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'You're only a care worker'. Exploring the status of adult social care work through the intersection of HRM innovation and job quality

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ABSTRACT

This paper examines the intersection between job quality and innovation by exploring policy-led innovation aimed at delivering high-quality adult social care jobs that attract and retain much-needed skilled workers. Through qualitative enquiry, we examine workforce policy's emphasis on training, development and career progression, key elements of job quality, to create higher-skilled, higher-status roles. Drawing on focus groups and interviews with care providers and care workers in Wales (UK), we question the likely success of policy-led innovation given first its ineffective delivery and second its failure to address broader aspects of job quality. Policy thus fails both to institutionalise skilled roles in care work and to raise the status of the care worker occupation. We contribute to emerging HRM and interdisciplinary theory and policy debates about the complex nature of innovation activities and their outcomes for job quality in care work within a sector typified by low-quality jobs. We illustrate the different ways in which job quality and innovation interact and how both can be constrained by one another as a function of environmental antecedents.

Introduction

This paper builds on recent interest in the relationship between innovation in HRM and job quality, adopting Warhurst et al. (2018) position that more work is needed to explore *"the factors within and outwith of the workplace that shape the interaction"* (p6). We suggest that a full picture of what drives or inhibits positive change in HRM practices cannot be understood without a consideration of these constructs and their

intersection, and we address calls for research to "*provide evidential support for the necessary shift to integrated policy thinking around innovation and job quality*" (Warhurst et al., 2018, p5).

We contextualise our understanding of the intersection of this relationship through an examination of the adult social care sector. Elucidation of specific contexts in the public sector are important in extending our understanding of pertinent HRM agendas and require further examination (Fletcher et al., 2020). As populations age, so the demand for adult social care grows with an associated growth in workforce demand. Yet the sector is beset with low-quality jobs and is experiencing acute labour shortages following extended periods of austerity and degradation of employment terms and conditions (Cunningham et al., 2021). In response, innovation through workforce development policy aims to deliver higher-quality social care jobs that attract and retain skilled workers (Rubery et al., 2015) and raises the status of care work. Reliance upon workforce innovation has been widely evidenced when modernising public services in many countries (Kessler et al., 2017). Numerous innovations have been trialled with substantial emphasis on workforce reform (e.g. Memon & Kinder, 2017). Kessler et al. (2017), for example, explored health sector innovations that developed and embedded new roles, and a growing body of research explores how such practices build new ways of working (Essén & Lindblad, 2012). Innovation is thus presented as a mechanism for improved delivery and performance, but there is a need to better understand the influences on its success from a HRM perspective (Essén & Lindblad, 2012).

Our research question asks in what ways do innovation and job quality interact and what are the implications for change? We use innovation and job quality lenses to explore barriers and enablers to higher-skilled roles that, if established, would improve both the status of care work and care quality in a challenging workplace and policy context. However, we demonstrate the complexity in innovation processes (Renkema et al., 2022), especially in the intersection of levels of innovation and aspects of job quality that underpin how such change takes place (Seeck & Diehl, 2017).

We contribute to job quality and HRM innovation theory and practice. This forms the focus of our theoretical framework, where an examination of the interplay between these constructs presents opportunities for vicious or virtuous cycles of improvement or degradation. We add to calls to develop an understanding of the factors that influence the way in which job quality and innovation are symbiotic (Warhurst et al., 2018) and signpost the important influence of innovation capability—the potential for innovation to take place (Clausen et al., 2019). In so doing, we contribute to a growing body of work that demonstrates tensions between

introduction of policy-led learning agendas and the wider degradation of work (e.g. McBride & Martínez Lucio, 2016). Our findings have wider resonance beyond adult social care in the UK, given the resurgence of interest in job quality that results from challenging climates across many employment sectors. We aim to develop a better understanding of job quality and innovation capabilities in challenging or austere environments (Clausen et al., 2019) in which traditional resources for innovation may be scarce yet a need for innovative practices is high.

Context

The ageing of the UK population has increased demand for adult social care and, in particular, domiciliary care - that is, personal care and support for vulnerable adults in their own homes (Cunningham et al., 2021). Yet widespread adoption of neo-liberal agendas has reduced the state's role in delivery and management of public services and local authorities now externally commission most domiciliary care to be delivered by private and voluntary sector firms (Bach-Mortensen & Barlow, 2021). An extended period of austerity, plus the challenges of the Covid-19 pandemic, has led to an overstretched social care system which fails both care recipients in relation to their care quality and care workers in relation to their job quality (Cunningham et al., 2021).

Our focus is policy-led workforce innovation that seeks to upskill the front-line domiciliary care worker role. In Wales (our research site), top-down policy frameworks were introduced that mandate induction training and acquisition of vocational qualifications. All care workers newly into social care roles must complete an induction training programme and mandatory training. From 2000, domiciliary care service providers were required to ensure at least half of their workforce held a minimum Qualifications and Credit Framework Level 2 Health and Social Care Diploma (QCF2) which was later softened so that providers need only employ 'suitable numbers of skilled, qualified and experienced people' (Gospel, 2015: 844; Social Care Wales, 2022a). Domiciliary care workers should also receive regular supervision, a form of support common to many health and social care professionals. Career pathways were also recognised as vital and promoted in the policy framework (Social Care Wales, 2022b). Further, mandatory registration of domiciliary care workers, dependent on acquisition of particular qualifications, was introduced in 2020 reflecting practice in other health and social care professions in the UK and elsewhere (Kessler, Heron, & Dopson, 2015), and 20,892 domiciliary care workers were registered as of June 2023 (Social Care Wales, 2022a). Workforce policy is thus focused on skills and

career development, but is silent on other terms and conditions of employment—and elements of job quality, for example, pay and job security.

Innovation and job quality

There is a global focus on **innovation** in social care as a mechanism for effective care delivery (Essén & Lindblad, 2012) and it is broadly defined as the adoption of new ideas and practices that can be an important driver of improved performance (Zeytinoglu et al., 2015). There are various types of innovation and here we focus on organisational innovation, that is, changes in current practices and methods which typically focus on people management (Warhurst et al., 2018). This creates human resource management (HRM) innovation, that is, 'any workforce- related idea, programme or system new to the adopting organisation' (Kessler et al., 2017: 229). As set out above, we argue that these sources of organisational innovation are examined through policy-led innovation which sets out to upskill workers through innovations or positive changes in training, development and career progression.

Globally, there is also a growing interest in **job quality** that results from challenging external climates that threaten the availability and maintenance of good, decent and meaningful work across many industries (Lysova et al., 2023; Warhurst et al., 2018). Despite significant interest, however, there is no broadly agreed definition or set of measures (see for example, Findlay et al., 2013). Various models include diverse facets of work which are perceived favourably and result in positive experiences for the employee, those that are both intrinsic and extrinsic (Cunningham et al., 2021; Lysova et al., 2023), and a range of broader outcomes for different stakeholders, organisations and society more broadly (CIPD, 2023; Cunningham et al., 2021). Here, we draw on the QuInE model (Warhurst et al., 2018), which comprises wages, employment quality (which includes progression, education and training), working conditions, work-life balance and employee participation. Against these measures, care work is typically categorised as poor quality (Clarke, 2015), and its ongoing degradation as a result of public sector commissioning of care from private and voluntary sector organisations is well-documented (Cunningham et al., 2021). As we explore below, care work is low-paid, insecure and typically categorised as low-skilled, affording it a low status label (Manchha et al., 2022). Policy-led workforce innovation seeks to upskill care worker roles with the aim of raising the status of care work to attract and retain a skilled workforce. Yet policy focuses only on employment quality, i.e. progression, education and training, rather than the wider set of job quality factors.

Organisational innovation typically emphasises people management (Warhurst et al., 2018) with a clear link to HRM e.g. staff development and changes in reward systems. While there is thus a clear relationship with job quality there are gaps in our knowledge about how innovation interacts with job quality both generally and particularly in contexts, such as social care, that offer poor employment terms and conditions. This 'conceptualization deficit' in the job quality literature (Findlay et al., 2013) requires further detailed exploration of different facets of job quality, innovation and their implications for change.

We examine policy-led workforce innovation in the adult social care sector that seeks to create skilled, autonomous roles *via* the employment quality, i.e. training, qualifications and career development, aspects of job quality. This aims to builds a learning agenda (McBride & Martínez Lucio, 2016: 449) and seeks to raise the status of care work, supporting agendas that call for fairness and meaningful work (Lysova et al., 2023). We draw on de Vries et al. (2016) innovation antecedents, that is individual, organisational and environmental, that operate in a multi-level framework to support understanding of the processes underlying the implementation of innovation activities. Antecedents can be 'impeding and stimulating' (de Vries et al., 2016 p147) and can inform innovation capability—that is, the potential or preparedness for innovation to take place (Clausen et al., 2019). In what follows, we suggest that antecedents are interconnected and yet can also work in opposition to each other within the same innovation system and diminish one another's effects, notably in terms of job quality. By setting out an understanding of the complex interplay between different antecedents, we can build a clearer understanding of why workforce innovation in adult social care may succeed or fail, and how job quality is both a driver and an outcome (Warhurst et al., 2018). Exploring this complexity allows us to better understand how innovation premised on HR is shaped beyond existing arguments of, for example, high performance practices and HR bundles (see for example: Seeck & Diehl, 2017) and also allows us to explore multi-level influences (Renkema et al., 2022; Shipton et al., 2017). Our theoretical framework to demonstrate these interactions is extended from Warhust et al.'s (2018) positioning of the broad interplay between job quality and innovation and is illustrated in Figure 1.

Environmental level antecedents

Here we discuss how the interplay between policy, societal and economic concerns work to shape innovation and how it is sustained or problematised in work roles. As we noted in the context section, policy-led innovation seeks to improve job quality with a particular focus on employment
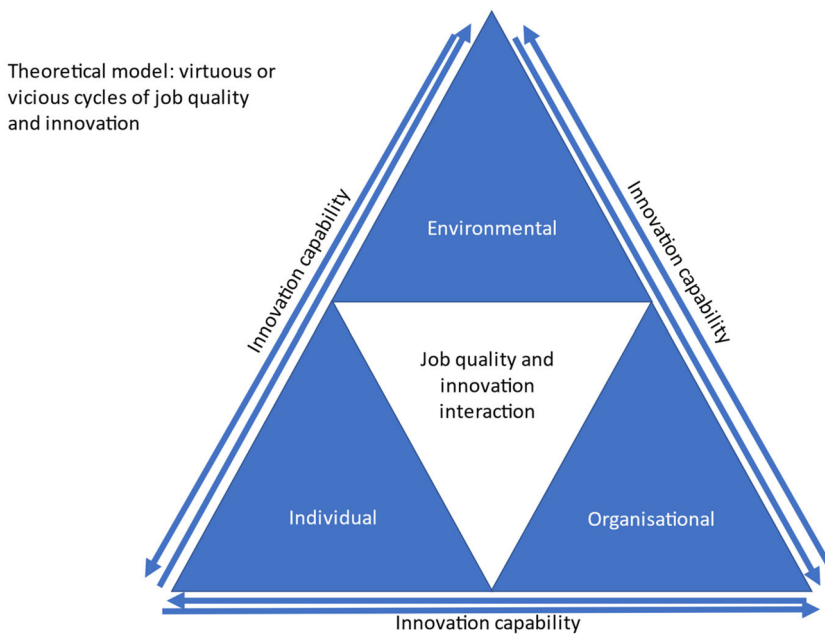
Figure 1. Theoretical model.

quality, that is, training and development and career progression; plus supervision and mandatory registration. Policy is thus premised upon a 'soft' human resource management model that seeks to stimulate innovative performance (Kessler et al., 2017) *via* relationships between training, skills and qualifications and care quality (Atkinson et al., 2018).

This is a laudable aim, but closer examination raises questions as to whether innovatory aspirations are sufficient to achieve their aims of optimising status. Adult social care is a historically low-skilled occupation (Cunningham et al., 2021) and so policy's focus on tackling this is appropriate. Yet it sets requirements at only Qualifications and Curriculum Framework Level 2 (QCF2, equivalent to the qualifications gained by school leavers aged 16 in the UK). Arguably, this has been set to reflect what is achievable by a sector experiencing constrained funding and labour shortages, rather than skills level required by the role (Atkinson & Crozier, 2020). Indeed, other Northern European countries have set higher qualification requirements, for example, Germany (Gospel, 2015). Training provision in the sector is also inadequate and hampers skill development (Gospel, 2015). Similarly, innovations set to deliver career progression may founder in a sector lacking clearly identifiable pathways (Cunningham, 2016), despite recognition of their importance. Wider education frameworks offer apprenticeship provision, which could provide a mechanism to develop and formalise career paths despite concerns that they may be low in quality (Moriarty

et al., 2018). Innovation is also driven *via* supervision and mandatory registration. Supervision improves job quality in numerous ways, providing emotional support, strengthening ability to cope with job demands, overcoming the isolation of lone working, optimising learning, and supporting the development of self-esteem and meaning in one's work (Cunningham et al., 2021). Mandatory registration requires particular qualifications, and is also aimed at raising status, and there is debate about making this compulsory in different geographical territories (e.g. Byrne, 2016) in increasing parity with other health and social care professionals who have to be on professional registers (Social Care Wales, 2022a). In sum, environmental level antecedents have the potential to improve employment quality aspects of job quality, but there is evidence that they are constrained by a number of challenges and omit other important job quality elements.

Organisational level antecedents

While policy aimed at driving innovation and improving job quality sits at the environmental level, it is implemented at organisational level and innovation here depends upon structural and cultural features of organisations (de Vries et al., 2016). The majority of organisations delivering care operates in the private or voluntary sector and experience significant financial constraints and labour shortages. Above we have noted how policy emphasises employment quality, that is, training, development and careers, but is silent on other aspects of job quality, including, pay, working conditions, work-life balance and employee participation. Below we set out the potential implications of this for optimisation of status.

Low pay dominates and across the UK, over 80% of domiciliary care workers are employed on insecure, zero-hour contracts (Rubery et al., 2015) and endemic labour shortages and high turnover prevail (Cominetti, 2023). These insecure working arrangements, staffing shortages and financial constraints mean that releasing and paying workers to attend training is difficult. Even where it is possible, transferring learning into the workplace is challenging as domiciliary care workers are often lone workers with no regular management support (Atkinson & Crozier, 2020). High labour turnover mitigates against individual acquisition of qualifications and hampers wider workforce development and further inhibits status. Career progression is limited by the nature of the sector itself, where service providers are typically small firms with flat hierarchies offering few opportunities to advance (Meagher et al., 2016). Further, there is an absence of pay structures to support career progression and labour turnover compromises the stability needed for career progression (Rubery et al., 2011). Finally, there is limited evidence on the

effectiveness of supervision given the isolated nature of the work, dominance of zero-hours contracts and lack of regular contact from managers (Atkinson & Crozier, 2020).

In summary, it is evident that organisational attempts for increasing job quality and innovation are constrained by numerous factors including the influence of policy that addressed only a narrow set of job quality characteristics. Thus, the interaction of environmental and organisational levels suggests innovation is stifled and this impacts on job quality (and vice versa).

Individual level antecedents

Individual level antecedents of innovation are also influential in attempts to address job quality. Of particular relevance here are gender, age, knowledge and skills, and autonomy (de Vries et al., 2016). Gender has a powerful influence. Care work is stigmatised by its gendered, low-status label (Ravenswood & Markey, 2018): the workforce comprises over 85% female, typically older, workers (Gospel, 2015) and delivers a service of a personal nature that is stigmatised as both 'dirty work' and 'body work' (Jensen, 2017). Its position as a low-status, low-skill occupation is borne from its historical origins as female-dominated, quasi-domestic labour. This is problematic, as the success of policy-led innovation to upskill is premised upon a high level of responsibility and the conduct of complex tasks (Gospel, 2015). Yet, in establishing qualification levels at QCF2, policy has assumed few skills are required, beyond the 'mothering' skills typically associated with women (Palmer & Eveline, 2012). Some have argued that (mainly female) care workers may not seek career progression, working instead for the intrinsic satisfaction (Hebson et al., 2015).

In juxtaposition, research has shown that care workers reflect on the skilled and responsible nature of their role as encompassing high degrees of responsibility and autonomy (Cominetti, 2023). There appears to be a tension between care worker views of their own professional standing and how it is perceived by others with failure to recognise its evolving nature and increased complexity (Atkinson & Lucas, 2013b). Care work requires exercise of discretion and autonomy, where workers operate independently and largely unsupervised (Cunningham et al., 2021). The demands of the role have increased - for example, care workers are charged with the oversight of medication (Cominetti, 2023). The skills inherent in care work are gendered and devalued (Atkinson & Lucas, 2013b). Yet these soft skills are far from low-level: domiciliary care requires emotional and informational support, and is relational service work whereby workers need strong bonds with service users to deliver high quality care (Cominetti, 2023).

Stigma and status of care work are alongside gender impacted by the hierarchical positioning of social care comparative to health professions such as nursing (Ostaszkiewicz et al., 2016) and more work is needed in understanding attempts to elevate status. The 'discrediting' states of stigma, where one's role is exclusionary, subject to rejection and belittling (Ostaszkiewicz et al., 2016) is damaging for employees, can impact on recruitment and retention challenges, and therefore further erodes the social construction of stigma in aged care work (Manchha et al., 2022) where issues such as 'moral taint' from care scandals, and other damaging social discourses that integrate the historical constructs outlined here further degrade the sector and its quest for status.

We argue here that social care workforce policy is flawed beyond its delivery difficulties as it fails to address the lack of status and associated stigma in domiciliary care work, and despite a need to embed new ways of working, innovation capability is once more impeded. We suggest that this example of the interwoven state of existing job quality indicators with historicised and gendered low status further drive damaging and stigmatised outcomes and illuminate an example of the vicious cycle of the interaction between job quality dimensions and innovation capability and outcomes (Warhurst et al., 2018).

In returning to our research question, 'in what ways do innovation and job quality interact and what are the implications for change?', we suggest that an exploration of the intersection between these two conceptual areas at the environmental, organisational and individual level can help to build understanding about how to bring about positive change in HRM practices. We explore this in a sector and job role that is beset with historical challenges that are at odds with its critical and highly responsible nature, and therefore set out to learn more about strengthening good employment in sectors that are traditionally problematic.

Methods

In responding to the need for further exploration of HRM innovation and job quality experiences within different contexts, we draw on qualitative data to provide care workers and their service providers with the voice to narrate individual experiences. We recognise the multitude of methods that have examined job quality and innovation in work practices across disciplinary perspectives and acknowledge the call for pluralistic enquiry (de Vries et al., 2016). Specifically, we position our rationale for a qualitative focus as stemming from the need to consider the experiential narration of innovation 'culture' as pertinent for understanding innovation processes (Garud et al., 2017). By this, we mean the circumstances and behaviours that can be evidenced as stories or artefacts of

the shared beliefs that encourage or diminish job quality and innovation activities. We suggest this has resonance with our organisational context for a number of reasons. In particular, we assert the links between our earlier discussions of socio and cultural artefacts of the caregiving role as low-skilled and gendered as important contextual indicators. We respond to calls to use qualitative data to unearth meanings as they relate in context and position rich discursive data as an important part of the toolkit for examining how antecedents of innovation are reflected upon and enacted within care work.

We position our overarching focus as the intersection between job quality and innovation. Taken together, we suggest this allows us to capture the antecedents as conceptual ingredients of innovation *process,* (Renkema et al., 2022) that if examined together can provide a detailed picture of the challenges and opportunities for innovation and job quality in the social care role. This process- orientated view (Garud et al., 2017) is suited to qualitative enquiry when the researcher takes the view of process as 'experienced' as well as merely 'observed'. Here, we see innovation process as constructed through the voices of those who are impacted by it. Story-telling in the form of qualitative data is helpful in unearthing the richness and complexity of both process and journey in innovation activities (Garud et al., 2017). We capture both the views of workers and service providers in order to give both a voice to the underexplored perspective of care workers (Ravenswood & Markey, 2018), and to respond to work that posits the importance of the role of managers in innovation activities (Damanpour & Schneider, 2009).

Our research site is Wales (UK) where the state has enacted social care regulation to assure care quality in a context of increasing demand for domiciliary care (Social Care Wales, 2022a) and its external commissioning of most domiciliary care from the independent sector. The findings result from a project commissioned[1] to explore employment practices in Welsh domiciliary care. Ethical approval was obtained through the University's ethics committee.

We contacted all twenty-two Welsh Local Authorities, using a funder database to identify gate-keepers who brokered access to service providers and domiciliary care workers. Information about the study was communicated by email and followed up by telephone. We conducted eight focus groups across the four Welsh regions, four with service providers and four with care workers. Some focus groups ran at pre-existing events, such as manager forums, and others were specifically arranged. All attendance was voluntary. Care workers were incentivised by a £20 gift voucher to compensate for unpaid working time and associated expenses. Where participants could not attend but wished to participate, one-to-one telephone interviews were held. Participants comprised 32 service

providers and 41 domiciliary care workers. The majority of our partici-
pants were female and of white ethnic status with a broad spectrum of
ages and lengths of tenure. Participants across local authority, private and
voluntary sectors were represented and our sample of care workers com-
prised mainly zero-hours contract private and voluntary sector workers.

A semi-structured instrument was designed to ask questions about
participants' experiences of employment practices and conditions. In
extracting the data from a broader set of questions around employment
practices, we conducted a conceptual mapping activity to identify how
our question set provided themes that were appropriate to the innovation
and job quality focus of this paper. Focus groups and interviews were
digitally recorded and fully transcribed. We followed King's (2012) pro-
cess for conducting a template analysis as a means to thematically anal-
yse our data. First, we considered our philosophical approach for the use
of qualitative data in this study. Given we have integrated job quality and
innovation literature to formulate a conceptual model, we deemed it
appropriate to begin with assumptions about identified areas of theoret-
ical importance. We thus developed *a priori themes* that were driven by
our theorising—these comprised the different levels of innovation
antecedents—environmental, organisational and individual. We conducted
a cross mapping of our interview questions against those *a priori* themes
and this comprised our first level of analysis and provided the broad
structure for the template (King, 2012). The next level of analysis com-
prised the formulation of higher order themes and the researchers pop-
ulated a column of the template with pertinent quotations that were sub
divided to indicate emerging narratives, which were refined as the anal-
ysis progressed with the addition of further data. We shared King's
assumption that a priori themes may shift as the data is analysed and
therefore they may be refined if necessary, but we found all data to fit
under our three broad *a priori* themes, thus providing support for our
theoretical framing. Both members of the research team analysed sepa-
rate focus group data and different segments of the data. The lead
researcher integrated them with one another and constructed the final
template, which was discussed as a full research team for triangulation
and further refined. The template structure can be found in Figure 2. It
is not possible to share the full dataset due to funder contract terms.

Findings

Our theoretical framework explores the interaction between innovation
and job quality. We address three separate levels of innovation anteced-
ents within our theoretical framework—environmental, organisational
and individual. We seek to illuminate how facets of job quality are both

a-priori themes Innovation Antecedent level	*Higher order theme* Job quality and innovation interaction	sub themes
Environmental	Mandatory Registration	Status
		Responsibility
		Attraction to sector
		Quality
	Induction training	Impacts care quality
		Access and quality of training (inefficient, rushed, absent)
		Rigor of training (record keeping, certification, training others after insufficient training)
	Supervision	Problematic due to high turnover/staff shortage
		Learning
	Qualifications	Funding constraints
		Feasibility
		Identified need
	Career Development	No visible pathways
		No progression
Organisational	Size of organisation	Lack of training capacity
		Qualifications offering
	Insecure employment/zero hours	Payment for training
		Training uptake
	Staff turnover	Training capacity
		Supervision
	Innovations	Apprenticeships and cadetship schemes
		Job design and task variety – creation of career paths
		Strengthening supervision
		matching buddying and support
	Low Pay	Comparators to other industries/status
Individual	Status and stigma	Driven by low training and qualification framework
		Comparators to other roles
		Gendered socialisation
		Poor career paths
	Responsibility	High level of skill, knowledge and ability
		Complex tasks
	Innovations	Autonomous and resourceful ways of working
		Flexibility and discretion
		Doubling up of tasks to meet environmental constraints

Figure 2. Template analysis.

drivers and outcomes, and therefore critical in our understanding of innovation antecedents. Our framework also explores the complex interplay between different antecedents.

Environmental

Participants were keen to support initiatives that could strengthen the status of care work. There was widespread support for mandatory registration, which we position as a potential positive antecedent of innovation linked to improving status and job quality:

> "I think it will elevate status and... drive quality... it's going to drive up the reputation then hopefully you will get the right people coming in". Service provider

Juxtaposition was evidenced between participants' views of training as important alongside personal experience of low quality training. All participants noted the importance of induction training and its importance for care quality and job quality, yet induction training was not universally provided, despite regulatory requirements. Some care workers felt well-prepared, but many felt that induction training was rushed or absent. Some had responsibility for training others despite having limited experience themselves, that impacted on well-being and satisfaction elements of job quality:

> "I was out [in service users' homes] after three hours of training and on my third day I was training someone else. I knew what to do but not why, it was difficult". Care worker

Under-funding was central to failures in induction training, with budgets *"stretched to the limit"* as commissioners grappled with financial constraints. Further Interactions between organisational and individual antecedents such as high labour turnover meant that induction training was a never-ending task, which service providers noted was both costly and a poor investment in workers who quickly moved on:

> "I train them and then they go off, and then I have to start the whole process again." Service provider

The consequences of such challenges were evident across a number of outcomes, and we suggest that here innovation antecedents as barriers dampen positive outcomes in job quality. Resulting staff shortages also meant providers could not offer extensive induction training, rather they needed care workers operational as soon as possible. Policy's premise of equipping workers with the initial skills required to deliver quality care (Gospel, 2015) was thus compromised, evidencing potential linkages

between flawed innovation attempts and problematic organisational outcomes, where participants' lived experience of job quality was detrimental.

Ongoing training was available in principle and seen as important to meeting service user needs. The rigour of this was, however, subject to frequent challenge:

> "They'll have certificates to say they've done the training…they watched a DVD…
> – that [should be] a two-day course. But if someone's got the certificate…" Service
> provider

In summary, training provision as extant job quality, and efforts to strengthen it as innovation, were seen as inadequate. Marketization and funding constraints were central to this and the resulting insecure employment and high labour turnover had adverse effects for skill development.

Challenges were also apparent with the qualification offer. Most accepted the need for it but staff shortages, high turnover and funding constraints made its uptake problematic. Few service providers had 50% of their workforce holding QCF2 and financial pressures and funding cuts were repeatedly raised:

> "QCF – every care workers is offered it. … It's important that they have it. It
> should be acknowledged when they get it and we should reward them with a
> higher level of pay, but are restricted by commissioners". Service provider

There was support for rigorous qualifications but a questioning of feasibility. Limited resources meant that acquisition of QCF2, and even QCF3, rarely led to higher pay meaning that the occupational and financial reward structures required to underpin optimisation of status and job quality were lacking despite their aspiration for innovative change. Career progression as an important job quality indicator was thus compromised:

> "I don't think there is a career if you want to be a care worker; there's no pro-
> gression". Care worker

Career paths were important to many and essential to attracting skilled workers into the sector and the majority of service providers and care workers alike, acknowledged these were limited.

External societal antecedents such as marketization and limited funding again underpinned limited skill development and career progression opportunities, constraining the potential to embed a learning agenda (McBride & Martínez Lucio, 2016). In summary, environmental policy-led workforce innovation is inadequate where job quality in this domain is low and little progress has been made in delivering improved training, qualifications and career prospects. In what follows, by exploring both organisational and individual antecedents of innovation, their

interrelationships and impact on job quality, we illustrate further difficulties for optimising the status of domiciliary care work.

Organisational

Size of firm was influential and larger organisations were sometimes able to offer in-house training which offset the challenges at the environmental level. Some care workers were positive about training, particularly those who had worked for (usually) larger organisations, but often questioned its adequacy. Training was limited in the smaller organisations that dominate in domiciliary care (Meagher et al., 2016) and that relied upon local authority provision, typically squeezed by budget cuts, and here we position innovation constraints as self-limiting and perpetuating in their damaging influences on job quality:

> "…spaces are so limited that it's just first come first served.… there was only eight spaces available…for the whole of the area." Care worker

Insecure employment as a job quality indicator also compromised training uptake, as zero-hours contract workers were seldom paid to attend training. Some service providers resisted this but, as for induction training, all noted the dominance of financial pressures and staffing shortages:

> "I pay my staff for every minute they're training and not every agency does" Service provider

> "We're struggling… some of us have gone and asked for various types of training. They say there are courses available but they can't spare the time to let me go". Care worker

Effective supervision was also compromised by high labour turnover and consequent staffing shortages (Cunningham et al., 2021) meaning that transfer of learning was often problematic in this isolated role:

> "We try and do them [supervision meetings] at least every three months. To do them any more regularly is really hard. To do them that regularly is hard sometimes". Service provider

There were limited pockets of innovative practice and antecedents that enabled innovation (de Vries et al., 2016) around apprenticeships (Moriarty et al., 2018), for example, one cadetship scheme, funded by a combination of service provider, local authority and EU monies. In the face of limited career progression opportunities and resource constraints, some service providers offered patchwork arrangements representing informal innovation to prevent loss of valued staff, illustrating the

pertinence of manager involvement and autonomy in executing innovation activities and strengthening job quality (Damanpour & Schneider, 2009):

> "What we've tried to do to make people feel that there is progression is they can have some senior hours…I can't afford to make them a senior carer and pay them a higher rate across the board, they're given a senior for a few hours a week…" Service provider

Similarly, innovative practices at the organisational level in job design and task variety allowed for progression and were celebrated as optimising job quality for employee satisfaction and experiences of learning;

> "I work as a care coordinator and as a care support worker…I see every variety, it's brilliant. The job I applied for was – it was one full-time job in the office and they were willing to split it between two people. And I wouldn't want to leave the community because I enjoy it so much and also seeing the other side, I didn't realise how much it entailed until you get there, which is fab. But you can never know enough. But I enjoy learning and it's a fab job". Care worker

Likewise, there were examples of organisations aiming to offset challenges with supervision as an existing job quality indicator, by building local informal practices such as buddying and additional support;

> "It is about matching up new carers with a buddy at the beginning to help build their confidence…making sure the right person goes out with the right candidate at the beginning… if we put someone nervous with someone not nurturing, it is overwhelming to start any new job – if they aren't with the right person they are going to walk" Service provider

For qualifications, to some extent, larger providers could establish their own frameworks, and a few used QCF2-5 and specialist training to offer development from care worker to supervisor/team leader and then registered manager, which heightened career development indicators of job quality. This was relatively limited, however, and clearly beyond the capacities of smaller firms with predominantly flat structures (Meagher et al., 2016):

> "That all depends on the size of your agency. If you're a very little agency and your retention is really great, that's fantastic, but then those other staff who want to go somewhere can't because there are no positions". Service provider

Low pay as an indicator of job quality was seen to impact on care worker satisfaction and intention to remain within their roles, and reflected upon as at odds with the highly responsible nature of the role;

> "Sometimes I stand there and I think I don't get paid enough to do this". Care worker

> "It's pretty much minimum wage, isn't it? And for most minimum wage jobs you can do something where it makes no difference whether you turn up or not really…but if you don't turn up it's not just yourself that's affected". Care worker

Again, the interaction of different levels of antecedents was evident. Occupational and financial structures were lacking. These then impacted individual employee behaviour, where care work was more likely to serve as a pathway to other professions, occasioning the loss of skilled and aspirational workers, further perpetuating a lack of innovation in this role, and further degradation of job quality for those remaining. Staff turnover was therefore a component of organisational antecedents in itself, and also perpetuated as a function of other challenging organisational and environmental antecedents;

> "They leave to do other things that stretch them, things like nursing or university". Service provider

> "…the next best is nursing… or social work, because once you're a care worker, you become a manager, there's no promotions after that…." Care worker

Individual/employee

Domiciliary care work has been long-considered gendered, low-status and stigmatized, and faces difficulty in gaining recognition of the skilled nature of the role (Cominetti, 2023). A training and qualifications framework, even if successfully delivered, set at QCF2 was central to this. Care work was perceived unfavourably compared to other roles, which gained superior status from their more established and higher-level qualifications (Kessler et al., 2017). Care workers also suggested that care recipients attributed low-status to them as their work was poorly rewarded:

> "I think there is a bit of a stigma about caring as well – because it's minimum wage… I actually experienced not so long ago a person saying that my job was worthless, you don't even earn anything". Care worker

Yet care workers argued they exercised autonomy and discretion (Cominetti, 2023) and gave examples of high levels of responsibility, for example the dispensing of medication. They nevertheless expressed a view that their ascribed status did not reflect this and that they were seen as "*more or less the servant*" or:

> "Oh you're 'just a care worker', but they don't realise what we actually do in our jobs". Care worker

Participants made favourable comparison to the higher status occupations that relied on their knowledge and skills (Ostaszkiewicz et al., 2016):

> "[Care workers] probably know more about that person they're going to than the district nurses who visit once a week. But because they don't have the title "nurse" or the title "doctor", they feel, oh I'm just a care worker". Service provider

A lack of status in the domiciliary care worker role was underpinned and further perpetuated by low-level training and qualifications required in comparison to other sector professionals. We suggest that perceptions of worker capacity reflect the historic, gendered origins of the role, in which care is seen as mothering and (low-skilled) women's work (Ravenswood & Markey, 2018) and these assertions are compounded by the aforementioned inhibitory antecedents at both the environmental and organisational level (de Vries et al., 2016). Our participants argued that public perceptions of the role were inaccurate and work was needed to change perceptions and develop career paths. Gender was seen to be inextricably linked with public perceptions:

> "We need to move away from this stereotypical view of care workers as low paid, not terribly clever, female and doing it because that's what's open to them. You need to raise the whole profile of the job". Service provider

> "And I think that starts very much in college, in school even... it took years to move away from the belief that nursing is a female profession....." Service provider

Despite the challenges in navigating a gendered low status at the individual level and impacts on job quality, there were pockets of innovative practices exercised by individual care workers of autonomous and resourceful ways of working, notwithstanding the environmental and organisational challenges apparent within their working environment. These encompassed examples of discretionary effort and flexibility in becoming attuned to clients' needs (in for example wanting to support service users with shopping or elements of personal care), but it was acknowledged that though this may increase care quality it was sometimes beyond the scope of rigid care plans, and therefore innovation attempts could be stifled by environmental antecedents;

> "I think as a dom carer...it's being aware of these things that the client wants. If it's not in the care plan, its reported to the office to see if it's possible to put that in there, because that is what they want". Care worker

> "You've got to get to know your client to know what they like, then you start doing a bit of research, oh he likes jazz music, so I'll go on the computer and look for jazz singers and know this song. And hum to it and he'll sing it". Care worker

Some examples of informal practices care workers engaged in to navigate the resourcing challenges within their role illuminated harrowing circumstances. For example, doubling up of personal care tasks to meet

tight deadlines and overcome constraints within the system. These informal innovations represent examples of working in different ways to meet the demands of the role;

> "It is so wrong, but I've heard about times when care workers have had to feed people their lunch at the same time as they are on the commode". Service provider

Discussion

We began this paper by asserting the need to bring together the job quality and HRM innovation literature in order to explore the interrelationships between them in understanding the challenges and opportunities afforded in raising the status of domiciliary care work. We use this context as a means to contribute to the broader literature base on low job quality sectors and to a growing body of work that demonstrates tensions between the introduction of policy-led learning agendas and the wider degradation of work (e.g. McBride & Martínez Lucio, 2016), and we respond to calls for an examination of HR challenges in public sector contexts (Fletcher et al., 2020). There is a longstanding need to address this in contributing to the optimisation of positive workplace experiences for all (Lysova et al., 2023; Warhurst et al., 2018) and to overcome challenges in the wider degradation of work (CIPD, 2023). Our research question asked in what ways do innovation and job quality interact and what are the implications for change?

Our contribution showcases the complexities in how job quality and innovation intersect in order to explore the vicious or virtuous cycles that operate in bringing about positive change or a negative perpetuation of existing difficulties (Warhurst et al., 2018). We draw on the need for innovation capability as the capacity for engagement in innovation activities in order to strengthen job quality. By exploring innovation antecedents at the environmental, organisational and individual level, our contribution signposts examples of where the capability to innovate is detrimentally impacted as a function of longstanding and interactive effects between these different levels of inhibiting antecedents. In our data for example, organisations may want to provide training and qualifications, but are inhibited by environmental constraints concerning funding. Similarly, organisational examples of strengthening career pathways through small uplifts to pay and provision of hours for senior care workers were undertaken informally in the absence of broader policy-driven structures to support career development.

We suggest that existing job quality measures are both antecedents and an outcome of insufficient innovation, and illustrate the two concepts as

deeply entwined and symbiotic (Warhurst et al., 2018) across dimensions concerned with training; qualifications and careers; terms and conditions of employment; work environment; and status and stigmatisation. Indeed, in many of our examples it is difficult to extricate job quality indicators from innovation and we support the notion of job quality and innovation as two sides of the same coin (Warhurst et al., 2017). For example, job design as innovation through the creation of an opportunity for task variety (in the example where the employee works both in the office and the community to meet their preferences) greatly increases job quality through employee satisfaction. Yet task variety in itself is a facet of job quality as well as a marker of innovative practice. Likewise, optimisation of qualifications is termed an innovation, yet the presence of opportunities for career development are also a marker of job quality. There is therefore interesting complexity evident in process and outcomes, and a fluidity in how both exist and shape one another.

Our data highlights the complex challenges that underpin HRM and workforce development in this context (Renkema et al., 2022; Seeck & Diehl, 2017; Shipton et al., 2017). Our theoretical contribution articulates that despite an environmental need and (insufficient) pull from the regulatory landscape, further barriers at the organisational and individual level in terms of cultural artefacts of the caregiving role work, coupled with scarce resources and capabilities work against efforts for innovation in work roles, and that the environmental policy level omits important job quality elements. Thus, there is a need to strive towards an optimisation in innovation in care work *via* an increase in elements of job quality, but the existing and pervading (low) job quality elements themselves also impact detrimentally on the ability to innovate. For example, even where organisations are willing, career development is problematic due to poorly defined formal pathways. Where organisations want to support training, they are often limited by poor opportunities or low quality offerings. In sum, our data shows how these challenges manifest across numerous job quality topics, and our data shares both care worker and employer voices and perspectives.

Taken together and returning to our model, we illuminate examples of vicious cycles and signpost the potential for virtuous cycles to gain traction, though many efforts to do so are thwarted by the presence of policy (and other) constraints. For example, despite the problematic status of care work as stigmatised and gendered, examples of individual innovations that demonstrate a high level of skill and relational care emerge, but they appear not to gain traction in heightening status because other elements such as training and pay remain problematic. Some factors also impact the likelihood of virtuous cycles being enacted. For example, larger providers are better able to navigate and overcome environmental level constraints by providing their own training.

We show how social care workforce policy is flawed beyond its delivery difficulties as it fails to address the lack of status and associated stigma in domiciliary care work (Jensen, 2017), and despite a need to embed new ways of working, innovation capability is once more impeded. In our data care workers and providers spoke of many examples of feeling stigmatised due to gender, pay and status, yet noted the responsible nature of their role and the tasks they completed such as medication provision and holding high levels of knowledge. We argue that policy-led workforce innovation that fails to recognise care work's skilled nature, and thus fails to raise its status at the individual level, therefore working against the institutionalisation of domiciliary care work as highly skilled (Cominetti, 2023). Our theoretical lens illuminates how innovation antecedents are interwoven and work together to perpetuate low innovation capability (Clausen et al., 2019), and as a consequence consign care work to its low-skilled, low-status category (Cunningham et al., 2021).

A further important contribution is an examination of how innovation that is policy-led fails because it does not take account of the full spectrum of job quality indicators that are required (Clarke, 2015; Cunningham et al., 2021), and that even where some job quality indicators are satisfied by policy (at least on paper), others are still neglected, and so overall job quality remains low. For example, even if adequate training is provided, poor pay rates and recognition may offset the benefits of such training for employees or mean they are less able to engage with it. Likewise, organisational and individual level attempts for innovation are not sustained if they are not supported at and benefit from resources at the policy and sometimes organisational level (de Vries et al., 2016). For example, informal pay uplifts and career development at the local level are not scalable to the full workforce because they are not supported by commissioning and policy, despite an organisational appetite for their provision. Taken together, our findings therefore question the likely success of policy-led workforce innovation.

Though there is some positive change such as the introduction of mandatory registration that offers an opportunity for a positive impact, we argue that the necessary underpinnings are absent: despite attempts to create a new language of development (McBride & Martínez Lucio, 2016), policy has failed to deliver training, qualifications and career paths. Competing policy agendas of marketization and austerity have undermined this development-led approach, degrading the work, offering inadequate funding, and creating a workforce subject to poor job quality *via* insecure and low-paid employment and poor development opportunities. Taken together, these issues compound and perpetuate a low innovation capability for the care work context, which has wider resonance across many employment contexts and creates challenges for HRM

(CIPD, 2023; Warhurst et al., 2018) in driving *both* job quality and innovation.

Opportunities for practitioners and service providers are limited without increases in funding and societal change in overcoming the gendered nature of the care worker role (Ravenswood & Markey, 2018). That said, our findings illustrate small pockets of informal initiatives at the local level that can work to optimise opportunity for development, and further support the importance of managers and employees in shaping job quality and innovation activities (Damanpour & Schneider, 2009) despite wider environmental constraints.

Practical implications and avenues for future research

We propose a number of practical implications that are organised to correspond to the three levels of innovation antecedents, and we suggest that interventions at all three levels are necessary. Our first recommendation is to advocate for policy change at the environmental level that takes note of the need for funding and commissioning arrangements to support innovation and a full spectrum of job quality indicators. We do however acknowledge that policy change at the environmental level may not be subject to timely implementation due to challenges in the wider policy landscape. This helps to assert the usefulness of our multi-level framework. In the absence of immediate formal changes that will overcome the structural challenges in policy and funding we advocate for innovation and measures of job quality at the individual and informal level, and at the organisational level through innovative HR practices that may work to (partially) overcome impeding antecedents at the environmental level and make working conditions more appealing for care workers. For example, we advocate for knowledge sharing about ways to strengthen job quality and elements of good work; we suggest that informal and formal networks to build good practice within and between organisations would help to share learning; and that such networks could build training for managers and providers about organisational and individual level innovations that help to support an increase in status for the care worker role.

We suggest that future research utilises and further builds upon our model of job quality and innovation to explore heightened innovation from the perspective of service users and other stakeholders. Similarly, it would be helpful to explore the impact of specific innovations and increases in job quality at different levels on outcome measures, and explore different approaches for their measurement, such as the use of longitudinal data (for example, pre and post measures of care quality or staff retention as a function of the implementation of workplace innovations, or how perceptions of stigma and status change over time).

Conclusion

We have synthesised innovation and job quality theories to explore their possible interaction in a low-quality employment sector, domiciliary care. We suggest that individual, organisational and environmental level antecedents of innovation (de Vries et al., 2016) such as a lack of availability/access to training, low-level and poor uptake of qualifications and inadequate career pathways inhibit improved job quality, and this creates poor innovation capability. Importantly, however, we argue that this is compounded by aspects of job quality and workforce innovation that have thus far received little attention: failure to institutionalise new ways of working in domiciliary care derive not simply from the shortcomings at the policy level, but also from the underpinning organisational and individual levels. We support theoretical notions that job quality and innovation are arguably overlapping constructs (Warhurst et al., 2017; 2018) and support a call for work that provides examples of these interactions in strengthening decent and productive work.

Through an examination of the complexities at the environmental, organisational and individual level, this paper demonstrates how narrow areas of focus from regulation and policy constrain organisations, industries and individuals in enacting new innovative practices that can drive increased job quality, and how extant levels of employment terms and conditions that do not embrace all dimensions of job quality further prevent innovation. These are important challenges for HRM in navigating policy-driven regulation and its impact on job quality and the opportunities for change and innovation. Our contribution shows how both the constructs of job quality and innovation are important theoretically and practically, not least because the former is concerned with existing states within organisations and the latter as transformation and growth of those existing and often problematic workplace experiences. We show that innovation has the capacity to enhance job quality, but job quality also has the capacity to drive or inhibit innovation. Currently, within the context of adult social care these symbiotic relationships are not able to work in a positive way in creating virtuous cycles of positive change, and instead perpetuate vicious cycles and damaging outcomes. Our theoretical contribution therefore asserts that challenges for the provision of innovation capabilities and associated positive or negative outcomes are rooted in this system, and in turn also work to perpetuate it. The interplay between job quality and innovation has illuminated and contextualised our understanding of these complex relationships and we advocate that an integrated framework is a useful theoretical tool that has important resonance both conceptually and practically (Renkema et al., 2022; Warhurst et al., 2018).

Note

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No potential conflict of interest was reported by the authors.

Data availability statement

Due to contracting arrangements with the funder the full supporting dataset is not available.

References

Atkinson, C., & Crozier, S. E. (2020). Fragmented time and domiciliary care quality. *Employee Relations: The International Journal*, *42*(1), 35–51. https://doi.org/10.1108/ER-05-2018-0142

Atkinson, C., Crozier, S. E., & Lucas, R. (2018). Workforce policy and care quality in English long term elder care. *Public Performance & Management Review*, *41*(4), 859–884. https://doi.org/10.1080/15309576.2018.1473784

Atkinson, C., & Lucas, R. (2013b). Policy and gender in adult social care work. *Public Administration*, *91*(1), 159–173. https://doi.org/10.1111/j.1467-9299.2012.02040.x

Bach-Mortensen, A. M., & Barlow, J. (2021). Outsourced austerity or improved services? A systematic review and thematic synthesis of the experiences of social care providers and commissioners in quasi-markets. *Social Science & Medicine*, *276*, 113844. https://doi.org/10.1016/j.socscimed.2021.113844

CIPD. (2023). *CIPD good work index report, CIPD*. CIPD Good Work Index 2023: Survey report.

Clarke, M. (2015). To what extent a "bad" job? Employee perceptions of job quality in community aged care. *Employee Relations*, *37*(2), 192–208. https://doi.org/10.1108/ER-11-2013-0169

Clausen, T. H., Demircioglu, M. A., & Alsos, G. A. (2019). Intensity of innovation in public sector organizations: The role of push and pull factors. *Public Administration*, *98*(1), 159–176. https://doi.org/10.1111/padm.12617

Cominetti, N. (2023). Who cares? The experience of social care workers, and the enforcement of employment rights in the sector. *Resolution Foundation Briefing*, Retrieved September 7, 2023: Who-cares.pdf (resolutionfoundation.org). 1–46

Cunningham, I. (2016). Non-profits and the 'hollowed out' state: The transformation of working conditions through personalizing social care services during an era of austerity. *Work Employment and Society*, *30*(4), 649–668. https://doi.org/10.1177/0950017016636983

Cunningham, I., Lindsay, C., & Roy, C. (2021). Diaries from the front line—Formal supervision and job quality among social care workers during austerity. *Human Resource Management Journal*, *31*(1), 187–201. https://doi.org/10.1111/1748-8583.12289

Damanpour, F., & Schneider, M. (2009). Characteristics of innovation and innovation adoption in public organizations: Assessing the role of managers. *Journal of Public Administration Research and Theory*, *19*(3), 495–522. https://doi.org/10.1093/jopart/mun021

de Vries, H., Bekkers, V., & Tummers, L. (2016). Innovation in the public sector: A systematic review and future research agenda. *Public Administration*, *94*(1), 146–166. https://doi.org/10.1111/padm.12209

Essén, A., & Lindblad, S. (2012). Innovation as emergence in healthcare: Unpacking change from within. *Social Science & Medicine (1982)*, *93*, 203–211. https://doi.org/10.1016/j.socscimed.2012.08.035

Findlay, P., Kalleberg, A. L., & Warhurst, C. (2013). The challenge of job quality. *Human Relations*, *66*(4), 441–451. https://doi.org/10.1177/0018726713481070

Fletcher, L., Bailey, C., Alfes, K., & Madden, A. (2020). Mind the context gap: A critical review of engagement within the public sector and an agenda for future research. *The International Journal of Human Resource Management*, *31*(1), 6–46. https://doi.org/10.1080/09585192.2019.1674358

Garud, R., Tuertscher, P., & Berends, H. (2017). Qualitative approaches for studying innovation as process. In R. Mir & S. Jain. *The Routledge companion to qualitative research in organisation studies*. Routledge.

Gospel, H. (2015). Varieties of qualifications, training and skills in long-term care: A German, Japanese and UK comparison. *Human Resource Management*, *54*(5), 833–850. https://doi.org/10.1002/hrm.21714

Hebson, G., Rubery, J., & Grimshaw, D. (2015). Rethinking job satisfaction in care work: Looking beyond the care debates. *Work, Employment and Society*, *29*(2), 314–330. https://doi.org/10.1177/0950017014556412

Jensen, M. (2017). Gender stereotypes and the reshaping of stigma in rehabilitative eldercare. *Gender, Work and Organisation*, *24*, 656–674. https://doi.org/10.1111/gwao.12191

Kessler, I., Heron, P., & Dopson, S. (2015). Managing patient emotions as skilled work and being 'one of us'. *Work, Employment and Society*, *29*(5), 775–791. https://doi.org/10.1177/0950017014559768

Kessler, I., Heron, P., & Spilsbury, K. (2017). Human resource management innovation in health care: The institutionalisation of new support roles. *Human Resource Management Journal*, *27*(2), 228–245. https://doi.org/10.1111/1748-8583.12114

King, N. (2012). Doing template analysis. In G. Symon & C. Cassell (Eds.), *Qualitative organizational research: Core methods and current challenges*. Sage.

Lysova, E. I., Tosti-Kharas, J., Michaelson, C., Fletcher, L., Bailey, C., & Mcghee, P. (2023). Ethics and the future of meaningful work: Introduction to the special issue. *Journal of Business Ethics: 185*, 713–723. https://doi.org/10.1007/s10551-023-05345-9

Manchha, A. V., Way, K. A., Tann, K., & Thai, M. (2022). The social construction of stigma in aged-care work: Implications for health professionals' work intentions. *The Gerontologist*, *62*(7), 994–1005. https://doi.org/10.1093/geront/gnac002

McBride, J., & Martínez Lucio, M. (2016). Disaggregating and reaggregating work: Workers, management and the struggle over creating coherency and purpose in a context of work degradation. *Human Resource Management Journal*, *26*(4), 490–504. https://doi.org/10.1111/1748-8583.12118

Meagher, G., Szebehely, M., & Mears, J. (2016). How institutions matter for job charac-teristics, quality and experiences: A comparison of home care work for older people in Australia and Sweden. *Work, Employment and Society*, 30(5), 731–749. https://doi.org/10.1177/0950017015625601

Memon, A., & Kinder, T. (2017). Co-location as a catalyst for service innovation: A study of Scottish health and social care. *Public Management Review*, 19(4), 381–405. https://doi.org/10.1080/14719037.2016.1177107

Moriarty, J., Manthope, J., & Harris, J. (2018). *Recruitment and retention in adult social care services*. Social Care Workforce Research Unit, King's College London.

Ostaszkiewicz, J., O'connell, B., & Dunning, T. (2016). We just do the dirty work': Dealing with incontinence, courtesy stigma and the low occupational status of care-work in long-term aged care facilities. *Journal of Clinical Nursing*, 25(17–18), 2528–2541. https://doi.org/10.1111/jocn.13292

Palmer, P., & Eveline, J. (2012). Sustaining low pay in aged care work. *Gender, Work & Organization*, 19(3), 254–275. https://doi.org/10.1111/j.1468-0432.2010.00512.x

Ravenswood, K., & Markey, R. (2018). Gender and voice in aged care: Embeddedness and institutional forces. *The International Journal of Human Resource Management*, 29(5), 725–745. https://doi.org/10.1080/09585192.2016.1277367

Renkema, R., Meijerink, J., & Bondarouk, T. (2022). Routes for employee-driven inno-vation: How HRM supports the emergence of innovation in a formalized context. *The International Journal of Human Resource Management*, 33(17), 3526–3559. https://doi.org/10.1080/09585192.2021.1913625

Rubery, J., Grimshaw, D., Hebson, G. and Ugarte, S. M. (2015), "It's All About Time": Time as Contested Terrain in the Management and Experience of Domiciliary Care Work in England. *Human Resource Management Journal*, 54, 753–772. https://doi.org/10.1002/hrm.21685

Rubery, J., Hebson, G., Grimshaw, D., Carroll, M., Marchington, L., Smith, L., & Ugarte, S. M. (2011). *The recruitment and retention of a care workforce for older people*. Report for the Department of Health. Retrieved from http://www.kcl.ac.uk/sspp/kpi/scwru/dhinitiative/projects/older.aspx. Accessed on 6th April 2022

Seeck, H., & Diehl, M. (2017). A literature review on HRM and innovation – taking stock and future directions. *The International Journal of Human Resource Management*, 28(6), 913–944. https://doi.org/10.1080/09585192.2016.1143862

Shipton, H., Sparrow, P., Budhwar, P., & Brown, A. (2017). HRM and innovation: Looking across levels. *Human Resource Management Journal*, 27(2), 246–263. https://doi.org/10.1111/1748-8583.12102

Social Care Wales. (2022a). Registration: Why we register. https://socialcare.wales/registration

Social Care Wales. (2022b). Direct care workforce plan Direct care workforce plan: 2022 to 2025 |. *Social Care Wales*.

Warhurst, C., Mathieu, C., Keune, M., & Gallie, D. (2018). *QuInnE Working Paper No. 11. Linking innovation and job quality: Challenges and opportunities for policy and research*. QuInnE.

Warhurst, C., Wright, S., & Lyonette, C. (2017). *Understanding and measuring job quality: Part 1 – thematic literature review*. Chartered Institute of Personnel and Development. www.cipd.co.uk/jobquality

Zeytinoglu, I. U., Denton, M., Plenderleith, J., & Chowhan, J. (2015). Associations be-tween workers' health, and non-standard hours and insecurity: The case of home care workers in Ontario, Canada. *The International Journal of Human Resource Management*, 26(19), 2503–2522. https://doi.org/10.1080/09585192.2014.1003082