*The percentage is not provided if fewer than five respondents provided a response.

In terms of ethnicity, a significant portion (17%) chose not to disclose their ethnic background. Of the 241 people who provided their ethnicity (table 3):

Table 3: Demographic: Ethnicity

Ethnicity	Number of respondents	Percentage
White (White British, White Welsh, White Scottish, other white ethnicity)	226	94%
Black African	6	2%
Indian	Fewer than 5*	-
Asian	Fewer than 5*	-
Other ethnic backgrounds	Fewer than 5*	-

*The percentage is not provided if fewer than five respondents provided a response.

Most participants had obtained at least a level 3 NVQ (or equivalent), and 23% also had a degree level qualification or higher (table 4):

Table 4: Demographic: Education

Highest level of qualification achieved	Number of respondents	Percentage
No qualifications	Fewer than 5*	-
Qualifications below Level 3, including GCSEs and entry-level qualifications	35	15%
S and A Levels; NVQ Level 3; Advanced Diploma; BTEC Level 3;	52	22%

BTEC National; IB; Advanced apprenticeship; or equivalent		
Certification of higher education; Higher national certificate; NVQ Level 4; BTEC professional award Level 4; Higher apprenticeship; or equivalent	19	8%
Foundation degree; Diploma of higher education; Diploma in further education; Higher national diploma; BTEC professional award Level 5; or equivalent	54	22%
Bachelor's degree; Graduate diploma; Graduate certificate; BTEC advanced professional award Level 6; Degree apprenticeship	41	17%
Qualifications above Level 6, including Master's and Doctorate degrees	13	5%
Other	23	10%

*The percentage is not provided if fewer than five respondents provided a response.

3.2.1.8. Job Roles

Regarding their job roles, most respondents worked as domiciliary care workers (65%), with just under a third working as providers (32%) and 14% working for a local authority commissioning domiciliary care services. It is important to note that these percentages collectively exceed 100%, as the job role question allowed multiple responses, so some respondents reported working as both a provider and a care worker. For analysis, their answers were included in both job roles datasets.

3.2.1.9. Locations of work

For some care workers, their work required them to travel between various counties or boroughs across Wales, and as such, participants could select more than one area within Wales that they worked across.

Table 5: Survey participants' locations of work

Location	Number of respondents	Percentage
Cardiff & Vale	59	17%
Cwm Taf Morgannwg	45	13%
Gwent	72	20%
West Wales	44	12%
North Wales	88	25%
West Glamorgan	29	8%
Powys	20	6%

3.2.1.10. Length of service in domiciliary care

Participants in the survey were asked to estimate (to the nearest year) how long they had worked in the domiciliary care sector in any role (i.e., not exclusively their current role but collectively across all roles they have held within the sector). Most survey respondents had been working within the domiciliary care sector for less than five years (37%), with just over a fifth having worked between 5 and 9 years (22%), and 24% between 10 and 19 years. Fewer participants (15%) had been working within the sector for 20 or more years.

3.2.1.11. Contract type

Table 6: Survey participants' contract type

	Care workers	Commissioners	Providers
	Number (Percentage)	**Number (Percentage)**	**Number (Percentage)**
Full time work	85 (45%)	12 (86%)	86 (93%)
Part time work	60 (32%)	Fewer than 5*	7 (8%)

Zero-hour contract	89 (47%)	Fewer than 5*	Fewer than 5*
Career gap or maternity leave	Fewer than 5*	0	0
Long term sickness leave	Fewer than 5*	0	Fewer than 5*
Retired	Fewer than 5*	0	0
Volunteer	Fewer than 5*	0	0
None of the above	Fewer than 5*	0	0

*The percentage is not provided if fewer than five respondents provided a response.

3.2.2. Interviews

3.2.2.1. Design of interview materials

High level findings from the survey informed the development of key topic areas, questions and prompts for inclusion within an interview discussion guide (see Annex B, C and D for copies of the discussion guides for domiciliary care workers, providers and commissioners).

3.2.2.2. Recruitment of participants

Following sign-off of the interview discussion guide by Welsh Government, Social Change disseminated a series of recruitment emails to survey respondents who had completed a separate recruitment survey to express interest in participating in further research. After confirming their interest in taking part and language preference, prospective participants were sent a Participant Information Leaflet and a copy of Social Change's GDPR Policy as well as a consent form to fill out prior to their interview. They were encouraged to ask any questions they may have ahead of interview and booked in for a telephone interview at a date and time convenient for them.

A total of 17 interviews were conducted, all in English. Ten of these were with care workers and seven with providers. The interviews were 45-60 minutes in length. One provider had

recently left a commissioning role and thus was able to shed light on the research topic from a commissioning perspective but predominantly answered discussion guide questions with their role as a provider in mind.

3.2.2.3. Analysis of interviews

These interviews were recorded, transcribed and analysed using a thematic content analysis, aimed at identifying recurring themes aligned with the roles of the respondents. The identified areas included the impact of 2017 regulations, varying levels of awareness and perceptions regarding ZHCs, the diverse impacts of different work roles, call clipping and COVID-19, as well as challenges and solutions offered by participants. This allowed a deeper understanding on what the common experiences of providers and care workers are and shed light into their differences.

3.3. Segmentation

In addition to the survey analysis, a segmentation exercise was undertaken based on specific survey questions related to ZHCs and call clipping. SPSS statistical software was used to conduct this analysis, which works to identify hidden trends and relationships in data and segment the overall audience into different sub-groups.

Segmenting based on behavioural characteristics rather than demographics provides a richer insight into how sub-groups are likely to think, act and feel. By contrast, segmenting by demographics alone assumes people from similar backgrounds have similar experiences, attitudes, and behaviours, which is not the case. Once segments were identified, analysis was done using crosstab techniques to understand likely demographics to support future audience targeting efforts and further build on understanding of the sub-groups.

The segmentation process involves organising a group of people into smaller groups, or segments, based on shared characteristics or behaviours. To understand the different perspectives of all care workers surveyed, questions related to their opinions, awareness and behaviours related to ZHCs and call clipping were included in the segmentation exercise. Responses were grouped into different segments according to similar answers to specific questions, such as ‘awareness of regulations’, ‘experience of ZHCs’, ‘believes call clipping is happening across the sector’.

3.4. Supplementary interviews: Call clipping

3.4.1. Design of supplementary interview materials

The creation of interview materials was guided by high level findings from the previous research stages: survey and interviews. These findings informed the creation of targeted call clipping questions and areas for deeper exploration, incorporated in an interview discussion guide. The supplementary interviews explored the following areas: daily challenges of working in the role, call clipping prevalence, causes of call clipping, the impact of call clipping and solutions to call clipping.

3.4.2. Recruitment of participants

Participants were eligible for these interviews if they were currently working as a domiciliary care worker in Wales and have experience of call clipping. Three rounds of emails were sent to those who expressed interest in participating in further research. After confirmation of their willingness to participate, participants were provided with a Participant Information Leaflet, a copy of Social Change's GDPR Policy, and a consent form to complete prior to their interview.

Despite the difficulties during recruitment for these supplementary interviews and the sensitivity of the topic, three individuals were recruited. Ultimately, two interviews were conducted. The limited time caseworkers tend to have, paradoxically, was highlighted during recruitment, as care workers struggled to attend interviews due to their demanding schedules, often leading to cancellations or no show ups.

3.4.3. Analysis of supplementary interviews

Given the small number of interviews, it was not felt that these supplementary interviews could not be analysed using a thematic content analysis approach and would not be included in the findings section of this report.

3.5. Findings

3.5.1. The 2017 Regulations and their perceived impact

Both quantitative and qualitative phases of this work sought to establish the impact of Section 42 of the Regulated Services Regulations 2017 on providers, commissioners, and the domiciliary support services in Wales, including levels of awareness of the regulations

among providers and the level of knowledge regarding how to access these rights among the workforce.

In the survey, providers rated their awareness and understanding of the 2017 Regulations more highly than both commissioners and care workers. For this question, participants were given the option to rank their awareness and understanding of the 2017 regulations using the following ranking: 'Very good – I know what the Regulations are and what they mean for me and other roles across the domiciliary care sector', 'Good – I can describe what the Regulations are and what they mean for me', 'Neutral – I have a good understanding of the Regulations', Poor – I have heard about the Regulations before, but am unsure of what they are and how they affect me' and 'Very poor – I do not know what the Regulations are and have never heard about them'. As can be seen in table 7, Just under half of care workers rated their understanding as either poor or very poor. Almost a quarter of care workers rated their understanding as very poor, with only 9% rating their understanding as very good. Half of the commissioners rated their understanding as neutral (i.e., neither good nor poor). In contrast, two thirds of providers rated their knowledge as either good or very good.

Table 7: Knowledge and awareness of 2017 Regulations

	Very poor or Poor	Neutral	Very good or Good
	Number (Percentage)	**Number (Percentage)**	**Number (Percentage)**
Care workers	92 (49%)	56 (30%)	40 (22%)
Commissioners	Fewer than 5*	7 (50%)	5 (35%)
Providers	13 (14%)	18 (20%)	61 (66%)

*The percentage is not provided if fewer than five respondents provided a response.

Respondents were asked how, if at all, their own job role had been impacted by the Regulations. Across all participants, 51% did not feel their role had been impacted at all. Within each job role, care workers and commissioners particularly reported that their role was unaffected. Over a third of providers felt their roles had been positively impacted, with a further 12% rating this impact as significantly positive. Whilst no commissioners nor providers felt their roles had been significantly negatively impacted, 3% of care workers selected this response (table 8).

Table 8: Impact of the Regulations on participants by job role

	Not at all	Significantly or somewhat negatively	Significantly or somewhat positively

	Number (Percentage)	Number (Percentage)	Number (Percentage)
Care workers	110 (59%)	29 (16%)	47 (25%)
Commissioners	8 (57%)	Fewer than 5*	Fewer than 5*
Providers	36 (39%)	10 (11%)	46 (50%)

*The percentage is not provided if fewer than five respondents provided a response.

When comparing respondents' awareness of the 2017 Regulations and their level of impact on their roles, those with good or very good awareness of the 2017 Regulations generally reported a positive impact on their roles. In contrast, individuals with poor awareness were more likely to report no impact. Commissioners differed slightly from other roles, those with good awareness primarily reported a somewhat positive impact or no impact at all. Overall, generally the option no impact at all had higher percentages across all job roles, especially for those who selected having a very poor awareness of the Regulations.

Within the interviews, providers presented mixed views of the impacts of the Regulations. Some spoke of them having a negative impact, as they had been losing staff who don't want to be contracted because they like the flexibility. Additionally, several cited a high degree of paperwork and administration because of the volatile nature of the work and having constant turnover of staff.

"I find that in many ways they're good, but they're frustrating as well… In health and social care in Wales, everybody has to be on the social care register. To get into Level 2, Level 3, they have to be work 16 hours a week, and we have had people on ZHCs, brilliant, really dedicated good staff, who don't want to work over 16 hours a week cause they've got other things going on in their lives, and we are losing them because of that." – Provider

Others did not feel they or their workforce had been impacted at all as they either weren't initially offering ZHCs or were already offering guaranteed hours.

"So I know a lot of companies do have a lot of zero-hour contracts, but we don't work like that. [We] actually prefer to have people that are contracted on a number of hours because it works better for us." – Provider

Others felt that it has been beneficial to protect staff, or had been good for other staff who wanted more hours and had struggled on a ZHC:

"I imagine that it came in to protect people, to protect workers who need protecting from, you know, bad bosses. So it gives them more security, which is good." – Provider

The realities of following the Regulations and converting a ZHC to guaranteed hours contracts can result in increased costs for the providers. In one example, moving someone

to a guaranteed hours contract can lead to a situation where the provider cannot fill the workers' contracted hours, but is still required to pay them.

> "First of all they are given a zero-hour contract on initial employment, but after 12 weeks we then offer and record the offer and the response on the supervision form. The difficulty we have is that obviously if someone's working 40 hours a week and that's inclusive of travel time. So their contact time plus their travel time equates to 40 hours. I can't offer them a 40-hour contract. So I usually look at 60% of what they're working hours are purely because the market is so volatile, I have to take into account that services change. And I can't commit myself to those full 40 hours because the work is so volatile and at any given time that that care worker could lose 12 hours within that week. Which could present itself as an hour a day between 11:00 and 12:00. And if I can't fill that with something else then I'm obviously duty bound to pay that care worker for that time, but I'm being paid for that time by the local authority. So what's going out is more than what's coming in and that is the danger of the guaranteed hour contracts in domiciliary care." – Provider

Regarding the perceived impact of the Regulations on ZHC use, some providers did not feel they could comment nor hypothesise what, if any, impact there had been, as they did not use ZHCs or have experience of having to implement the Regulations. Those who did comment on this impact did not appear to think there was any change as a result.

"I'm sure there were providers who didn't completely understand their responsibilities, maybe. So it did spell it out, but did it actually drive any change? No, I don't believe it did. I don't think anyone can say it did or didn't. I think you'd be hard pressed to actually quantify whether it is or not." – Provider

In contrast to providers, when asked about the 2017 Regulations, many care workers were either not familiar with them, or did not believe they had been personally impacted by them. In turn, most did not feel they had enough knowledge to express an informed opinion of the Regulations. However, some expressed the view that the Regulations were disproportionately impacting staff more than providers.

> " I would say, the fact that there seems to be far more regulation for the carers than the people that employ them is a major problem. It seemed to be that the people at the bottom of the pile [care workers], there's loads of regulations in terms of how they deliver care and what you have to do, but they don't seem to have, and it's not all of them, but there doesn't seem to be anything that ensures that the companies work to standard in terms of how they employ people." – Care Worker

Two interviewees did report being aware of the Regulations and impacted by them in some way. One care worker who was working on a ZHC at the time of interview reported that he had requested that his company provide him with a permanent contract - as he was eligible, having been working in the role for longer than three months - however ten months later he had not been offered the contract he was promised. As a result, he reported finding the

volatile nature of his work pattern as difficult and uncertain, as some weeks he wasn't able to 'get enough hours' and on others he would have so much work that he would have little time to spend with his family.

"I have requested the company to provide me with a 37.5 hours contract weekly and they what they have initially told me is they will be providing me with one contract which is after completion [of] my probation. But it's been like 10 months now and I haven't got a contract. Now they promised me that they'll be giving [me] a contract this month which starts from 11th of this month onwards. I hope I will get it." – Care Worker

In contrast, another participant reported having been positively impacted, as she'd previously been on a ZHC and moved onto a permanent contract after eighteen months. She had found being on a ZHC very mentally and physically draining and stressful, so very much welcomed her change of contract.

"I wasn't aware of that [regulation] actually... but I did start as relief actually on you know zero-hour contract and then obviously I did get a contract simply because they were recruiting, but I wasn't aware that that was the process, it's interesting." – Care Worker

3.5.2. Zero-hour contracts

Sentiment towards, and experiences of, ZHCs was explored with the domiciliary care workforce within the survey and subsequent telephone interviews.

Of those care workers currently on a ZHC, 24% reported wanting to change to a different contract, while 19% reported wanting to stay on a ZHC (table 9). Furthermore, 19% had been on a ZHC before and did not want to return to one, compared to only 3% who would consider it again. Of those who had never been on a ZHC, 2% were interested in ZHCs for the future, while 18% were not. Six respondents (3%) were unsure or had no opinion, 5% selected ‘none of the above’ and 7% didn’t answer. Overall, 61% did not want a ZHC, and 24% were open to or considering it.

Table 9: Care workers’ ZHC experience and future preferences

Experience and future preferences	Care workers
	Number of respondents (Percentage)
Currently on ZHC, considering change	45 (24%)
Currently on ZHC, prefer no change	36 (19%)
Past ZHC experience, prefer no recurrence	35 (19%)
Past ZHC experience may consider again	6 (3%)

No ZHC experience, prefer no future	33 (18%)
No ZHC experience, consider future	Fewer than 5*
No opinion on ZHC / Not sure	30 (15%)

*The percentage is not provided if fewer than five respondents provided a response.

In their interviews, care workers expressed varying levels of understanding as to what a ZHC was and how, if at all, these differ from other types of contracts. Three of the care workers interviewed within this research were on a ZHC at the time of interviews, with one person reporting they had been previously, before moving onto a permanent, fixed-hours contract. Whilst participants reported a number of advantages to a ZHC, there were notably fewer than the disadvantages described. Advantages included the high degree of flexibility they afford an individual, which can be particularly beneficial for younger care workers or for those with childcare responsibilities or multiple jobs.

Providers were asked to select which statement best represented their experience of providing domiciliary support services using ZHCs (table 10). The majority of respondents did not resonate with any of the statements regarding experience with services using ZHCs, by either not providing an answer, selecting 'none of the above' or selecting ‘I do not have an opinion on ZHCs/I’m not sure’. Of providers that are or have been involved in providing domiciliary support services using ZHCs, 35% definitely or may do so again, 9% would consider using them again in the future and 12% would not use ZHCs in providing and commissioning care again.

Table 10: Commissioners and providers’ involvement with ZHCs and future preferences

Experience and future preferences	Commissioners	Providers
	Number (Percentage)	Number (Percentage)
Involved in ZHC, definite future use	Fewer than 5*	18 (21%)
Involved in ZHC, consider future use	Fewer than 5*	9 (10%)
Involved in ZHC, may use again	Fewer than 5*	15 (16%)
Involved in ZHC, prefer no future use	Fewer than 5*	13 (14%)
No opinion on ZHC	Fewer than 5*	11 (12%)
None of the above	6 (43%)	24 (26%)

*The percentage is not provided if fewer than five respondents provided a response.

The telephone interviews with providers shed further light on some of these quantitative findings. Those who demonstrated positive sentiment towards ZHCs spoke about care workers liking casual working, with fewer hours to allow them time to focus on other aspects of their lives and that it works well for providers as it allows them to fill gaps in rotas or cover leave easily.

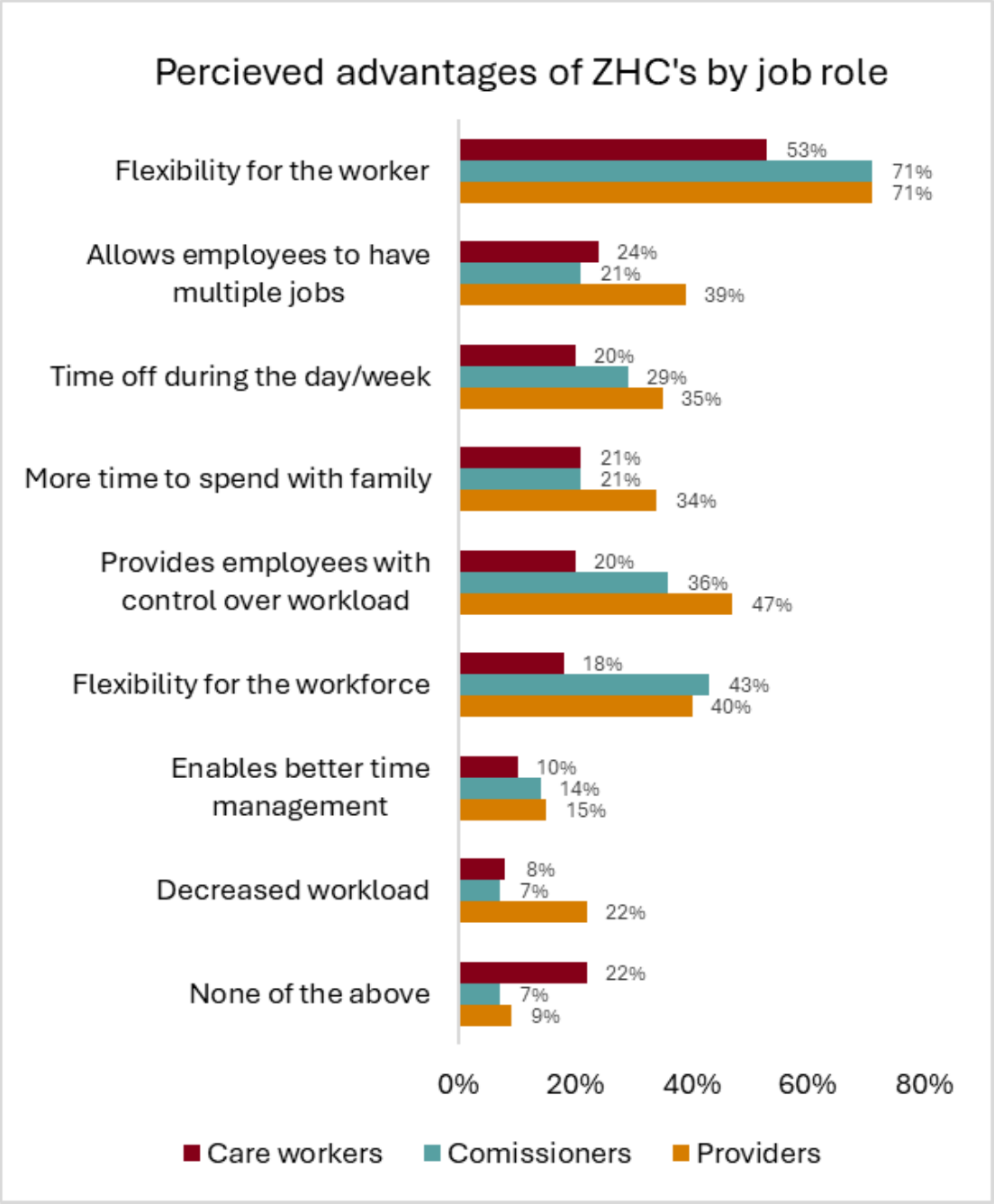
"When people are off on holiday or something, then there's gaps in the rota. So I send the rota out and say, 'does anybody fancy any of these shifts?' and the people on Zero-hour, if they fancy them, they jump in and they know what they're going to be doing in a month's time." – Provider

Some spoke of needing ZHCs because they can't guarantee the work for contracted hours due to the volatile nature of the work and the way they are commissioned. Others reported not offering ZHCs but instead using flexible hours contracts, which are similar to ZHCs but have all the benefits and rights associated with them that a permanent contract would and can be used to prove working status.

Similar to providers, the majority of commissioners, who received the same question and response options as providers, selected ‘none of the above’, likely indicating that they had not commissioned services using ZHCs (table 10). Additionally, 14% reported not having an opinion or not being sure, while 14% didn’t give an answer to this question. Of those with involvement in using ZHCs, 7% would definitely use them in the future, 14% may use them again and another 7% would consider using them in the future, in contrast to 14% that wouldn’t use a ZHC again in the future.

When asked what advantages they felt ZHCs were associated with, across the sample, over half of respondents felt it affords the worker flexibility, but fewer felt it provided the wider workforce with flexibility. Far fewer people felt that ZHCs enabled better time management or resulted in a decreased workload. Almost three quarters (71%) of both commissioners and providers believed the worker is afforded with more flexibility, compared to 53% of workers themselves who believed this was the case. Further disparities between those in different job roles were also evident in relation to ZHCs providing employees with control over workload, with just 20% of care workers agreeing with this, but almost half of providers (47%) and over a third of commissioners (36%) agreeing with this, as shown in figure 2).

Figure 2: Perceived advantages of ZHC by job role

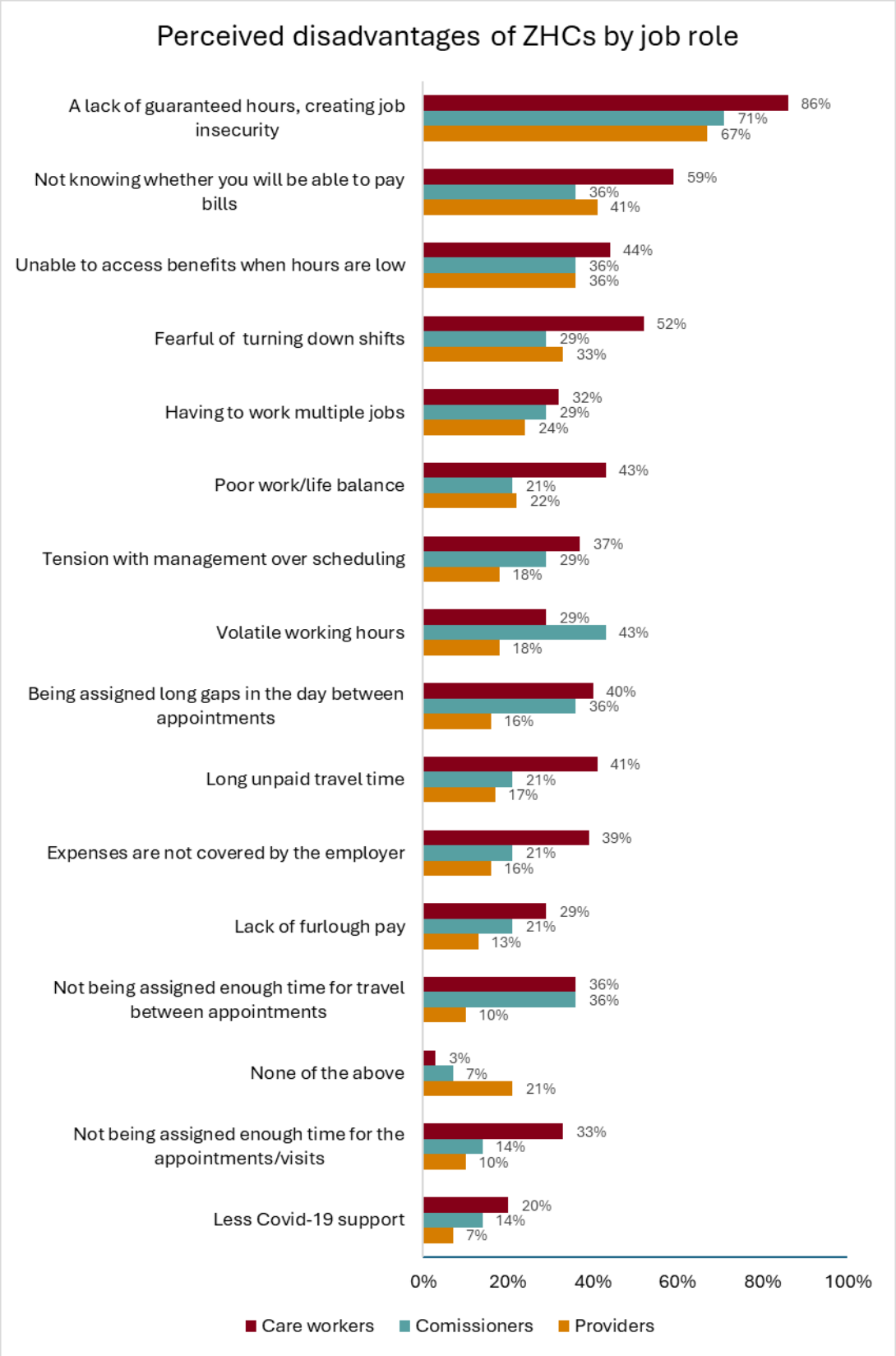


Regarding the disadvantages associated with ZHCs, providers, commissioners and care workers were all presented with a series of potential disadvantages informed by early scoping and desk research of literature relating to ZHC use and lived experiences of those commissioning, providing or working on ZHCs. A lack of guaranteed hours (creating job insecurity) was the main disadvantage that the majority of each group agreed with, particularly care workers. A breakdown of how providers, commissioners and care workers responded is shown in figure 3.

Overall, drawing from evidence from the survey and interviews, both those who had experience of being on a ZHC and those who had not but were familiar with the contract type or had heard anecdotal evidence from others on ZHCs, discussed a wide range of disadvantages of the contract type. The most frequent was the unpredictability of working

patterns and the uncertainty and inconsistency this created for not only care workers but also those receiving care. More specifically, people mentioned finding it hard to get shifts when they wanted them or being unable to plan out their coming weeks in advance due to the lack of structure, which can be mentally draining and stressful and had a knock-on impact on their wider health and wellbeing. Consequently, those currently or previously on a ZHC reported having a poor work-life balance whereby they were unable to spend as much time as they would like to with family and friends or focusing on their health.

Figure 3: Perceived disadvantages of ZHC by job role



Several care workers also described how the way in which shifts were offered and organised fostered a culture of fear surrounding the turning down of shifts, with people

being 'punished' and not offered subsequent shifts if they had previously turned others down.

"They use it as a gold like when they're not happy with you, they hold on to your shift or when you refuse the starting call because it doesn't suit your, you know your schedule or plan and you turn the shift down. You see that you don't get shifts for several for a very long time. It's like your punishment." – Care Worker

Care workers also mentioned challenges such as less access to benefits that would be available to employees on permanent contracts, such as sick pay and the ability to apply for a mortgage.

Finally, a trade-off between stability and flexibility was frequently mentioned, whereby care workers felt that ZHCs afforded them flexibility but this meant sacrificing the stability associated with permanent contracts and more fixed working patterns.

"There's the kind of split down the middle. You've got those that work want to work all the time and they want more hours. Yeah. And maybe you don't get those hours. And then you've got the other care workers who are given hours and then they hand them back and maybe if they were given, if hourly contracts were given out a bit more freely, you wouldn't have so much strain on the service." – Care Worker

In summary, participants described varying experiences of ZHCs but expressed a general view that the disadvantages of being on a ZHC tend to outweigh the advantages. It is, however, important to note that these perceived advantages and disadvantages depend entirely on an individual's circumstances, wider lifestyle, and priorities at a given time in their lives.

In the survey, care workers were asked whether they were paid for their time spent travelling between calls, to which almost half (49%) answered that they were, 24% were not, and 10% were unsure whether their travel time was paid by their employer.

When speaking about paid travel time - or a lack thereof - in their interviews, care workers who did not get paid for travel time mentioned having to travel in the time allocated to the shift or ending up doing overtime and unpaid work.

> "We're really fortunate with my company as it will pay your travel time. They give you a minimum of 15 minutes to get between clients. But we do cover quite a big geographical area. So I might be in one place and then in 15 minutes time I need to be 10 miles the other side of Newport, which brings us down to the 20 miles per hour speed limit issue then. My company pay travel time but estimated journey time doesn't factor in traffic, so I spend more time travelling than what I'm paid for." – Care Worker

3.5.3. Call Clipping and Shortened Calls

Call clipping has been defined as having to routinely cut calls short specifically because staff are systemically not provided with sufficient travel time by employers between calls. It is important to note that call clipping does not refer to not being allocated enough time for the actual calls by those commissioning the care, staffing issues, or individual variability in needs of those receiving the care. Despite this definition provided to participants, many of the responses to the survey and interview questions suggested that participants may have conflated instances of call clipping with issues around excessive demand or unanticipated events which can lead to shortened calls. Therefore, this section will focus on the specific issue of call clipping as defined above referring to the pressures experienced by people working in domiciliary care.

3.5.4. Survey questions around call clipping

The survey asked questions specifically about instances and experiences of call clipping. When survey respondents were asked whether they were aware of call clipping currently happening across the domiciliary care sector, a higher percentage of the care workers reported that they were, in contrast to 36% of the commissioners and 51% of providers (table 11).

Table 11: Awareness of call clipping across the sector by job role

	Aware	Not aware	Not sure/no answer
	Number (Percentage)	**Number (Percentage)**	**Number (Percentage)**
Care workers	119 (63%)	69 (37%)	0 (0%)
Commissioners	5 (36%)	8 (57%)	Fewer than 5*
Providers	47 (51%)	39 (42%)	5 (5%)

*The percentage is not provided if fewer than five respondents provided a response.

Among the survey respondents who believed call clipping was happening across the sector, many felt this was due to care workers having too many calls to fit in, while commissioners reported it also being due to financial pressures on the business. It is possible care workers may have reported being aware of ‘call clipping’ due to experienced pressure of fitting in calls rather than the specific issue of management allocating insufficient travel time between visits.

The survey asked whether respondents thought there was a connection between the use of ZHCs and the occurrence of call clipping, with 47% of care workers reported being uncertain, with 32% selecting 'no' and 21% selecting ‘yes’ (table 12). In contrast, 36% of

commissioners and 49% of providers did not think there was an association. Among care workers who are unsure if there is a connection between ZHCs and call clipping, some mentioned call clipping or shortened calls occurring in different contract types and cited reasons such as rotas not being set correctly and inadequate staffing levels.

Table 12: Connection between the use of ZHC and the occurrence of call clipping

	Yes	No	Not sure	Did not respond
	Number (Percentage)	**Number (Percentage)**	**Number (Percentage)**	**Number (Percentage)**
Care workers	39 (21%)	60 (32%)	89 (47%)	0 (0%)
Commissioners	Fewer than 5*	5 (36%)	Fewer than 5*	0 (0%)
Providers	7 (8%)	45 (49%)	28 (30%)	12 (13%)

*The percentage is not provided if fewer than five respondents provided a response.

3.5.5. Survey questions around shortened calls

In addition to the specific issue of call clipping, many of the participants of the survey referred to the wider issue of short calls and time pressures. Over a quarter (27%) of care workers in the survey reported never having to leave calls early, with 16% reporting having to do so rarely or very rarely (table 13). A further one in six (16%) reported having to do so occasionally) with 29 percent of care workers reporting they very frequently or always must leave calls early. Some participants chose not to disclose an answer (i.e., selected 'prefer not to say'; 6%) or skipped the question.

Regarding arriving at calls late, a quarter of care workers (23%) reported very frequently doing so, perhaps indicating whilst they may not have to leave calls early, they more frequently arrive at calls late for other reasons. A similar number (24%) reported occasionally arriving late, with fewer reporting that this is always the case (7%).

A fifth of the sample reported never arriving at calls late, with fewer reporting that it rarely (8%) or very rarely (11%) happens. Similar to the previous question, some people selected that they preferred not to answer (5%) or skipped the question (7%).

Table 13: Shortened calls prevalence reported by care workers

	Leave calls early	Arrive at calls late
	Number of respondents (Percentage)	**Number of respondents (Percentage)**
Always	18 (10%)	13 (7%)
Very frequently	35 (19%)	44 (23%)
Occasionally	30 (16%)	41 (22%)
Rarely	14 (7%)	14 (8%)
Very rarely	16 (9%)	20 (11%)
Never	50 (27%)	34 (18%)
Prefer not to say or did not answer	25 (13%)	22 (11%)

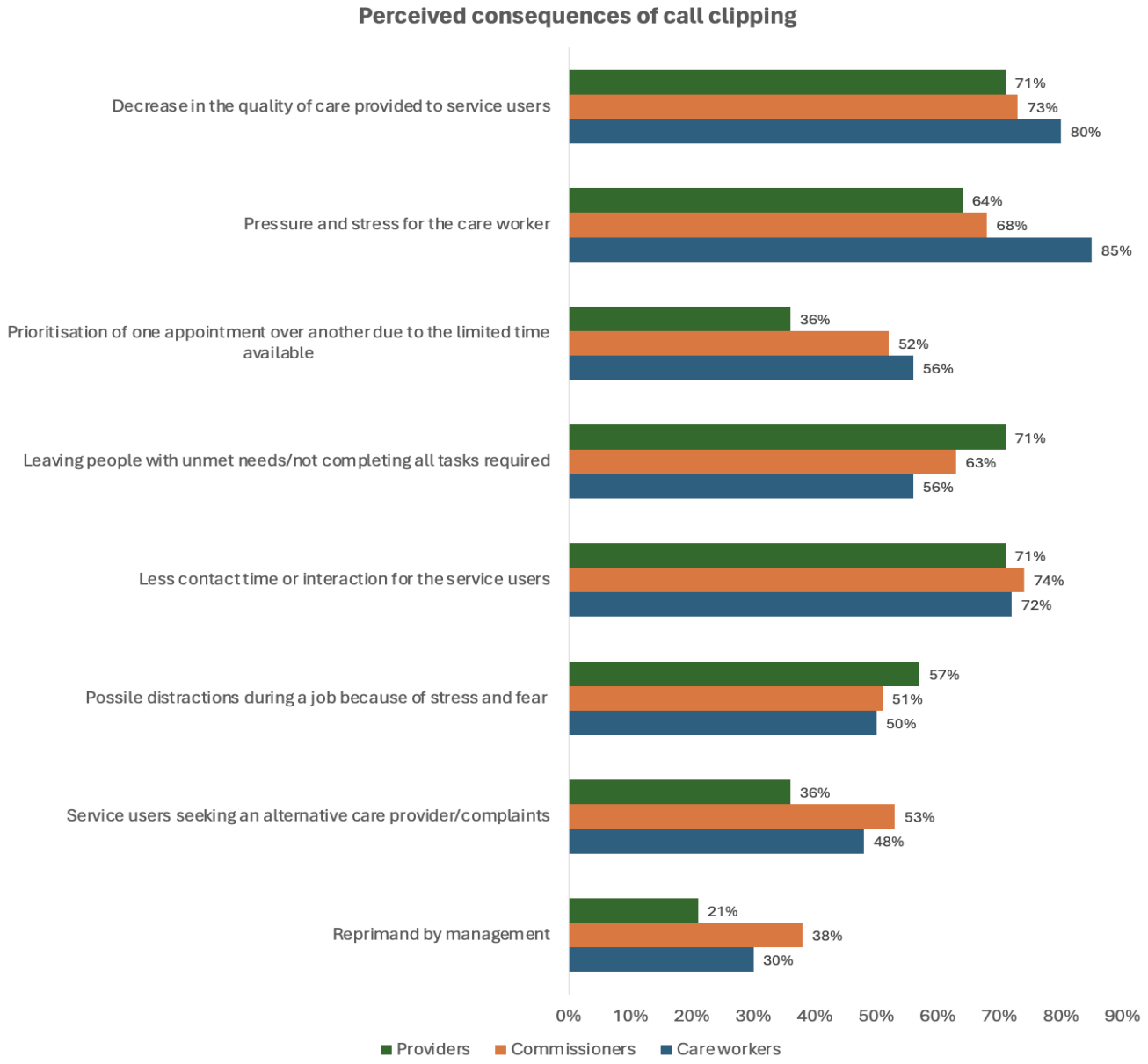
3.5.6. Perceived consequences and impacts of shortened calls

Wider time pressures can have a consequence on care workers and the people to whom they provide care. Regarding the perceived consequences of shortened calls, 85% of care workers felt that it causes pressure and stress for the care worker, 80% agreed that it results in a decrease in the quality of care provided to service users, and 72% felt it led to less contact time or interaction for the service users (figure 4).

Commissioners perceived different consequences regarding shortened calls. Two in three (64%) commissioners considered shortened calls a contributing factor to pressure and stress for the care workers, compared to 85% of care workers. Additionally, 71% of commissioners believe the consequences include a decrease in the quality of care provided to service users and less contact time or interaction with them. 71% believe leaving people with unmet needs or not completing all tasks required is a consequence of or shortened calls.

Providers share a similar perspective to commissioners regarding the effects of shortened calls. According to the survey, 74% of providers believe that shorter calls results in decreased quality of care for service users, accompanied by reduced time or interaction with them. Additionally, 63% of providers report leaving people with unmet needs or incomplete tasks, while 52% cite the prioritisation of one appointment over another due to limited time, leading some service users to seek alternative care providers.

Figure 4: Perceived consequences of shortened calls by job role



The impacts of shortened calls are very complex and affect both care workers and the quality of service provided to clients. Within their interviews, providers predominantly spoke about service users not receiving the level and quality of care they deserved. For example, several mentioned that seeing their care worker(s) can be service users' only form of social engagement, and they want to feel valued, supported and have their needs met.

> "It's really hard for the cared for when the only people that they'll see that day [are] the carers coming in and you know, you want to feel valued, you want to feel noticed. We all do. We all need that. And to know that the carers are coming in and knowing that they're in such a rush that you just don't want to make a scene and you know just having a cup of tea with somebody for you know, twenty minutes would improve somebody's mental health so much." – Provider

Others talked about time constraints leading to a culture of ‘nipping in and out’ which, when combined with pressure and tiredness of staff, can result in rushed care, and standards being lowered.

"If you've got someone with dementia, who doesn't even know they're hungry, and sometimes you actually sit down and you have your sandwiches with them to make sure they're eating. And if you're just putting the dinner and a cup of tea [down] and you’re leaving, the chances are that person doesn't eat a dinner because ‘ohh, I didn't know you left that for me. It's not mine. Don't know where that came from'." – Provider

One of the most significant impacts of these pressures is the psychological effects on care workers. Care workers interviewed expressed feeling that management doesn’t prioritise their needs, leading to a sense of disillusionment and dissatisfaction. This perceived lack of support from management contributes to the psychological challenges faced by care workers, who often find themselves rushing from one appointment to the next without proper breaks or time to relax. As one of the workers described: "So when I go back, I can't reach there in time anyway. I have to rush, rush, rush, rush. No lunch break, no time to relax.".

Care workers who were interviewed spoke about having to use unpaid time between calls and delivering a lower quality service to those they care for, as well as being concerned that those receiving care can suffer mental health impacts, become angry and frustrated, or left going hungry and waiting around.

“Whatever time the company provides us, there will be breaks in between in which we won't be able to go back home and come back. It will be like half an hour where we just have to sit in our car and wait for the next call, which is absolutely a waste of time.” – Care Worker

Care workers may find themselves unable to complete all tasks during their calls due to time constraints. Interviewees reported prioritising the mandatory tasks at the expense of the laundry and cleaning, and said they often go back to calls in their lunch time to complete the unfinished tasks, further reducing the opportunity for adequate breaks.

This led to more psychological difficulties and stress:

“If anything is to happen to that person and that was supposed to be in that call during that time, it means I might get a safeguarding [concern], which might damage my career as an individual.”

This doesn’t leave a good impression on the client either:

“[Clients think] we are paying for 30 or 40 minutes. So you should be there 30 minutes or 40 minutes. The clients sometimes are not happy with us if we are even leaving 5 minutes earlier, [as] they need the full time.” – Care Worker

Despite care workers’ efforts to apologise and maintain confidentiality, they reported feeling left powerless to fully address the consequences of shortened calls on the quality of service provided to clients.

“Then we can reach another client in time and we always said sorry to the people, sorry we are late and we can't explain anything. You know you have to keep it confidential and private. So you have just you have to say sorry.” – Care Worker

Some of the interviewed care workers expressed a desire to leave the sector altogether due to the pressures and the impacts of pressure on call times, and some are choosing to leave to go to other social care settings like care homes, in which care workers are compensated “from the moment they enter the care home to the moment they leave”. This has been noticed by care workers and highlights their frustration with management practices, further contributing to high turnover rates.

“I've noticed most people are dropping this profession because of the fact that sometimes you just have to improvise and finish the call early so that you get to the next call. It's got a lot of pressure in it. It's not professional as well. It lacks professionalism because we are losing out as the carers, but you just have to make a way. The company doesn't care as well. They [the company] just want the work done.” – Care Worker

3.5.7. Proposed solutions to call shortening

Care workers were asked for possible solutions to shortened calls during the interviews. Some of their answers included receiving full day compensation, confining work areas to certain geographies, more transparent policies, standardised pay and open communication with the opportunity to share feedback.

Interviewees suggested they should be compensated for the entire duration they are engaged in work, similar to a care home. This is linked to the suggestion of having standardised pay, noting the importance of knowing how much they are getting paid and not having that uncertainty of getting wrongly paid or not paid enough for travel expenses.

“Like in a care home whereby you walk in, you're paid for the whole duration that you're in the premises until you just leave without factoring in travel time and everything. So just have fixed amounts to say from the moment you start work at 7:00 until you finish. Standardised pay for the whole day 7am-11pm. Similar to a care home.” – Care Worker

Transparent policies are another factor that would help reduce shortened calls. Care workers interviewed highlighted the importance of knowing how much they are getting paid, for travel time, fuel, and extra expenses, on top of their worked hours.

“There should not be hidden policies of the companies in this field because whenever we ask the company about the travel time, they said ‘we will manage it, you don't need to worry about it, and still we don’t know if they’re paying us well for that.” – Care worker

Another solution to shortened calls may be working in confined geographical areas. If assigned a long shift, care workers suggested allocated postcode areas should be similar so that there is less distance to travel, meaning travel time will be shorter and they would be able to move between calls more quickly.

“If you can't pay the travel actual travel time, at least it will cut down on the fact that people are going to drive across town just to meet the client services or needs. If you can't do that, it's best to confine those calls or your packages in an area whereby the travel time would be fair.” – Care Worker

Finally, interviewees suggested open communication is essential, frequently mentioning open communication and the opportunity to share their experiences and feedback. They expressed gratitude for the opportunity to do so during this research:

“I'm happy there's somebody to listen to us. I really want to share these things to somebody because sometimes we don't know where we should go and say these things.” – Care Worker

People working in the sector also mentioned they really enjoy their jobs as care workers but feel that many things need to improve. They expressed a wish for an environment at work where their opinions are respected and heard. Establishing channels of open communication and feedback enables carers to share their experiences, thoughts, ideas, and concerns, which in-turn promotes a more encouraging and productive work environment.

3.5.8. COVID-19 pandemic support

Within the survey, an open question about what support people received during the COVID-19 pandemic was included. Across all job role types, Welsh Government additional payments were most commonly mentioned. In addition to these, however, commissioners and providers spoke about employment assistance programmes, mental health text support, and sickness pay. Care workers mentioned fewer additional types of support beyond the additional payments, but some spoke of having supportive managers who would check in and created a supportive environment, albeit remotely. Some felt that initiatives were useful for individuals that were struggling during the pandemic. Despite this, some commissioners expressed that generally the domiciliary care sector was not given systematic and lasting support and that a recognition of its value would have been far more effective.

When care workers described in their interviews what it was like to continue working throughout the pandemic, their experiences presented a mixed picture. Some described how they felt they had more freedom and autonomy, as they were able to organise cover with other care workers and there was less ‘interfering’ from managers. Others described this period as more difficult with regards to the jobs required of them and extremely damaging to their own mental health, as they felt isolated and alone and struggled under the weight of being some of the only people care receivers had contact with.

“Interestingly, it worked out better for the people we were looking after, because we've got a hugely bureaucratic organisation above our heads and we don't know what any of them do and there's loads of them. So, when during COVID they weren’t working, basically, we just got on with it and it was better because we would just organise the cover between ourselves.” – Care Worker

> “We were provided with a social care card, which was from the Welsh government, which is brilliant because some places are really good but other places weren't. I was there doing food shopping for clients, but sometimes they wouldn't let me in because I wasn't NHS. So I was having to queue for over an hour and a half to do shopping. Which meant then I was pushed back with my visits, or other people were having to cover my visits that weren't regular people that went to those clients.” – Care Worker

Providers spoke about how their work changed during the pandemic. Some mentioned it being easier delivering support as they felt more trusted to be more flexible and individual in their approach and collaborate across providers to share knowledge. Additionally, the lack of traffic made it easier for carers to travel. Others spoke about having to change their ways of working slightly to adapt, such as using PPE and creating 'bubbles', giving clients different options for support and not going into houses if they were concerned, and implementing virtual classes. Some providers reported staff wanting extra shifts for something to do, however others mentioned increased staff sickness and therefore reduced availability to work.

“We worked as one unit. I made sure that my managers linked up with other providers and they worked collaboratively throughout to survive COVID... And it worked.” – Provider

3.6. Segmentation Analysis

After survey analysis, the statistical software grouped care worker respondents (who provided complete responses) using the variables Awareness of the 2017 Regulations, Perceived impact of the 2017 Regulations, Experience of ZHC, Perceived advantages of ZHCs, if they were paid for travel time, their experience of shortened calls, beliefs if call clipping is happening across the sector and beliefs if ZHC and call clipping are associated

This resulted in the production of the following three different segments:

- segment 1 ‘content and complimentary’: 31 participants (16.5%)
- segment 2 ‘well informed and positively impacted’: 48 participants (25.5%)
- segment 3 ‘Discontented and negatively impacted’: 109 participants (57.9%)

After the segment generation, the three profiles were analysed and interpreted, crosstab analysis was undertaken using the segments’ information with the participants’ demographic characteristics. This allowed us to identify whether certain segments were more or less likely to answer a question in a certain way compared to a general average (e.g., be more/less likely to be aware of call clipping than the general average of all survey respondents), indicating how they are likely to think and behave.

The analysis produced three different personas, each summarised below

3.6.1. Segment 1: ‘content and complimentary’

This segment of the population demonstrated varied understanding of the 2017 Regulations, with many rating their understanding as neutral (i.e., neither good nor poor). They were more likely to report being unaffected by the Regulations, despite many being on a ZHC. They were also more likely to express a desire to stay on this type of contract, and satisfaction with the flexibility and time to spend with friends and family that these contracts afforded them. They were also more likely than Segment 3 to be paid for their travel time between calls and predominantly reported never having to leave calls early and very rarely or never having to arrive at calls late. This segment was also less likely than both other segments to believe that call clipping is presently happening across domiciliary care and far less likely to believe the issue is associated with the use of ZHCs.

Segment 1 (table 14) were more likely to be females aged between 55-64 years, of White British ethnicity and educated to NVQ Level 3 or equivalent, working across Cardiff, Denbighshire, Rhondda Cynon Taf or Wrexham. This segment of the sample was also more likely to be employed on a ZHC at the time of participation.

Table 14: Segment 1 persona – content and complimentary

Category	Response
Awareness of the 2017 Regulations	Neutral
Perceived impact of the 2017 Regulations	Not at all affected
Experience of ZHC	Currently on a zero-hours contract and do not want to change to a different contract
Perceived advantages of ZHCs	Flexibility for the worker, more time with family and time off during the day and week
Paid for travel time?	Yes
Experience of having to leave calls early	Never
Experience of having to arrive at calls late	Very rarely or never
Believes call clipping is happening across the sector	Less likely
Believes ZHC and call clipping are associated issues	Far less likely

3.6.2. Segment 2: ‘well informed and positively impacted’

These individuals were more likely to rate their understanding of the 2017 Regulations as 'good' or 'very good', and also more likely to report being positively impacted by them. Given that many of this segment were employed on a full-time contract at the time of participation,

this positive impact they reported may well have been associated with the fact that they were previously on a ZHC but had since received a full-time contract. Interestingly, this group were more likely to report having indeed been on a ZHC in the past, but would not want to be again in future, in contrast to segment 1 who were keen to stay on a ZHC.

Segment 2 (table 15) was comprised of a higher proportion of 35-44 years olds of White Welsh ethnicity and included more male individuals. Generally, people in segment 2 held a Foundation degree, diploma of higher education or equivalent qualifications. These people were most likely to work across Bridgend, Carmarthenshire, Neath Port Talbot and/or Powys and were most likely to be employed on a full-time contract.

Table 15: Segment 2 persona – well informed and positively impacted

Category	Response
Awareness of the 2017 Regulations	Good or very good
Perceived impact of the 2017 Regulations	Somewhat or significantly positively affected
Experience of ZHC	I have been on a zero-hours contract in the past and would not want to again
Perceived advantages of ZHCs	Provides employees with control over their workload, flexibility for the workforce
Paid for travel time?	Yes
Experience of having to leave calls early	Prefer not to say, very rarely or rarely
Experience of having to arrive at calls late	Occasionally or never
Believes call clipping is happening across the sector	Somewhat likely
Believes ZHC and call clipping are associated issues	Somewhat likely

3.6.3. Segment 3: ‘Discontented and negatively impacted’

These individuals were more likely to rate their understanding of the 2017 Regulations as 'very poor' and reported being somewhat or significantly negatively affected by these Regulations, see table 16. Participants in this segment were more likely to be in part-time work or on a ZHC, acknowledging the flexibility for the worker and being able to have multiple jobs as advantages of ZHC. However, they also reported wanting to change to a different contract of employment. This segment indicated a lack of compensation for travel time and frequently or always encountered situations where they had to leave calls early.

They reported call clipping to be happening across the sector and are more likely than other segments to believe that ZHC and call clipping are associated issues.

Segment 3 shared some similarities with segment 1 in that they were far more likely to be on a ZHC than segment 2, or in part-time work as opposed to on a full-time contract. From a demographic perspective, however, Segment 3 were more likely to be between 45 and 54 years of age and female, of Asian, Black African, Indian or 'Other' ethnicity. Most of this segment held qualifications below Level 3, such as GCSEs or entry-level qualifications.

Table 16: Segment 3 persona – discontented and negatively impacted

Category	Response
Awareness of the 2017 Regulations	Very poor
Perceived impact of the 2017 Regulations	Somewhat or significantly negatively affected
Experience of ZHC	I am currently on a zero-hours contract and want to change to a different contract
Perceived advantages of ZHCs	Flexibility for the worker, allows employees to have multiple jobs
Paid for travel time?	No
Experience of having to leave calls early	Always or very frequently
Experience of having to arrive at calls late	Very frequently
Believes call clipping is happening across the sector	Very likely
Believes ZHC and CC are associated issues	Very likely

This segmentation analysis suggests that those care workers in segment 3 are the most likely to have experienced ZHCs and also shortened calls. These workers are generally less aware of their rights and feel that they have been negatively affected by the 2017 Regulations. It suggests that these are the workers for who any new policy interventions should be targeted.

4. Conclusions

The research consisted of two phases, beginning with a literature review and followed by primary research that involved surveys and interviews with care workers, commissioners and providers in the domiciliary care sector in Wales. This approach has provided a comprehensive understanding of the current landscape. The main areas of focus for this research, such as the 2017 Regulations for domiciliary support services in Wales, the use of ZHCs in the sector, COVID-19 related payments, and the prevalence and impact of call clipping, allowed us to identify challenges and limitations faced by care workers, providers and commissioners.

4.1. Strengths and Limitations of the Methodology

4.1.1. Phase One

A literature review was conducted which sought to update existing knowledge and understanding regarding the use of ZHCs for registered workers in domiciliary support services. A comprehensive synthesis of publicly available information was undertaken, however, reliance on publicly available sources may have hindered the scope of insights by potentially omitting the most current academic sources. For instance, only one source directly investigated ZHCs in the context of domiciliary support, potentially restricting the depth of analysis.

4.1.2. Phase Two

A mixed-methods approach was implemented in the second phase, combining surveys and interviews. This methodology allowed for nuanced data collection and holistic approach to analysis, capturing both quantitative trends and qualitative perspectives. The research developed iteratively, and reflexively building on high level insights drawn in each stage.

There are several limitations that warrant acknowledgment. Individuals who completed the survey self-selected into the interview phase, introducing the potential for sampling bias. Additionally, there was considerable attrition of participants between the two stages of interviews. Those whose engagement might have been most relevant likely encountered barriers to inclusion due to their roles offering limited free time or changeable schedules.

The research also faced challenges in participant engagement, particularly concerning the topic of 'call clipping'. A significant number of survey participants declined to answer questions on this subject, and there were fewer follow-up interviews on call clipping. The low number of follow-up interviews limited the insights which could be obtained.

As with all qualitative research, interviewer and researcher biases must be considered. Efforts were made to mitigate such biases through structured questioning and analysis.

Nonetheless, caution should be exercised when interpreting thematic results derived from limited qualitative data.

4.2. Impact of the Regulations

The analysis of the 2017 Regulations for domiciliary support services in Wales showed a diverse landscape of awareness, understanding, and perceived impact among providers, commissioners, and care workers. Providers generally showed a better awareness and understanding than commissioners and care workers. A significant number of the care workers identified a lack of understanding of the Regulations. This inconsistency in understanding may have repercussions for the efficient implementation and enforcement of the Regulations within the domiciliary care sector.

Perceived implications of the Regulations around ZHCs varied across job roles, although the majority of participants reported them having no significant impact on their roles. Care workers had mixed views, with some highlighting negative effects such as staff loss due to inflexible contract requirements and increased administrative burden, while others perceived beneficial outcomes such as staff protection and more stable employment. Commissioners and providers, on the other hand, usually remained unaffected, although a few of them reported negative impacts in relation to the nature of ZHCs, such as a lack of job security.

Overall, the findings show the impact of the Regulations is varied, likely due to their relevance to different job roles, different levels of understanding and preferences around ZHCs and permanent contracts. It is important that efforts are made to continue monitoring the effective implementation of Regulations aimed at improving working conditions and quality of care in the domiciliary support services sector in Wales.

4.3. Zero-hour contracts

The analysis of ZHCs within the domiciliary care sector in Wales showed a range of perspectives among care workers, providers, and commissioners. While ZHCs offer flexibility that can be beneficial for individuals with multiple responsibilities and/or who are seeking a variety of work schedules, they are met with different reactions and experiences.

Many care workers surveyed showed a wish to shift to a new contract type, mentioning problems like job instability, unpredictability, and difficulties managing work and family life due to the lack of guaranteed hours. These sentiments highlight wider issues and concerns surrounding the use of ZHCs in the domiciliary care sector, particularly the impact and influence on the care workers' wellbeing and financial stability.

It is important to note that we cannot determine if these care workers were offered a change of contract or met the legal requirements to be offered a fixed contract. However, it is a legal requirement to offer a fixed hours contract after three months of being on a ZHC.

Different providers and commissioners have varying perspectives to one another on the usage of ZHCs. While some providers highlighted the flexibility and easiness of addressing staffing gaps by using ZHCs, others noted the difficulties in relation to variable and unpredictable work schedules and potential negative impact on workforce stability. Commissioners also expressed a variety of opinions, with some being open to future use of ZHCs while others were more hesitant due to the perceived disadvantages such as job insecurity and conflict with management over scheduling.

Overall, the findings show a complex interaction between the advantages and disadvantages of ZHCs within the domiciliary care sector. While some care workers value flexibility and providers appreciate it for its operational benefits, concerns about job insecurity, insufficient pay for travel time, and challenges in maintaining work-life balance highlight the need for careful consideration and potential reforms in the regulation and implementation of ZHCs. Addressing these concerns effectively requires an approach that considers the different experiences of care workers, providers, and commissioners, understanding the needs of each individual in terms of financial and time flexibility, while prioritising care workers' wellbeing.

4.4. COVID-19 pandemic support

Insights on the different experiences of working during the pandemic were obtained through interviews with care workers, where some of them mentioned having more freedom and flexibility in organising cover with colleagues. However, others talked about difficulties they encountered, such as an increase in work obligations and negative effects on their mental health due to isolation and pressure of more responsibilities in providing care.

Interviews with providers revealed the different ways in which delivery of services had to adapt, such as the implementation of safety measures, the use of virtual classes and other precautions to ensure a safe continuity of care. Despite this, they encountered challenges related to an increased staff sickness and absences and a reduction of availability, evidencing the difficulties and challenges in managing the service delivery during the pandemic.

4.5. Call clipping

Call clipping is defined as having to routinely cut calls short specifically because care workers have not been given enough travel time by employers between calls. Evidence from care workers suggested that many of the instances of call clipping referred to were not specific to the definition of call clipping provided. This research did not identify any clear evidence of widespread call clipping.

The overall evidence suggest that some care workers are experiencing demands which can lead to shortened calls in some instances. In the survey, respondents discussed how wider time pressures and shortened calls can affect the quality of care given to clients in addition

to the wellbeing of care workers. Care workers provided their opinions around ways of supporting the sector when faced with these wider time pressures. One of the proposed options was to implement full-day compensation for care workers, ensuring that they receive adequate compensation for the whole time they work, including travel time.

Another proposal by care workers was confining work areas to specific geographic locations which would help reduce travel time between appointments, allowing carers to better organise their calendars and reduce the need to leave appointments early or arrive late. It is worth acknowledging this is locality or patch-based working and is already in place within several local authorities. The research also reinforced the importance of open communication between management and care workers and to develop transparent policies regarding compensation and travel time allocation, which care workers felt would be essential for addressing the confusion that they experience.

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6. Annexes – Research tools

Annex A: Survey

My experience of Domiciliary Care working

Introduction

Thank you for taking part in this survey, it should take around 20 minutes to complete.

We understand there is considerable pressure on the domiciliary care sector at this time. We know that care workers, managers and office-based staff have been working incredibly hard to provide high quality care to some of Wales' most vulnerable citizens.

We want to find out about what people working within domiciliary support services think about zero-hour contracts, new regulations introduced by the Welsh Government in 2017 and the impact of COVID-19. We want to hear your views, whatever category you fall into with your domiciliary care role.

We would also like to explore the topic of 'call clipping'. Call clipping is where care workers have to routinely cut calls short specifically because they have not been given enough travel time by employers between calls. It is not the same as care workers feeling pressured because they have many calls to make, a colleague is off sick etc.

What you tell us will be used to help the Welsh Government to gain a more in-depth understanding of the challenges faced and identify the best practice from which to develop effective and meaningful policy change.

This survey is being carried out by Social Change, an independent research and behaviour change agency, on behalf of the Welsh Government. Your data will be shared only with the Welsh Government, who will keep your data confidential and secure. You can view more information about our policy and how we work in line

with the General Data Protection Regulations (GDPR) by clicking here. You can view the Welsh Government's Privacy Notice here.

If you would like to request this survey in an accessible format, or have any questions about the research, please get in touch by email at research@social-change.co.uk. This survey will start with a few screening questions to confirm you are happy to take part and make sure that you are our target audience, as described above.

This survey is also available in Welsh/English. Please click here to proceed to the Welsh/English language version instead.

Please note that survey questions with an asterisk (*) are required to be completed and without completing these questions your survey responses cannot be submitted.

Starting the survey

1. **Do you consent to take part in this survey? ***

- Yes
- No [disqualify from survey: Option A]

2. **In which local authority area do you live and work? ***

	I live here	I work here
Blaenau Gwent		
Bridgend		
Caerphilly		

Cardiff		
Carmarthenshire		
Ceredigion		
Conwy		
Denbighshire		
Flintshire		
Gwynedd		
Isle of Anglesey		
Merthyr Tydfil		
Monmouthshire		
Neath Port Talbot		
Newport		
Pembrokeshire		
Powys		
Rhondda Cynon Taf		
Swansea		
Torfaen		
Vale of Glamorgan		
Wrexham		
Outside of Wales	Disqualify from survey: Option B	Disqualify from survey: Option B

3. **Do you currently, or have you previously worked in the domiciliary care sector? ***
   - Yes, I currently work within domiciliary care [skip Q5 and Q36]
   - Yes, I have previously worked in domiciliary care
   - No [disqualify from survey: Option B]

4. **In which year did you first join the sector? * (Open question)**

5. **In which year did you leave the sector? * (Open question)**

6. **What role did you work in, within the sector? Please tick as many as apply. ***
   - Working for a domiciliary care service as a manager or business support staff
   - Working for a domiciliary care service as a care worker
   - Working for a local authority or health board commissioning domiciliary care as a manager or business support staff
   - Working for a local authority or health board commissioning domiciliary care as a care worker
   - None of the above [disqualify from survey: Option B]

[LOGIC KEY: From here onwards, participants will only be shown the following question types, based on their answer to Q6 above]

Group	Black questions	Green questions	Red questions
Providers of domiciliary support	Yes	Yes	-
Commissioners of domiciliary care	Yes	Yes	-
Domiciliary services workforce	Yes	-	Yes

7. **How long have you worked in any domiciliary care role? If you have worked across several roles please provide a total, not including any time in employment out of the sector. Please give your answer in years. * (Open question)**

8. **What best describes the current status of your employment in the sector? Please tick as many as apply. * [if you worked in the sector previously, please select the status best applies to your status at the time]**
   - Full time work
   - Part time work
   - Zero hours contract (skip Q13)
   - Career gap/maternity leave
   - Long term sickness leave
   - Retired
   - Volunteering
   - Other (Please explain)
   - None of the above

My awareness of the 2017 Regulations

In 2017, with a view to improving the quality and continuity of care, a requirement was introduced under Section 42 of the Regulated Services Regulations (2017) for regulated providers of domiciliary support services to offer workers on ZHCs an employment contract with guaranteed hours after their first three months of work.

'Call clipping' is where care workers had to routinely cut calls short specifically because they had not been given enough travel time by employers between calls' To address concerns of 'call clipping', a requirement was also placed on service providers to issue a schedule of visits for staff, explicitly stating that sufficient time must be dedicated to travelling between visits, and stipulating that employees are to record their schedule for inspection purposes.

9. **Were you aware of this requirement? ***
   - Yes
   - No

10. **How would you rate your awareness and understanding of the Regulated Services (Service Providers and Responsible Individuals) Regulations, /;p02017? ***
    - Very poor – I do not know what the Regulations are and have never heard about them
    - Poor – I have heard about the Regulations before, but am unsure of what they are and how they affect me
    - Neutral – I have a good understanding of the Regulations
    - Good – I can describe what the Regulations are and what they mean for me
    - Very good – I know what the Regulations are and what they mean for me and other roles across the domiciliary care sector

11. **How, if at all, has the 2017 regulation impacted your work? ***
    - Significantly positively
    - Somewhat positively
    - Not at all

- Somewhat negatively
- Significantly negatively

12. Please explain your answer to the previous question. (Open question)

My views of zero-hour contracts

13. What is your understanding of a zero-hours contract? (Open question)

A zero-hours contract is defined as an employment contract with no guaranteed hours or any guarantee of regular work for an employee. It may also be termed as a 'non-guaranteed hours contract' or 'casual contract'. In turn, individuals are paid only for the hours that they work.

14. Which of the following statements best represents your feelings towards zero-hours contracts? * [Workforce only]

- I have been on a zero-hours contract in the past and **would not want to** again
- I have been on a zero-hours contract in the past and **may want to** again
- I am currently on a zero-hours contract and **want to change** to a different contract
- I am currently on a zero-hours contract and **do not want to change** to a different contract
- I have never been on a zero-hours contract but **would definitely want to** in the future
- I have never been on a zero-hours contract but **would consider** being on one
- I have never been on a zero-hours contract and **would not want to** in the future
- I do not have an opinion on zero-hours contracts / I am not sure

15. Which of the following statements best represents your feelings towards zero-hours contracts? * [Providers and commissioners only]

- I am or have been involved in providing / commissioning domiciliary support services using zero-hours contracts but would **not** again
- I am or have been involved in providing / commissioning domiciliary support services using zero-hours contracts and may again
- I am or have been involved in providing / commissioning domiciliary support services using zero-hours contracts and would definitely use them in future
- I am or have been involved in providing / commissioning domiciliary support services using zero-hours contracts and would consider using them in future
- I do not have an opinion on zero-hours contracts/I am not sure
- None of the above

16. **Based on your understanding, what are the advantages of a zero-hours contract? Please select all that apply. ***
    - Flexibility for the worker
    - Flexibility for the workforce
    - Enables better time management
    - Allows employees to have multiple jobs
    - Decreased workload
    - Time off during the day/week
    - More time to spend with family
    - Provides employees with control over workload
    - Other (please explain)
    - None of the above

17. **Based on your understanding, what are the disadvantages of a zero-hours contract? Please select all that apply. ***
    - A lack of guaranteed hours, creating job insecurity
    - Expenses are not covered by the employer
    - Long unpaid travel times
    - Not being assigned enough time for appointments/visits
    - Not being assigned enough time for travel between appointments/visits
    - Being assigned long gaps in the day between appointments
    - Lack of furlough pay
    - Less COVID-19 support
    - Tension with management over scheduling
    - Fearful of turning down shifts in case work is not offered again
    - Volatile working hours
    - Not knowing whether you will be able to pay bills
    - Poor work/life balance
    - Having to work multiple jobs
    - Unable to access benefits when hours are low
    - Other (please explain)
    - None of the above

My views of 'call clipping'

The following section explores your views towards and/or experiences of **'Call clipping' which is where care workers routinely cut calls short specifically because they have not been given enough travel time by employers between calls'** Please answer this section as honestly as you can, remembering that your answers are confidential.

18. How often do you Have to leave calls early specifically because you have not been given enough time to travel to your next call* [Workforce only]

- Always
- Very Frequently
- Occasionally
- Rarely
- Very Rarely
- Never

19. How often do you arrive to care calls late because you have not been given sufficient time to travel between appointments? * [Workforce only]

- Always
- Very Frequently
- Occasionally
- Rarely
- Very Rarely
- Never

'Call clipping' is where care workers routinely cut calls short specifically because they have not been given enough travel time by employers between calls'

20. Are you aware of 'call clipping' happening in domiciliary care at this time? *

- Yes
- No

21. Do you think that the practice of 'call clipping' persists in the domiciliary care sector, and if so, why ? (i.e., employers are not giving care workers enough time for travel) Please tick as many statements as apply*

- Yes - because care workers have too many calls to fit in
- Yes - due to financial pressures on the business
- Yes - due to commissioning rates from local authorities or health boards
- Yes - other reason (please explain) [open question]
- No - I don't think it still happens [please explain]

22. What do you think the consequences of 'call clipping' are? Please tick as many as apply. *

- Decrease in the quality of care provided to service users
- Pressure and stress for the care worker
- Prioritisation of one appointment over another because of the short time available

- Leaving people with unmet needs/not completing all tasks required
- Not enough time for the appointment because of transportation/travel requirements
- Less contact time or interaction for the service users
- Possible distractions during a job because of stress and fear
- Service users seeking an alternative care provider/ complaints
- Reprimand by management

23. Based on your experience, do you think zero-hours contracts are a reason that 'call clipping' occurs? *

- Yes
- No
- I'm not sure

24. Please explain your answer to the previous question, if applicable (Open question)

25. Are you paid for the time that you are travelling between visits? * [Workforce only]

- Yes
- No
- I'm not sure

26. What do you think could be improved to reduce 'call clipping' in your sector? * (open question)

My views of COVID-19 support

27. Did you work during the COVID-19 pandemic, between February 2020 to February 2022 (for all or part of this time)?

- Yes
- No (skip Q31-32)
- I am not sure

28. Thinking about your role within the domiciliary care sector (either now or in the past), please describe any additional COVID-19 support available to you. (open response)

29. What impact has COVID-19 had on you and your work in domiciliary support services?

	Increased	Decreased	Not applicable
Workload			
Quality of work			
Payment			
Capacity to do the job			
Recruitment into the sector			

30. What impact has COVID-19 had on your current health?

	Improved	Deteriorated	Not applicable
Mental health			
Physical health			

My challenges at work

31. What do you enjoy about domiciliary care work? * [Workforce only]

- Maintaining independence of those I care for
- Flexibility
- Financial benefits and bonuses
- Zero-hours contracts
- Giving personalised one-to-one care
- My relationships with those I care for
- Helping people
- Being active
- Doing good in the world
- It helps me to relieve stress
- Other (please explain)

32. What made you leave the sector? * [Workforce only]

- Zero-hours contracts
- Stress or mental illness related to work
- Lack of career progression opportunities
- Difficult behaviour from those I care for and their families
- Instability of work
- COVID-19 and reducing my personal risk
- COVID-19 and reducing my risk to those I care for
- Redundancy
- Poor relationship with management
- Negative public perception and media image
- Lack of respect from those I care for and the public
- Disability or new physical or mental illness that made me unable to do my job
- Low pay
- Poor working conditions
- Too much responsibility
- Other (please explain)

33. What do you think are the top three challenges you face in your role? (open question) *

1.

2.

3.

34. What do you think are the main challenges facing the domiciliary care workforce? (open question) * [Providers and commissioners only]

35. What do you think would help to reduce these challenges, such as new policies and regulations? (open question) *

About me

36. How old are you?

- 18-25

- 24-35
- 34-45
- 44-55
- 54-65
- Older than 65

37. What is your gender? [open question]

38. What is your ethnicity? [open question]

39. What is the highest level of qualification you have achieved?

- No qualifications
- Qualifications below Level 3, including GCSEs and entry-level qualifications
- S and A Levels; NVQ Level 3; Advanced Diploma; BTEC Level 3; BTEC National; IB; Advanced apprenticeship; or equivalent
- Certification of higher education; Higher national certificate; NVQ Level 4; BTEC professional award Level 4; Higher apprenticeship; or equivalent
- Foundation degree; Diploma of higher education; Diploma in further education; Higher national diploma; BTEC professional award Level 5; or equivalent
- Bachelor's degree; Graduate diploma; Graduate certificate; BTEC advanced professional award Level 6; Degree apprenticeship
- Qualifications above Level 6, including Master's and Doctorate degrees
- Other (please specify)

Prize draw

As a thank you for taking part in this survey, we're also holding a prize draw for the chance to win a £100 shopping voucher. **Would you like to be entered into this prize draw and be contacted if you are the winner?**

- Yes
- No

If you answered 'yes', please provide the following details. Please note this will not affect the confidentiality of your survey answers and you will only be contacted for the purposes you consent to above.

- Name:
- Email address:
- Telephone number:

Thank you

Thank you for taking part in this survey. Your answers will help us understand the landscape of domiciliary care zero-hour contracts use across the UK. All of your answers will remain anonymous and confidential within Social Change and the Welsh Government. If you have any questions about this work or how your responses will be used, please contact research@social-change.co.uk.

Please help us to spread the word about the survey by telling your friends or sharing the survey link:

Finally, please **click here to sign up for invitations to further research** for this project to help boost our understanding of the sector and have the chance to gain shopping vouchers for sharing your thoughts. [Link redirects to 'Further Research on Domiciliary Support Services' survey]

Thank you for your time.

Further research on Domiciliary Support Services [separate survey]

Thank you for completing our survey and providing your views and experiences in relation to relating to the use of zero hours contracts in domiciliary support services in Wales.

As part of this research, we are conducting interviews and focus groups to further explore attitudes and behaviours expressed within the survey.

Would you like us to contact you to invite you to participate in further research for this project if you are selected?

- Yes, phone interviews only
- Yes, focus groups only
- Yes, any further research
- No

If you answered yes to any of the options, please provide the following details.

- Name:
- Email address:
- Telephone number:

What is/was your role within the domiciliary care sector? Please tick as many as apply. *

- Working for an agency or organisation providing domiciliary care
- Working for a local authority or health board commissioning domiciliary care
- Domiciliary services care worker

Please note that your choice and contact details will be shared with the Welsh Government and stored securely. You can read their privacy policy by clicking here. You will only be contacted for the purposes you consent to above. Providing your details here will not affect the confidentiality of your survey answers as this data will be stored separately from your anonymised response.

Thank you

Thank you for responding about further research on this project. If you opted in, we may be in touch to invite you to the later stages of the research. If you have any questions, please contact research@social-change.co.uk. Thank you for your time.

Disqualification notices

Option A – As you have declined to participate in this research your survey will not begin. Thank you for your time.

Option B – Unfortunately this research is focused on people who work in the domiciliary support services in Wales. As you are not our target audience your survey will end here. Thank you for your time.

Annex B: Interview discussion guide for Domiciliary care workers

Interview discussion guide: Domiciliary care workers

Thank you for taking part in this telephone interview. My name is Rachel and I work for Social Change, an independent social research, behaviour change and marketing company. We are working on behalf of the Welsh Government to understand the experiences, attitudes and challenges faced by different groups within the domiciliary care sector in relation to the use of zero-hours contracts, regulations introduced by the Welsh Government in 2017 and COVID-19 support schemes.

We're interested to hear from people who work to deliver domiciliary care to people in Wales.

As you may know, we recently ran a survey to understand the experiences, attitudes and challenges faced by different groups within the domiciliary care sector in relation to the use of zero-hours contracts, regulations introduced by the Welsh Government in 2017 and COVID-19 support schemes. Today, I will be exploring some of the key findings from the survey with you.

I am here to talk to you about your views and experiences. There are no right or wrong answers so please be as honest as you can. Everything you tell me today will be kept confidential and used anonymously. We will not identify you in data summaries or reports produced for this work.

You can find more information on this in our GDPR Privacy Policy which I sent to you before this

interview.

Before we begin, do you have any questions you'd like to ask me?

Would it also be okay if I recorded this session, just so I can listen back at a later date? Please note that this will not be shared, and only used for the purpose of us listening back to today's conversation.

SECTION A: Experience of working in the domiciliary care sector

Before we discuss some of the key topics explored within the survey, I'd just like to begin by understanding a little more about you and your role, if that's okay.

1. Could you describe your current role within the domiciliary care sector and outline your key responsibilities?

SECTION B: The 2017 Regulations

Within the survey, we explored people's awareness and understanding of the Regulated Services Regulations (2017) requirement for regulated providers of domiciliary support services to offer workers on zero-hours contracts an employment contract with guaranteed hours after their first three months of work.

2. The majority of care workers surveyed rated their understanding of the regulations as ranging from neutral to very poor. How does that compare to your own awareness and understanding?

3. How do you feel awareness of these Regulations and how to access such rights could be improved?

4. Most respondents in the survey did not feel the regulations had affected them at all. How does this compare to your own experience?

SECTION C: Views of zero hours contracts

I'd now like to discuss with you the topic of zero-hours contracts. There were a series of questions in the survey about people's understanding of them and their perceptions towards being on this type of contract.

5. [If they completed the survey] In the survey, you responded that you:

Survey response selected	Interview question
I am currently on a zero-hours contract and want to change to a different contract	Why do you want to change to a different contract?
I am currently on a zero-hours contract and do not want to change to a different contract	Why do you want to continue on a zero-hours contract?
I do not have an opinion on zero-hours contracts / I am not sure	Do you have any feelings towards the use of zero-hours contracts in the domiciliary care sector? Do you have any experience of being on a zero-hours contract?
I have never been on a zero-hours contract and would not want to in the future	Why would you not want to be on a zero-hours contract in future?
I have been on a zero-hours contract in the past and would not want to again	Why would you not want to be on a zero-hours contract again in future?
I have been on a zero-hours contract in the past and may want to again	What about being on a zero-hours contract appeals to you?
I have never been on a zero-hours contract but would consider being on one	What about being on a zero-hours contract appeals to you?
Did not identify with any of the statements	Do you have any feelings towards the use of zero-hours contracts in the domiciliary care sector? Do you have any experience of being on one?

5. [If they did not complete the survey]
How would you describe your experience of, and views towards the use of zero-hours contract across domiciliary care services?

Many care workers in the survey felt that zero-hours contracts offer workers flexibility, control over their workload and the ability to have multiple jobs.

6. Do you agree with these? What, if any, other advantages do you believe there are to care workers of being on zero-hours contracts?

The main disadvantages of zero-hour contracts people mentioned was the feelings of job insecurity due to a lack of guaranteed hours and financial insecurity they can create.

7. Would you agree with these? do they reflect your views? What, if any, other disadvantages do you believe there are to being on zero-hours contracts?

8. Do you feel the advantages of zero-hours contracts outweigh the disadvantages or vice versa?

SECTION D: Views of 'call clipping'

As well as exploring perceptions and experiences of zero-hours contracts, we also asked people about 'call clipping' in the domiciliary care sector, whereby care workers have to leave calls early due to not being given sufficient time to travel between calls. The majority of care workers felt that they don't usually have to leave calls early due to being given a lack of sufficient travel time, but others did report they frequently had to do so, or would arrive to other calls late.

9. How does this compare to your experience?

10. What is your opinion on the current status of call clipping across the sector?

11. Is it something that you think happens within the organisation you work for?

[If yes]: How, if at all, does it impact your work if/when it occurs?

SECTION E: COVID-19 related additional payments

The Welsh Government are looking to understand what impact, if any, that additional payments and support schemes have had across the domiciliary care sector. This next section will explore your experience of receiving any such payment/support.

12. During the COVID-19 pandemic, did you receive any additional support (for example, mental health support from Social Care Wales, Welsh Government additional payments)?

13. [If yes] How (if at all) did this impact you?

13. [If no] What would you have hoped to receive/have had access to? How would this have impacted you?

SECTION F: Challenges in your role and for the workforce

This next section covers the challenges in your role and for the workforce. In the survey, people were asked what their top 3 challenges are that they face within their role. Some of the key themes we found included recruitment and staffing, demands of the role, rising costs, and staff morale, as well as a poor work-life balance.

14. How, if at all do these themes reflect your own experience?

15. (Depending on their answers in the survey)
IF they did not take survey, list these key themes and explore the ones they resonate with

Their answer	**Question prompts**
Recruitment and retention	What do you think are the main barriers when recruiting and retaining staff? How does this impact your work?
Meeting rising demands	Is there anything specific in relation to the demands of your role that makes your job difficult to carry out?
Lack of funding	How does a lack of funding impact your work?

Work-life balance	What makes it difficult to maintain work-life balance in your role? How does this impact your work?
If they mention something else	Could you give a little bit more detail on this?

SECTION G: Solutions to overcome challenges across the domiciliary care sector

For this final section, we will be exploring different solutions to tackle and overcome the challenges that providers, commissioners and care workers face in their day-to-day roles. Some key themes that arose from the survey were better pay, improving recruitment and retention across the sector, raising the profile and perceptions of domiciliary care working and more training for staff.

16. Would you agree with these solutions?

17.

[If yes]: Could you explain why you agree or relate to these themes? Are there any other solutions you would suggest?

[If no]: Are there any other solutions you would suggest?

18. Are you aware of any upcoming changes that are expected to be implemented across the sector in future to overcome some of these challenges?

19. If you had to choose one solution to address the previously discussed challenges, what would this be and why?

End of interview

I have now reached the end of my questions.

Thank you for your insights and contribution today – everything you have said will be incredibly useful in helping the Welsh Government to understand what managers and

business support staff feel can be done to improve processes and working conditions across domiciliary care.

> end the interview, taking them through the voucher process and offering support information if they've been affected by anything discussed <

Annex C: Interview discussion guide for Commissioners of domiciliary care services

Discussion guide: Commissioners of domiciliary care services

Thank you for taking part in this telephone interview. My name is Rachel and I work for Social Change, an independent social research, behaviour change and marketing company. We are conducting this research on behalf of the Welsh Government to gain a deeper understanding of people working in the domiciliary care sector's experiences.

We're interested to hear from people like you who are working for a local authority which commissions domiciliary care services.

As you may know, we recently ran a survey to understand experiences, attitudes and challenges around the use of zero-hours contracts, regulations introduced by the Welsh Government in 2017, COVID-19 support schemes and call clipping. Today, I'd like to explore some of the things we learned from the survey with you, and find out more about your own thoughts and experiences.

I am here to talk to you about your views and experiences. There are no right or wrong answers so please be as honest as you can. Everything you tell me today will be kept confidential and used anonymously. We will not identify you in data summaries or reports produced for this work.

You can find more information on this in our GDPR Privacy Policy which I sent to you before this

interview.

Before we begin, do you have any questions you'd like to ask me?

Would it also be okay if I recorded this session, just so I can listen back at a later date? Please note that this will not be shared, and only used for the purpose of us listening back to today's conversation.

SECTION A: Experience of working in the domiciliary care sector

1. I'd like to begin asking about your current role within the domiciliary care sector - can you please explain your role in a bit more detail and outline your primary responsibilities?

SECTION B: The 2017 Regulations

Within the survey, we explored people's awareness and understanding of the Regulated Services Regulations (2017) requirement for regulated providers of domiciliary support services to offer workers on zero-hours contracts an employment contract with guaranteed hours after their first three months of work.

If they completed the survey:

2. You mentioned within the survey that your awareness and understanding of the Regulations is____ (Very good, good, poor, …) and that these impacted your work ____ (positively, negatively, not at all). [If their response indicated they had impacted their work] Can you please describe your experience with the Regulations and in what way your work has been impacted by them?

OR

If they did not complete the survey

3. Many people rated their understanding and awareness of the Regulations as very good, and that these had a somewhat positive impact on their work, however others were less familiar with them. From your experience, what are your thoughts on this? Would you agree or disagree, and why?

4. If anything, how did the requirement create change in the work you do, and how did you adapt to these changes?

5. Do you believe the Regulations have affected the use of zero-hours contracts at all within the sector?

SECTION C: Views of zero hours contracts

The next section focuses on your perspectives and feelings regarding zero hour contracts. The survey we launched revealed a range of opinions on the advantages and disadvantages of such contracts within the workforce. Interestingly, there wasn't a clear consensus on whether they would consider using zero-hours contracts again in the future.

6. What is your perspective on the use of zero-hours contracts in the domiciliary care sector? Prompts: what do you think are the advantages and disadvantages?; do you agree with their use?

7. People mentioned that they felt the main advantages of using zero-hour contracts are the flexibility for the worker and the workforce, and that they provide employees with more control and autonomy over their workload. Do you agree with these? What, if any, other advantages do you believe there are to commissioning services using zero-hours contracts?

8. The main disadvantage of zero-hour contracts people mentioned is the lack of guaranteed hours, which creates job insecurity and financial insecurity (fears about being able to pay their monthly bills). Do you agree with these? What, if any, other disadvantages do you believe there are to commissioning services using zero-hours contracts?

9. Do you feel the advantages of zero-hours contracts outweigh the disadvantages or vice-versa? Why is this?

SECTION D: Views of call clipping

This next section is about your views of 'call clipping', whereby care workers have to leave calls early due to not being given sufficient time to travel between calls. Many of the survey respondents involved in the commissioning of care services reported believing this occurs due to financial pressures on business

10. What are your opinions on 'call clipping' and the prevalence across the sector as a whole within Wales? Do you think it is related to the use of zero-hour contracts at all?

11. Would you say that this is something that happens within the work you are involved in commissioning?

If yes:

12. Why do you think this happens?

13. What is your main concern regarding the consequences of ‘call clipping’?

14. How could you seek to reduce ‘call clipping’ in your workforce?

If no:

15. Why don’t you think this happens in your workforce? What helps reduce instances of call clipping?

16. If at all, how does your organisation work to reduce instances of call clipping?

SECTION E: COVID-19 related additional payments

The Welsh Government are looking to understand what impact, if any, COVID-19 related additional payments and support schemes have had across the domiciliary care sector. This next section will explore your experience of receiving any such payment/support.

17. During the COVID-19 pandemic, did you receive any additional support (for example, mental health support from Social Care Wales, Welsh Government additional payments)?

18. [If yes] How (if at all) did this impact you?

    [If no] What would you have hoped to receive/have had access to? How would this have impacted you?

SECTION F: Challenges in your role and for the workforce

This next section covers the challenges in your role and for the workforce. In the survey, people were asked what their top 3 challenges are that they face within their role. Some of the key themes we found included recruitment and staffing, demands of the role, rising costs, and staff morale, as well as a poor work-life balance.

19. How, if at all, do these themes reflect your own experience?

20. (Depending on their answer of the survey)
    IF they did not take survey, list these key themes and explore the ones they resonate with

Their answer	Question prompts
Recruitment and retention	What do you think are the main barriers when recruiting and retaining staff? How does this impact your work?
Meeting rising demands	Is there anything specific in relation to the demands of your role that makes your job difficult to carry out?
Lack of funding	How does a lack of funding impact your work?
Work-life balance	What makes it difficult to maintain work-life balance in your role? How does this impact your work?
If they mention something else	Could you give a little bit more detail on this?

SECTION G: Solutions to overcome challenges across the domiciliary care sector

For this final section, we will be exploring different solutions to tackle and overcome the challenges that providers, commissioners and care workers face in their day-to-day roles. Some key themes that arose from the survey were better pay, improving recruitment and retention across the sector, raising the profile and perceptions of domiciliary care working and more training for staff.

21. If you had to choose one the challenges we discussed before (for example...), what solution to overcome it would you suggest to implement first and what might be needed to implement it?

22. We found that, for the workforce, better pay, more training, fewer new regulations, better funding, and improved perceptions and awareness of care work are seen as crucial for overcoming the challenges they face. In your opinion, what other changes would you suggest and what impact would you expect from these changes?

23. Are you aware of any upcoming changes that are expected to be implemented across the sector in future to overcome some of these challenges?

End of interview

I have now reached the end of my questions.

Thank you for your insights and contribution today – everything you have said will be incredibly useful in helping the Welsh Government to understand what managers and

business support staff feel can be done to improve processes and working conditions across domiciliary care.

> end the interview, taking them through the voucher process and offering support information if they've been affected by anything discussed <

Annex D: Interview discussion guide for Providers of domiciliary care services

Discussion guide: Providers of domiciliary care services

Thank you for taking part in this telephone interview. My name is Rachel and I work for Social Change, an independent social research, behaviour change and marketing company. We are conducting this research on behalf of the Welsh Government to gain a deeper understanding of people working in the domiciliary care sector's experiences.

We're interested to hear from people who are working for a domiciliary care service as a director/owner, registered manager or business support staff.

As you may know, we recently ran a survey to understand experiences, attitudes and challenges around the use of zero-hours contracts, regulations introduced by the Welsh Government in 2017, COVID-19 support schemes and call clipping. Today, I'd like to explore some of the things we learned from the survey with you, and find out more about your own thoughts and experiences.

I am here to talk to you about your views and experiences. There are no right or wrong answers so please be as honest as you can. Everything you tell me today will be kept confidential and used anonymously. We will not identify you in data summaries or reports produced for this work.

You can find more information on this in our GDPR Privacy Policy which I sent to you before this

interview.

Before we begin, do you have any questions you'd like to ask me?

Would it also be okay if I recorded this session, just so I can listen back at a later date? Please note that this will not be shared, and only used for the purpose of us listening back to today's conversation.

SECTION A: Experience of working in the domiciliary care sector

24. I'd like to begin asking about your current role within the domiciliary care sector - can you please explain your role in a bit more detail and outline your primary responsibilities?

SECTION B: The 2017 Regulations

Within the survey, we explored people's awareness and understanding of the Regulated Services Regulations (2017) requirement for regulated providers of domiciliary support services to offer workers on zero-hours contracts an employment contract with guaranteed hours after their first three months of work.

If they completed the survey:

25. You mentioned within the survey that your awareness and understanding of the Regulations is____ (Very good, good, poor, …) and that these impacted your work ____ (positively, negatively, not at all). Can you please describe your experience with the Regulations and in what way your work has been impacted by them?

OR

If they did not complete survey

26. Many people rated their understanding and awareness of the Regulations as very good, and that these had a somewhat positive impact on their work, however others were less familiar with them. From your experience, what are your thoughts on this? Would you agree or disagree, and why?

27. If anything, how did the requirement create change in the work you do, and how did you adapt to these changes?

28. Do you believe the Regulations have affected the use of zero-hours contracts at all within the sector?

SECTION C: Views of zero hours contracts

The next section focuses on your perspectives and feelings regarding zero hour contracts. The survey we launched revealed a range of opinions on the advantages and disadvantages of such contracts within the workforce. Interestingly, there wasn't a clear consensus on whether they would consider using zero-hours contracts again in the future.

29. What is your perspective on the use of zero-hours contracts in the domiciliary care sector? Prompts: what do you think are the advantages and disadvantages?; do you agree with their use?

30. People mentioned that the main advantages for using zero-hour contracts are the flexibility for the worker and the workforce, and that it provides employees with control over workload. Do you agree with these?

31. The main disadvantage of zero-hour contracts people mentioned is the lack of guaranteed hours, which creates job insecurity and concerns about knowing whether you will be able to pay bills. Do you agree with these?

32. Do you feel the advantages of zero-hours contracts outweigh the disadvantages or vice-versa? Why is this?

33. If you have used zero-hours contracts in the past, what other advantages and/or disadvantages have you found from using them?

SECTION D: Views of call clipping

This next section is about your views of 'call clipping', whereby care workers have to leave calls early due to not being given sufficient time to travel between calls. Over half (52%) of surveyed managers and business support staff reported awareness of 'call clipping' happening across the sector. However, a significant portion (42%) do not believe it is taking place, at least not in the settings within which they work.

34. What are your opinions on 'call clipping' and the prevalence in the sector, across Wales? Do you think it is related to the use of zero-hour contracts at all?

35. Would you say that this is something that happens within your workforce?

If yes [follow up on both sector and workforce answers]:

36. Why do you think this happens in the sector/in your workforce?

37. What is your main concern regarding the consequences of 'call clipping'?

38. How would you seek to reduce 'call clipping' in your workforce/more widely?

If no [follow up on both sector and workforce answers]:

39. Why don't you think this happens in the sector/in your workforce? What helps reduce instances of call clipping?

40. If at all, how does your organisation work to reduce instances of call clipping? Have you seen instances of best practice elsewhere to reduce instances of call clipping?

SECTION E: COVID-19 related additional payments

The Welsh Government are looking to understand what impact, if any, COVID-19 related additional payments and support schemes have had across the domiciliary care sector. This next section will explore your experience of receiving any such payment/support.

41. During the COVID-19 pandemic, did you receive any additional support (for example, mental health support from Social Care Wales, Welsh Government additional payments)?

If yes:

42. How (if at all) did this impact you?

If no:

43. What would you have hoped to receive/have had access to? How would this have impacted you?

SECTION F: Challenges in your role and for the workforce

This next section covers the challenges in your role and for the workforce. In the survey, people were asked what their top 3 challenges are that they face within their role. Some of the key themes we found included recruitment and staffing, demands of the role, rising costs, and staff morale, as well as a poor work-life balance.

44. How, if at all, do these themes reflect your own experience?

45. (Depending on their answer of the survey)
IF they did not take survey, list these key themes and explore the ones they resonate with

Their answer	**Question prompts**

Recruitment and staffing	What do you think is the main barrier when recruiting and how does it impact your work?
Demands of the role	Is there anything specific in relation to the demands of your role that makes your job harder?
Rising costs and budget constraints	What do you think are the main causes of the rising costs or budget constraints? How does this impact your work?
Staff sickness	What do you think is the main cause of the high amount of staff sickness? How does this impact your work?
Training	What do you think is the issue around training and how does this impact your work? What training do you feel is needed?
Staff morale	Why do you think morale is low for some people? How does this impact your work?
Work-life balance	What makes it difficult for you to achieve work-life balance?
If they mention something else	Could you give a little bit more detail on this?

SECTION G: Solutions to overcome challenges across the domiciliary care sector

For this final section, we will be exploring different solutions to tackle and overcome the challenges that care workers face in their day-to-day roles. Some key themes that arose from the survey were better pay, improving recruitment and retention across the sector, raising the profile and perceptions of domiciliary care working and more training for staff.

46. If you had to choose one the challenges we discussed before (for example...), what solution to overcome it would you suggest to implement first and what would be needed to implement it?

47. We found that, for the workforce, better pay, more training, fewer new regulations, better funding, and improved perceptions and awareness of care work are seen as crucial for overcoming the challenges they face. In your opinion, what other changes would you suggest and what impact would you expect from these changes?

48. Are you aware of any upcoming changes that are expected to be implemented across the sector in future to overcome some of these challenges?

End of interview

I have now reached the end of my questions.

Thank you for your insights and contribution today – everything you have said will be incredibly useful in helping the Welsh Government to understand what managers and business support staff feel can be done to improve processes and working conditions across domiciliary care.

> end the interview, taking them through the voucher process and offering support information if they've been affected by anything discussed <