

**Caring Within Constraint:
Employment relations in voluntary sector social
care in the context of personalisation,
marketization and austerity**

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ABSTRACT

This thesis examines the impact of personalisation, marketization and austerity on voluntary sector social care employment relations in post-recession Scotland. The prevalence of short-term funding contracts characterised by strict and often confining performance criteria has resulted in the emergence of a 'contract culture' whereby funders effectively determine service provision. This quasi-market approach to procurement often manifests itself in a pronounced deterioration in terms and conditions of employment, and an intensification of work. Personalisation is premised on the notion of empowering service users, which many studies have found increases their satisfaction and wellbeing. However, due to its dual imperative of increasing quality and reducing cost, personalisation can serve to significantly intensify work. In this sense, the demands of austerity and personalisation converge, and create a compound pressure on the voluntary sector employment relationship.

In consequence, this research examines firstly, the implications of austerity and personalisation on voluntary sector employment policies; secondly, the impact of subsequent changes to employment policies within voluntary sector organisations on the attitudes of employees; and finally, whether or not these changes in attitudes create tensions between employees and management.

At an empirical level, this research provides analysis of four comprehensive case studies, comprised of fifty-five interviews overall and a benchmarking survey of each, situated in the under-researched context of voluntary sector social care in Scotland. This is of pressing importance, given that the UK voluntary sector has grown considerably in recent years (NCVO, 2017), and in light of a growing and aging UK population (ONS, 2017), looks set to continue to do so. This research makes a conceptual contribution to knowledge via a unique conceptual framework, based on the sociology of service work and the psychological contract, as an instrument through which to better understand how personalisation and austerity affect the employment relationship. In doing so, it provides the scope to identify specific issues affecting the workforce, how they respond to them, and what this means for employers, and the sector at large.

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Emma, will you marry me?

[She said yes!]

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LIST OF ACRONYMS

ARBD	Alcohol Related Brain Damage
CEO	Chief Executive Officer
CIPD	Chartered Institute of Personnel and Development
CO1	Children’s Organisation 1
COB	Customer-Oriented Bureaucracy
ESA	Employment and Support Allowance
GPG	Gender Pay Gap
HO1	Housing Organisation 1
KPI	Key Performance Indicator
L&D	Learning & Development
MHO1	Mental Health Organisation 1
NCVO	National Council for Voluntary Organizations
NPM	New Public Management
NPG	New Public Governance
OCB	Organizational Citizenship Behaviour
ONS	Office for National Statistics
OSCR	Office of Scottish Charity Regulator
PDO1	Physical Disability Organisation 1
RCN	Royal College of Nurses
SET	Social Exchange Theory
SDS	Self-Directed Support
SMT	Self-Managed Teams
SMART	Specific, Measurable, Achievable, Relevant, Timely
SSSC	Scottish Social Services Council
SVQ	Scottish Vocational Qualifications

CHAPTER 1 – INTRODUCTION

1.1 – Introduction

This thesis examines the impact of austerity, personalisation and the marketization of care on voluntary sector employment relations in post-recession Scotland. The diffuse cluster of policies loosely referred to as austerity are premised on a form of cost-cutting based on the principles associated with New Public Management (NPM), which results in more restrictively defined funding contracts and eligibility (Page, 2005; Diefenbach, 2009; Charlesworth, 2010). Its defining imperative of “more-for-less” (Alcock, 2010; Shields, 2015; Kimel, 2006; Cunningham, 2017) results in an intensification of work for employees (Baines, 2010; Taylor et al, 2010; Cunningham and Nickson, 2011), a casualization of work across the sector (Cunningham and Baines, 2014; Dawet et al., 2008; Charlesworth and Heron, 2012), and a degradation of the terms and conditions of employment. This is compounded by public sector reform as embodied by personalisation which is driven by the dual imperative of increasing quality of support and service user choice, and reducing the cost of service (Glasby and Littlechild, 2009; Pearson et al., 2014). At a commissioning and procurement level, it is characterised by outsourcing services via prescriptive and often constraining local authority contracts.

The prevalence of short-term funding contracts characterised by strict and often confining performance criteria has resulted in the emergence of a ‘contract culture’ (Leat, 1993; Cunningham, 2001; NCVO, 2008), whereby funders effectively determine “what kinds of services are being made available [...] and how these are delivered, through contracts which specify in great detail the services which it is willing to purchase” (Dominelli and Hoogvelt, 1996, p.46). This quasi-market approach to procurement (Evans and Shields, 2002, p.150) often manifests itself in a pronounced deterioration in terms and conditions of employment (Cunningham and Nickson, 2011) characterised by a greater emphasis on target-setting over strategic HRM (Baluch, 2016) which leaves working conditions significantly more challenging

(Newton, 2003). Furthermore, a perverse incentive exists whereby “meeting or exceeding benchmarks will almost inevitably lead to cutbacks and redeployment of resources,” (Baines, 2006, p.203) and so in many cases the meeting of targets is actively intensifies work. Additionally, even if a neo-liberal quasi-market model can make voluntary sector organisations more commercially and financially viable, they also serve to “compromise their political and financial autonomy, erode their organisational identity and turn them away from their original mission” (Browne, 1999, p.208).

Personalisation is premised on the assertion that people are “experts on their own lives” (Poll, 2007, p.53) and are most ably suited to directing their service provision in an effective and cost-efficient manner. Many studies have found that by empowering service users as ‘customers’, personalisation increases their satisfaction and wellbeing (Duffy, 2010; Needham, 2011). However, due to its dual imperative of increasing quality and reducing cost, personalisation is in a sense characterised by a “more-for-less” dynamic, which, alongside the increasing presence and extent of customer-oriented norms, serves to significantly intensify work. In this sense, the demands of austerity and personalisation converge, and create a compound pressure on the voluntary sector employment relationship. In relation to the empowerment of service users, Thaler and Sunstein (2008, p.158) suggest that “the more choice you give people, the more help you need to provide.” There exists “tensions between user empowerment and user responsibility” (Needham, 2011, p.61) and “ambiguity over accountability for managing [the] risk” (Ellis, 2007, p.407), which goes largely unmentioned in policy documents. This may serve to lower the quality and reactivity of support, and potentially jeopardise the wellbeing of the vulnerable people whom the social care sector caters to, and the experience of employment for the workers it employs.

In the Scottish context, Self-Directed Support (SDS) and personalisation may be of a distinctly different nature than elsewhere in the UK, due to its being implemented nearly four years later than in England (Manthorpe et al., 2015), directly into the context of post-recession austerity. The uptake of personalisation’s options is considerably different (Eccles and Cunningham, 2016), and in

consequence, the two situations are not immediately comparable (Vincent and Harrow, 2005).

At a theoretical level, it is necessary to develop tools which adequately capture and explain the impact of these reforms, on organisations and workers, so that their success or failure can be effectively evaluated. Correspondingly, this thesis seeks to consider the role of the customer in voluntary sector employment relations, and the extent to which voluntary sector organisations can be said to be customer-oriented bureaucracies (COB) (Korczyński, 2002; Korczyński, et al., 2000). Employee responses to these pressures are discussed at an individual level via the psychological contract (Rousseau, 1995; Anderson and Schalk, 1998; Thompson and Bunderson, 2003), which gives voice to the notion that there exists an increased importance on values and ideology within voluntary sector social care (Cunningham, 2008; Alatrasta and Arrowsmith, 2004; Atkinson and Lucas, 2013; Ridder and McCandless, 2010; Leete, 2000) and collectively via tension in the social order. Interestingly, there is very little written on the role of trade unionism in the psychological contract (Cullinane and Dundon, 2006; Bacon 2003; Guest 2004), which is something this thesis has sought to address.

In consequence, the research objectives of this thesis are firstly, to examine the implications of austerity and personalisation, and the accompanying dual imperatives of increasing quality while lowering cost (Cunningham, 2016) on voluntary sector employment policies; secondly, to examine the impact of subsequent changes to employment policies within voluntary sector organisations on the attitudes of employees; and finally, to establish whether or not these changes in attitudes create tensions between employees and management, and the willingness of the former to sustain employment in the voluntary sector. The research is empirically located in four Scottish voluntary sector organisations utilizing qualitative case study methods.

1.2 – Rationale for Research

The rationale for this research is based on observations that the voluntary sector is a historically under-researched area in terms of employment research (Hall, 1997; Shields, 2014). This is curious, given that the UK voluntary sector workforce numbered 668,000 in 2010 (NCVO, 2010), and had grown to 853,000 by 2016 (NCVO, 2017), and based on the UK's growing and ageing population, looks set to grow exponentially. The UK population has grown from 58.1 million in 1996 to 65.6 million in 2016, and is projected to reach 76.3 million by 2046 (ONS, 2017). The UK population has also aged, from 15.9% aged 65 and over in 1996, 18% in 2016, and is projected to reach 24.7% in 2046 (ONS, 2017). In consequence, a greater understanding of the voluntary sector workforce is imperative.

This research examines employment in the sector in the context of the delivery of personalisation, the prevailing form of public sector reform which effectively defines social care provision across the UK. The use of case study method of four different care contexts allows for a comparison of experience and response to changes in the voluntary sector. In addition, this research takes place in Scotland, which is not only further under-researched, but is significantly different from other areas in the UK, primarily due to personalisation being introduced a full four years later, directly into the context of post-recession austerity.

1.3 – Structure of Thesis

The thesis is comprised of ten chapters. Chapter 2 seeks to examine the current context in which voluntary sector organisations operate, specifically in relation to government austerity policies, and the public sector reform agenda which includes personalisation. It begins by locating these changes in the broader literature concerning the marketization of voluntary sector social care services, through the NPM agenda. In doing so, it demonstrates how personalisation and austerity bring dual contradictory challenges of cost control and customer service to the sector

(Cunningham, 2016) As a consequence, the chapter also discusses the relevance of the literature from the sociology of service work to evaluate the impact of these dual challenges, especially Korczynski's construct of the Customer-Oriented Bureaucracy (2000). In doing so, the chapter considers the relevance of the concept of the customer in shaping employment outcomes in voluntary sector organisations, and whether they can be seen to be customer-oriented bureaucracies (COBs) (Cunningham 2016, Cunningham et al, 2016).

Chapter 3 considers the employee perspective regarding changes to terms and conditions from personalisation and austerity. It begins by highlighting what is already known about employee responses to processes of marketization and subsequent degradation of terms and conditions of employment in the voluntary sector workforce. The chapter then outlines the relevance of the concept of the psychological contract in exploring employee reactions to such changes. Specifically, this chapter poses the question of whether or not the increased emphasis on ideological elements of the psychological contract imbue workers with a 'resilience' to intensification and degradation.

At a theoretical level, therefore, the presents a conceptual framework that utilizes the sociology of service work (Korczynski, 2002; Korczynski, Shire, Frenkel and Tam, 2000) in the voluntary sector (Cunningham, 2016; 2017; Cunningham et al., 2016) and the psychological contract (Cunningham, 2001, 2008; Nickson et al., 2008).

Chapter 4 explains the methodology which underpins the data collection and its analysis, and is split into several thematic sections. The first outlines the conceptual framework and research questions, which are as follows:

1. What are the implications of austerity and personalisation, and the role of the 'customer', on employment policies? Are voluntary sector organisations taking on the characteristics of COBs?
2. What are the factors encouraging or mitigating the emergence of COBs in voluntary sector social services?

3. Does employment degradation, work intensification, and the dual imperatives of cost versus quality within voluntary sector organisations, create breaches and violations in the psychological contract of employees?
4. To what extent do these changes to the psychological contract create tensions in the social order between employees and management?

The second section explains the rationale behind the qualitative research design; and the third considers research philosophy and the critical realist approach which informs the study. The fourth and fifth sections respectively explain the multiple case study approach and the case study organisation selection. Sections six and seven outline the interview sample and process, and the benchmarking survey which accompanied it. Sections eight and nine discuss how data was analysed, and the ethical considerations which were taken into account, and the final section reflects the limitations of the research.

Chapters' five to eight present the findings of the thesis, and are divided into six sections. The first provides detail of the organisation itself, including mission, service provision type and funding relationships, alongside demographic information such as age, size and location. Section two illustrates changes which have taken place within the organisation – the first half displays the impacts of austerity on organisational strategy and operational decision making, and changes taking place within funding relationships; the second half examines the effects of personalisation on service provision.

Section three presents changes which have taken place with regards to different elements of the management of employment, i.e. policies and procedures, terms and conditions and work organisation. These sections illustrate a continuous balancing of cost versus quality which exerts a considerable influence on employment practices, creating a narrative largely defined by degradation. The final sections focus on the workforce response to these changes – section four depicts the impacts of change at an individual level, in relation to the voluntary sector psychological contract; section five details emerging tensions in the social order, and section six the employee responses to them. Together, these sections approach

degradation in the terms and conditions of employment in relation to notions of breach and violation of the psychological contract, and the extent to which the increased emphasis on ideological elements endows workers with a 'resilience' to degradation, or whether it constrains their ability to object to it.

Chapter 5 presents findings from the first case study, which took place in a mental health organisation. It highlights emerging issues pertaining to difficulties surrounding the notion of the service user as customer, "crisis point" issues for service users, the use of new technology, management delayering, and the introduction of a new 'Recovery Practitioner' role. Also problematic was the prioritising of new recruits over existing workers.

Chapter 6 presents findings from the second case study, which took place in a children's organisation. It highlights emerging issues pertaining to mission drift resulting from expanding service provision, the new responsibilities associated with catering to customers, and a perceived lack of professional status. The widespread dependence on zero-hour contract (ZHC) workers, bank and relief staff, necessitated by austerity-driven cost-cutting and personalisation-driven needs for flexibility, also presented significant problems

Chapter 7 presents findings from the third case study, which took place in physical disability organisation. It highlights emerging issues pertaining to the devolvement of responsibility through the introduction of self-managing teams, the increasing prevalence of customer-norms, and the difficulties associated with catering to customer needs when the decision-maker is a parent or guardian, rather than the service user themselves.

Chapter 8 presents findings from the fourth case study, which took place in a housing organisation. This case study organisation had suffered considerably as a result of austerity, experiencing restructuring and redundancies, and in 2014, entered a partnership with a larger provider, HousingConglomerate, to secure their future. The move brought with it stability and even growth, with income relating to care rising by 64.2% between 2013-2016. However, the change involved having to adapt to HousingConglomerate's service level agreements, specific ways of working, computer systems, and their de-registration from care home status, which were met with perceptions of mission drift among the workforce.

Chapter 9 presents a discussion of the key themes which emerged from the thesis' findings chapters in relation to the literature outlined in literature review, in order to answer the research questions outlined above. It compares and contrasts each case study with regards to their experience of and response to austerity and personalisation, at an individual level via the psychological contract, and at a collective level via tensions in the social order. The chapter 10 reiterates the contribution of this thesis, and concludes by making recommendations pertaining to future academic research, and operating practices within the voluntary sector.

At an empirical level, this research contributes analysis of four comprehensive case studies, comprised of fifty-five interviews overall and a benchmarking survey of each, situated in the under-researched context of voluntary sector social care in Scotland. This thesis also makes a methodological contribution towards the body of literature which is underpinned by critical realism, demonstrating its usefulness in addressing explicitly defined and context dependent research questions. Finally, this research makes a conceptual contribution to knowledge via a unique conceptual framework, based on the sociology of service work and the psychological contract, as an instrument through which to better understand how personalisation and austerity affect the employment relationship. In doing so, it provides the scope to identify specific issues affecting the workforce, how they respond to them, and what this means for employers, and the sector at large. This is not only pertinent to the voluntary sector, but is transferrable across the public sector context, both outsourced and in-house.

CHAPTER 2 – LITERATURE REVIEW PART 1:

AUSTERITY, MARKETIZATION AND PERSONALISATION

2.1 – Introduction

The purpose of this chapter is to provide a theoretical framework to address the first objective of this thesis, which is to understand the implications of austerity and personalisation on employment policies in voluntary organisations. The voluntary sector has always been subject to significant financial pressure, and processes of cost control and attempting to introduce customer service into voluntary sector social services are not new. The last 25 years have seen an extraordinary demand for adjustment within social care (Ackroyd et al., 2007), and voluntary sector social care specifically to the extent that a more financially orientated view of employment policies now dominates the sector (Powell et al, 1999). These adjustments represent longstanding processes which have been influenced significantly by the principles and values of NPM (Baines, 2004; Cunningham, 2008). NPM has formed the governance mechanism between state and voluntary social services since the Conservative governments of the 1980s and 1990s (Davies, 2010), through the New Labour years and beyond (Coates, 2010; Grimshaw and Rubery et al, 2013; Jordan, 2011).

The chapter begins by locating these changes in the broader literature concerning the marketization of voluntary sector social care services, through the NPM agenda. In doing so, it demonstrates how personalisation and austerity bring dual contradictory challenges of cost control and customer service to the sector (Cunningham, 2016) As a consequence, the chapter also discusses the relevance of the literature from the sociology of service work to evaluate the impact of these dual challenges, especially Korczynski's construct of the Customer-Oriented Bureaucracy (2000). In doing so, the chapter considers the relevance of the concept of the customer in shaping employment outcomes in voluntary sector organisations, and whether they can be seen to be customer-oriented bureaucracies (COBs)

(Cunningham 2016; Cunningham et al., 2016). The chapter then concludes with a discussion and explanation of first two research questions.

2.2 – The Marketization of the Voluntary Sector Social Services Sector

2.2.1 – Defining the Voluntary Sector Social Care Sector in Scotland

No standard definition of the voluntary sector exists, and specific classifications are often problematic due to the significant overlaps between the public and private sectors, and the nature of charitable funding, which typically emanates from a plethora of diverse sources. This thesis acknowledges Kendall and Knapp's (1995) description and labelling of the voluntary sector as a 'loose and baggy monster'. The Scottish Social Services Council (SSSC) (2016) provides useful background data concerning the workforce of the VSSS. In 2015, the overall Scottish social care workforce increased by 1.8% to 203,200 representing 7.8% of Scottish employment. The voluntary sector increased its share of the workforce by 2.7% between 2014–15. Over half of Scottish voluntary sector staff work in the housing support / care at home sub-sector. Voluntary sector staff form the largest part of that sub-sector, and the largest part of the residential child care sub-sector (SSSC, 2016). Women make up 85% of the Scottish VSSS workforce, and the proportion of workers from ethnic minorities in the voluntary sector is 2% (SSSC, 2016). In terms of disability, it is estimated that the entire social care sector contains between 0–3% of disabled workers, in all sub-sectors (SSSC, 2016). In terms of types of employment contract, approximately four-fifths of the workforce are reported to be employed on permanent contract approximately 16,600. Approximately, ten percent of workers around 2,000 are also estimated to be working on forms of non-guaranteed hours or zero hours contracts (ZHC). The median weekly hours for the voluntary sector are

reported 30. The sector also has the largest proportion of part-time workers because of the sub-sectors it operates in (SSSC, 2016).

2.2.2 – NPM and the Voluntary Sector Social Services

Sector

Debates continue regarding the definition and coherence of NPM (Osborne, 2006; Hood and Dixon, 2013). A key, almost irrefutable criticism of NPM, is that as a term, it is a vague, diffuse collection of practices, which is used by many different groups, and in many different contexts, to describe many different things. As Diefenbach (2009, p.893) notes, “despite – or perhaps because of – the large number of empirical studies, it is less clear what NPM is really about.” In consequence, much of the literature which espouse the benefits of NPM, “provide interesting, but often anecdotal, evidence and insights” (Diefenbach, 2009, p.892). There is a distinct lack of reliable and generalizable data to corroborate the claims that NPM is the paragon of effectiveness that is claimed by its proponents (Bach and Bordogna, 2011). In order to fully assess its usefulness, NPM must be examined in relation to the specific context in which they were initiated (Ferris and Graddy, 1998; Leece, 2009).

Studies of NPM also indicate variable national impact. Indeed, Diefenbach (2009, p.892) observes that NPM has permeated all public service sectors, governments and professions; is an “increasingly global phenomenon” and “in Anglo-Saxon and European countries at least [...] has been supported by all major political parties. For example, O’Donnell et al. (2011, p.2380) found in their comparative study between Australia and New Zealand, that “there is a similarity in the outcomes of public service reform in both countries, although the paths taken were different.” Ackroyd, Walker and Kirkpatrick (2004: p.1–10) argue that the adoption of NPM practices has been a “contested and uneven process” which has emerged as “varied and incoherent” (cited in O’Donnell et al., 2011, p.2368). It could be surmised from this discussion that any convergence was more a product of the similar circumstances in which public sector reform took place, as opposed to any

specific elements of NPM which were involved. If NPM is distinctly context dependant, the extent to which it has ability to standardise in order to measure productivity and cost-effectiveness is called into question. It is these “inconsistencies, one might even say hypocrisies” (Diefenbach, 2009, p.905) which leave many to conclude that a wholesale NPM approach in the UK voluntary sector would be inappropriate and ineffectual.

Despite the above, this thesis acknowledges key elements to the NPM suite such as removing differences between private and public sectors, the use of market mechanisms such as competition, private sector management techniques, the principles of efficiency, value for money and greater service user choice (Bach and Bordogna, 2011). Moreover, despite the above definitional issues, variable international application, and doubts concerning its appropriateness and applicability, the use of NPM as a market governance mechanism between state and voluntary sector is undeniable (Shields, 2015) and has significant implications for the latter, which are outlined below.

2.2.3 – Increased Competition and Short-Term Contracts

In order to compete for contract funding in a context characterised by marketization, organisations are compelled to demonstrate their cost-effectiveness, increasingly through more stringent methods of governance and control. This process is achieved by the institution of specific, quantifiable and binding performance criteria as a means of regulating work to gain enhanced control in order to lower costs and appear attractive to funders (Tonkiss and Passey, 1999). Consequently, methods of governance and control which structure social care have undergone significant changes, embodied by “increasing bureaucracy and managerial supervision,” (Ackroyd et al., 2007, p.18).

It is noteworthy that in the pre-austerity Canada, for example, “funding is increasingly provided for shorter periods of time and is increasingly unpredictable,” and furthermore, “along with increased demands for the accountability of agencies

for the funding they receive, there has been a growth in government-funded regulatory bodies,” (Charlesworth, 2010, p.388). In other words, the duration of funding contracts have become shorter, and KPIs have become greater in number and scope. The “veritable audit explosion” (Power, 1997) which has taken place since the 1990s onwards, saw the development of “the notion of quality translated [into] practice as the audit of professional activity” (Gorman, 2000, p.151). The methods through which organisations do this are characterised largely by the principles of NPM.

The increased emphasis on marketization within the voluntary sector has intensified to the extent that a National Association for Voluntary and Community Action (NAVCA) survey in 2006, which reported a 60% increase in the use of competitive tendering by councils over the previous 12 months (Davies, 2010, p.8). This “strong shift from grant funding to contract funding” (NCVO, 2008, p.32) has in effect created a ‘contract culture’ (Leat, 1993; Cunningham, 2001), whereby fixed term contracts are characterised by specific performance criteria and durations force providers to sacrifice employees terms and conditions as a means of cutting costs and remaining competitive. Alongside shifts towards grant-funding, moves towards “cash-for-care” systems characterised by service user control of funds also contribute to the dynamic of increased competition (Brennan et al., 2012) with a view to driving down the cost of care (Macdonald and Charlesworth, 2016).

2.2.4 – A Focus on More ‘Business-Like’ Approaches to Public Service Delivery

The espoused intent of marketization is to instil more business-like approaches to the provision of care by compelling voluntary organisations to focus on cost-efficiency and quality, and in the process drive up the standard of care (Le Grand and Bartlett, 1993; Davies, 2011; Cunningham and James, 2011). The extent to which this works, however, is the subject of considerable debate. The lack of a national framework (Rubery et al., 2013) coupled with the market fluctuations, and

differences in funding processes and the behaviours which are rewarded, results in voluntary organisations sacrificing strategy in favour of a more readily adaptable approach. In consequence, instability is fast becoming a constant, correspondingly, ad hoc and pragmatic decision making based on short term goals has become the defining factor in budgetary decisions (Russell et al., 1996). The sense of bureaucratisation which results (Davies, 2011; Cunningham and James, 2011) can be described as directly at odds with the bespoke nature which underpins social care, and many commentators (Carey, 2008; Davies, 2011; Cunningham and James, 2011) have noted that the heralded benefits of a more market based approach have yet to materialise.

In a number of developed economies where neoliberalism became established at a similar time, and which have similar modes of governance, have experienced increasing financial constraint as a result of practices associated with NPM (Diefenbach, 2009; Mascarenhas 1993; Pina and Torres 2003; Torres 2004). In consequence, the imperative to marketise care and its impact on service delivery can be felt observed in Scotland (Cunningham, 2016) England and Wales (McLaughlin, Osborne and Ferlie, 2002; Vincent and Harrow, 2005), Canada (Baines, 2006; Shields, 2014), Australia (Charlesworth, 2010; Macdonald and Charlesworth, 2016), making them apt for comparison. In relation to Canada, Shields (2014, p.261) description of NPM's role in non-profit funding has a great deal of resonance to the current climate in the UK:

The state's use of competitively tendered, short-term program financing contacts, governed by NPM directed guidelines, has served to fundamentally reshape the state's relationship with the non-profit and human services sector (Evans, Richmond et al., 2005). NPM brought hard-edged business managerialism into public administration, placing emphasis on narrow economic efficiency, business models of governance and public choice orientation that seeks to marketize all relationships (Shields and Evans, 1998, p.71-73). NPM is "characterized by punitive and restrictive structures of funding allocation, accountability and control over" non-profit providers (Access Alliance, 2011, p.75) and has served as the transmission belt that has

brought neoliberal values into the non-profit sector. It is through the use of these mechanisms by the state that various forms of temporariness have been fostered in this sector.

2.2.5 – Disempowerment and Hierarchical Relations

The relationships between purchasers and providers which results from a contract culture approach are characterised by decisions which are “increasingly dictated, rather than negotiated through principles of partnership and mutuality,” and a resultant “disempowerment [which] was in many cases based on significant resource dependency on state finances,” (Cunningham, 2011, p.8). Quasi-market approaches to procurement and re-tendering often manifest themselves in a pronounced deterioration in terms and conditions of employment (Cunningham and Nickson, 2011) characterised by a greater emphasis on target-setting over strategic HRM (Baluch, 2016) which leaves working conditions significantly more challenging (Newton, 2003). Those who fund care play “a key role in determining what kinds of services are being made available through the commercial and voluntary sectors and how these are delivered through contracts which specify in great detail the services which it is willing to purchase” (Dominelli and Hoogvelt, 1996, p.46). In Scotland, for example, the prevalence of non-exclusion policies has resulted with increased funding often being associated with hard-to-serve client groups who often exhibit challenging behaviour. This essentially creates incentives for providers to develop speciality niches and leaves employees increasingly vulnerable to verbal and physical abuse (Baines, Cunningham and Fraser, 2010, p.333-43). Furthermore, a perverse incentive exists whereby “meeting or exceeding benchmarks will almost inevitably lead to cutbacks and redeployment of resources,” (Baines, 2006, p.203) and so in many cases the meeting of targets is actively intensifies work. This leads to an acceptance and normalization of excessive work demands, and diminished pay and conditions (Cunningham, Lindsay and Roy, 2015). For those who work in the sector, “temporariness is closely aligned with the fostering of precariousness” (Shields,

2014, 274), which manifests itself in virtually every feature of the employment relationship (Standing, 2014, p.17).

2.2.6 – Mission Drift and Organisational Identity

Even if a neo-liberal ‘quasi-market’ model (Evans and Shields, 2002, p.150) can make voluntary sector organisations more commercially and financially viable, they also serve to “compromise their political and financial autonomy, erode their organisational identity and turn them away from their original mission” (Browne, 1999, p.208). Diefenbach (2009, p.905) asserts that NPM “bulldozes” values and ideas that do not fit its paradigm, which has significant implications for the moral and ideological underpinnings which make the voluntary sector unique. For example, through factors such as ‘mission drift’ (Cunningham, 2008), NPM may impair voluntary organisations’ ability to act as advocates and lobbyists (Cunningham and James, 2011, p.3), and therefore have a detrimental effect on the sector at large. Whereas in many cases there is no discernible advantage in relation to overall efficiency (Carson et al. 1999; Staw and Epstein 2000; Butterfield et al. 2004), many organisations actually see a reduction in performance as enumerated by NPM based auditing practices (Diefenbach, 2009, p.896). Carey (2008, p.918) notes that “many of the promises made about privatisation, including that it would create a more efficient and effective structure for the delivery of social care, have never materialised” (cited in Davies 2011, p.26). Similarly, The Commons Public Administration Select Committee (cited in Davies, 2011, p.27) note that, “too much of the discussion is still hypothetical or anecdotal.”

2.3 – The Impact of NPM on Voluntary Sector Employment in the Context of Austerity

While no universally accepted definition exists, in the context of the 2008 recession and its aftermath, austerity is widely accepted to be an explicit and purposeful reduction in public expenditure undertaken by Conservative-led governments from 2010 onwards (Cunningham, 2016; Bach, 2012; Clarke and Newman, 2012). While the June 2010 UK Budget forecast what then Prime Minister David Cameron termed the “Age of Austerity” to last roughly five years, subsequent budgets have extended this, up to and including the March 2017 Budget, proposing that public spending cuts will continue until at least 2020. The Conservatives election manifesto released in May 2017 states cuts will continue until 2025.

While austerity in the UK exists in within specific context, the results mirror that of other developed economies. The UK and Canada, for example, have both experienced NPM’s pre-austerity drive for efficiency and accountability (Baines, 2004, 2006; Evans, Richmond and Shields, 2005), and a subsequent intensification of resulting from austerity itself. In comparing the two, Cunningham, Baines, Shields and Lewchuk (2016, p.459) draw attention towards specific similarities, noting that:

...funding to non-profits was increasingly insecure, which, coupled with growing demands for services from under-served, vulnerable communities, resulted in a tumbler effect in which precarity operates at multiple levels, amplifying and reinforcing experiences of instability and uncertainty for organizations and the workforce [...] The changes in employment conditions suggest austerity policies precipitate shifting relations of control between management and workers, bringing greater insecurity and precarity for the labour force.

In relation to the workforce, this culminates in a degradation of the terms and conditions of employment and job quality (Baluch, 2016). This impacts factors such

as pay and benefits, job security, working time, work intensification, impact on skills and training, all of which will now be discussed.

2.3.1 – Pay and Benefits

While no universally accepted definitions of job quality exist (Carre et al., 2012; Gallie et al., 2012), one of the more obvious means of ascribing value to work is through pay. Comparatively low wages are a longstanding feature of non-profit terms and conditions, in part as a means of attracting workers less concerned with monetary reward (Leete, 2000; McMullen and Schellenberg, 2003; Shields, 2014) which feeds into the self-sacrificing behaviours of employees (Baines and Cunningham, 2011), effectively creating a form of self-selection within the sector (Ridder and McCandless, 2010; Burt and Scholarios, 2011).

Strengthened by austerity, NPM-driven quasi markets act as a regulatory force over non-profit organisations, effectively becoming the chief deterrent of wages (Charlesworth, 2010). This results in a lack of ability to award and maintain wage increases, or to keep pace with inflation, and in some instances pay freezes (Cunningham et al., 2016). Pay has suffered significantly, with length-of-service or skill having little upward impact (Rubery and Urwin, 2011; Grimshaw and Carroll, 2002). Similar trends can be observed in relation to pension provision (Atkinson and Lucas, 2013; Machin and Manning, 2004; Berg and Frost, 2005). In consequence, substandard financial reward is “a source of frustration for many and hardship for some [resulting in] a sense that people are being sent a message – that care work is not valued by the state or society,” (Cunningham, Lindsay and Roy, 2015, p.24). Persistent low pay may be an indication of, or indeed, a deterrent of how social care work is valued (Lessig, 1998; Charlesworth, 2010).

2.3.2 – Job Security

Another key deterrent of job quality is employment security, comprised of job and income security (Rubery and Urwin, 2011; Harley et al., 2007). Low job security emerged as a significant issue prior to 2008 (Barnard, Broach and Wakefield, 2004) due to increasing market pressures (Marchington et al., 2003), and has been amplified by the recession and the government's austerity response (Cunningham et al., 2016).

Specific challenges have arisen to job security pertaining to short-term funding contracts (Martin and King 2008; McDonald and Charlesworth 2011), part-time contracts (Yeandle et al., 2006; Eborall and Griffiths, 2008) and zero-hours contracts (Cunningham, 2016, Cunningham and Nickson, 2010). This relates not only to whether hours are available, but when – Brinkley (2013, p.3) noted that “75% of those on ZHCs say they hours vary each week, compared to 40% of employees not on ZHC.” The issue of guaranteed hours is further intensified by the increasing influence of service user preference, empowered by SDS. The instability and unpredictability which results (Martin and Healy, 2010), has been described by some as symptomatic of a casualization of work in the sector (Cunningham and Baines, 2014; Dawe et al., 2008; Charlesworth and Heron, 2012). Service closures, redundancies and management delaying result in “survivor syndrome” (Appelbaum et al., 1997; Armstrong-Stassen, 1994; Armstrong-Stassen and Latack, 1992; Brockner et al., 1993), where employees experience increased anxiety, stress, and guilt at remaining employed while many of their colleagues were not so fortunate.

2.3.3 – Working Time

Non-profit organisations are often said to prioritise flexible benefits over material rewards such as wages, sick pay and pension provision. So-called ‘family-friendly’ policies (Atkinson and Hall, 2009; Brannen and Lewis, 2001) are particularly

important in sectors which rely disproportionately on female workers (McBride, 2003). However:

...flexibility in work schedules can be a double-edged sword. On the one hand, it can offer opportunities for balancing work and family responsibilities. On the other hand [...] flexibility may work more strongly in favour of the employer if it means shift work, over-time or insufficient hours, being on-call, and working nights and weekends (McMullen and Schellenberg, 2002, p.44, cited in Shields, 2014, p.263).

Unpaid overtime is a longstanding feature of the non-profit employment relationship, and in an NPM-intensified context, is especially problematic, as its widespread acceptance creates the illusion that contracted hours are adequate when they are not, which in turn can lead to new, more demanding targets (Baines, 2006). Non-participation in unpaid overtime can be frowned upon, and could reduce or even remove employees' access to paid overtime, training, promotions, and rolling short-term contracts (Baines, 2006). The increasing prevalence of unsociable hours (Rubery and Unwin, 2011) and sleepover shifts (Cunningham, 2011), intensified by the growing importance of service-user preferences, further exacerbates the negative impact of so-called flexibility on employees. Flexibility pertaining to sickness and holidays typically involves swapping shifts with colleagues (Atkinson and Lucas, 2013, p.303-4), and hinges upon good working relationships and negotiation among colleagues, rather than as a result of specific organisational policy. Additionally, the lack of payment for time spent travelling between service users homes (Cunningham, Lindsay and Roy, 2015) further entrenches the notion that time out-with contracted hours is unrewarded.

2.3.4 – Work Intensification

Another key determinant of job quality which has been significantly impacted by austerity and NPM-style working practices is intensification and deskilling (Jimmieson et al., 2016; Cunningham, Lindsay and Roy, 2015). A significant increase in practices such as unpaid overtime (Baines, 2006; Heron and Charlesworth, 2012), working through breaks (Cunningham, Lindsay and Roy, 2015), and greater numbers of service users (Cunningham, 2016) can be observed over the last two decades, and has intensified considerably within the context of austerity.

With regards to the delivery of care, NPM based attempts to quantify productivity can only claim to be useful in relation to behaviours which can be accurately assessed. As many of the key competencies required of social care workers are not “observable behaviours” (Bunning, 2004) it can be extremely difficult to establish what constitutes good practice. Consequently, performance criteria is not necessarily a reliable or accurate means through which to evaluate success or determine funding. Even in professions where factors such as training, qualifications, associated costs and predicted career patterns are more readily measurable, annuitizing the cost of human capital can be tremendously difficult (Netten and Knight, 1999), as such a wide range of interconnected factors have the potential to exert a varying influence (Woodrow and Guest, 2014; Grant et al., 2007). The sheer variety of skills required and their often intangible nature, compounded by the plethora of contexts and the variety of different kinds of service user to be catered for, makes it virtually impossible to account for all the factors which comprise performance. Put simply, “NPM’s strategic orientations are simply too narrowly defined and are based on too artificially and narrowly designed concepts of measurement and accountability” (Diefenbach, 2009, p.895). Consequently, there is often a significant dichotomy between how these competencies are evaluated in principle, and the ones which are most beneficial in practice. Structures of reward which motivate some employees may not necessarily motivate others (Lazear, 2000) and the reasons for this are not always explicit. Even where it is possible to institute

a structure based on performance targets, standardised goals can leave poor performers behind and high achievers unchallenged.

In order to facilitate NPM-style accountability, decentralisation of particular responsibilities from central HR functions to line managers has become commonplace in non-profits. In principle, this standardisation allows for more reactive and efficient service, and formalises localised initiatives (Heraty and Morley, 1995). It is widely reported that line-managers are more likely to fully appreciate the needs of their own staff (Whitaker and Marchington, 2003), that devolvement of responsibility affords them the opportunity to develop by practicing their decision making skills (Budhwar, 2000) and build a comprehensive network of contacts and support (Storey, 1992). In practice, however, there is “a definite tendency in almost every case for line managers to put the needs of the business before the development of people purely because this was rewarded,” and that in consequence, “it is likely that ‘people management’ issues will be taken less seriously than production or service goals,” (Whitaker and Marchington, 2003, p.250-255). By placing an overwhelming emphasis on financial concerns, and in effect reducing the role of line-management to ‘budget holders’, line managers are only able to operate within strictly pre-designated confines. Cunningham and Hyman (1996, p.22) concluded in regard to this dynamic that:

...the delivery of HRM practice is used only as an instrument to achieve short-term financial targets. In our two case studies it was clear that line managers’ concerns over reaching budgetary targets constrained their ability to develop a long-term, positive change in the employee relations environment.

New responsibilities are foisted upon line-managers as a means of quantifying performance, for example, return-to-work interviews as a means of controlling absence management more closely (Cunningham, 2011), which often makes employees feel unable to take sick leave even where it is necessary (Taylor et al, 2010). This situation can create undue pressure which may lead to greater vulnerable to burnout and stress (Lait and Wallace, 2002; Kirkpatrick et al. 2005). There is considerable evidence to suggest that, “short-term absences may represent

‘healthy coping behaviours,’ and that workers who exhibit these, “are less likely to become long-term sick,” (Taylor et al, 2010, p.276-7; Kivimaki, 2003). What is more, this risk does not merely extend to employees. As a participant in Taylor et al.’s (2010, p.282) study observed, the “main reason for sickness is never being able to recover fully, coming to work and spreading it.” In this instance, NPM-style target-setting may be directly at odds with service users’ best interests.

2.3.5 – Skills and Training

Access to training is a tangible feature of the employment factor, in the same manner as statutory sick pay or holiday entitlement (Ironsides and Seifert, 1998), and is highly valued by social care workers (Martin, 2007). In consequence of austerity policies, however, opportunities are often uneven (Devins et al., 2014). As has been discussed, non-profit social care is undergoing austerity driven deskilling, and yet simultaneously undergoing a process of skill formalisation, with Scottish Vocational Qualification Level 3 (SVQ3) becoming a mandatory requirement for all employees from October 2017. This is often accompanied by cuts to learning and development budgets, meaning that employees often have to use their own money and time.

Training needs are largely identified via appraisal and supervision, which also are highly valued by care workers (Clarke, 2015). Many organisations accept students on placement, who then go on to become paid employees (Atkinson and Lucas, 2013). While care workers can progress to senior care worker level, this typically is not accompanied with a financial reward (Berg and Frost, 2005). As a result of financial constraints, progression often becomes stagnant (Appelbaum and Leana, 2013).

As social care employees do not work towards easily quantifiable targets, attempts are made to standardise employment, which often involves a level of deskilling. Attempts to eliminate tacit knowledge from individuals removes individual autonomy and discretion, which are instrumental to intrinsic satisfaction and motivation (Cunningham and Hyman, 1996). The elimination of employees’ ability to

influence how they perform their role not only results in their being easier to monitor, but also easier to replace. This 'inter-changeability' of employees leads to a subsequent rise in temporary, part-time and voluntary workers (Baines, 2006), which lowers the cost of labour, and can be perceived as a direct challenge to professional status and damaging to bargaining power. It is also noteworthy that attempts to forefront skill flexibility are rarely absolute, and tend to result in "increased skill polarization within the workforce, rather than the purported 'empowerment of all'" (Baines 2004, p.279-280). This skill polarization can lead to friction between different groups, a decrease in information sharing, less familiarity with individual service users, and a general lowering in the standard of care.

2.3.6 – Involvement, Participation and Trade Union

Activity

Union membership is historically lower in the non-profit sector (Cunningham, 2000, 2001; Pynes, 1996; Baines, 2010; Peters and Masaoka, 2000) for a number of reasons. As social care workers' ideological motivations have been shown to create unease at the proposition of leaving service users without the appropriate level of care (Baines, 2006), the threat of strike action may not carry the same weight as it does in other sectors, and can contribute towards anti-union sentiments in management and staff (Bach and Kessler, 2012). Funding cuts can have a significant impact on whether or not organisations can afford to unionize (Charlesworth, 2010), and the high number of smaller sized organisations often obstructs union recognition (Cunningham, 2000). Remote, small-scale workplaces and rolling shifts often prevent staff from have the opportunity or platform to discuss collective action.

In a non-profit context, union members are often perceived as "trouble-makers who would disrupt the team and family culture of the organization" (Cunningham et al., 2016, p.467), undermining self-sacrificing behaviours (Baines and Cunningham, 2011) by actively asserting themselves. The austerity-driven job

market means that less alternative forms of employment are available, and so staff may be more reticent to identify themselves as union members. Circularly, degradation of terms and conditions can serve to keep union membership at an artificial low, in that an absence of funding for training denigrates workers' collective bargaining power (UNISON, 2005), which is "central to the development of the public service ethos, providing a framework for minimising disruption through industrial conflict" (Ironsides and Seifert, 1998, p.71).

Not only is union membership and mobilisation lower in the voluntary sector than elsewhere, it is lower more generally in Scotland than the rest of the UK (Fair Work Convention, 2016). The result is a weakened capacity for collective action where the influence of involvement and participation is more aspirational than real (Alcock, 2010; Frumkin 2009). In the current climate, union presence is "slim or under threat," (Cunningham, 2017, p.16).

As can be seen, the impact of NPM on employment in the voluntary sector in the context of austerity is extremely variable, and the impact on employees is largely negative. Any potential gains "may be achieved at the cost of other, less desirable effects" (Pollitt, 2000, p.192). The other aspect of NPM-driven change which this thesis is interested in is the impact of the emphasis on customer service and sovereignty. The above studies of state relations with non-profits, and their impact on the latter's employment policies, focus on NPM's impact on the labour process of care (Baines, 2004; Charlesworth, 2010; Cunningham, 2016a). In contrast, they reveal little regarding the implications of NPM's notions of the service user as customer (see Hood, 1991) on non-profit working conditions. In Scotland, there are major policy changes that are bringing greater emphasis on customer service in public services such as social care, which the chapter will now outline.

2.4 – Personalisation and Self-Directed Support

By far the most significant change in voluntary sector service provision in recent years is the introduction of personalisation and SDS. Recent legislation through the

Social Care (Self-directed Support) (Scotland) Act (2013) is designed to encourage greater personalisation of services and user involvement through the increased use of Direct Payments (DPs) and Individual Budgets (IBs) (Kettle, 2015). At its essence, direct payments and personalisation seek to empower service users by elevating them to a position where they can define their own care and support, rather than it being dictated to them. In Scotland, the aforementioned 2013 Act allows four options to be made available to service users, which are:

Option 1 – The making of a direct payment by the local authority to the supported person for the provision of support;

Option 2 – The selection of support by the supported person, the making of arrangements for the provision of it by the local authority on behalf of the supported person and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of that provision;

Option 3 – The selection of support for the supported person by the local authority, the making of arrangements for the provision of it by the authority and, where it is provided by someone other than the authority, the payment by the authority of the relevant amount in respect of the cost of that provision;

Option 4 – The selection by the supported person of Option 1, 2 or 3 for each type of support and, where it is provided by someone other than the authority, the payment by the local authority of the relevant amount in respect of the cost of the support.

Numerous authors (e.g. Glasby and Littlechild, 2009; Duffy, 2010) draw attention to the wide range of studies which illustrate how direct payments and personal budgets have enhanced the level of choice and control that service users have over their own care package. Needham (2011, 9.57) cites an In Control report, which reviewed the

implementation and outcomes of personalisation from 2005 to 2009, which stated that “more than two-thirds of people using Personal Budgets reported that the control they had over their support (66%) and their overall quality of life (68%) had improved since they took up a Personal Budget” (Tyson et al., 2010, cited in Needham, 2011, p.57). Personalisation is premised on the assertion that people are “experts on their own lives” (Poll, 2007, p.53; Leadbetter, 2004), are better able to assess their own needs, and have the most to gain by allocating the resources available to them in an effective and cost-efficient manner. This has culminated in a virtually sector-wide acceptance of the notion that, “there is now no serious alternative to the principle that services should be tailored to individual needs circumstances and wants” (Mansell and Beadle-Brown, 2005, cited in Needham, 2011, p.55).

While the effects of personalisation are most commonly discussed in relation to service users, and rightly so, it also impacts organisations, in that they must now cater to increased demands for more specialised, bespoke and individual levels of care. Service users are not given more money than they would be entitled to out-with personalisation, therefore it can be concluded that they are expected to achieve an increased level of care without an increased cost. In other words, more for less (Alcock, 2010; Shields, 2015; Kimel, 2006; Cunningham, 2017). In this sense, the demands of NPM and personalisation converge, and create a compound pressure to which voluntary sector organisations and their employees are expected to adapt to, all the while maintaining high standards of care. It could even be argued that, due to the increased and often unrealistic expectations which service users are left with, they are expected to significantly outperform their previous service delivery (Diefenbach, 2009; Kirkpatrick et al. 2005).

Conceptually, personalisation is both extremely eye-catching and tremendously topical. Consequently, in the arena of party politics, it attracts a great deal of attention from all sides:

The policy appeals across the political spectrum [...] Conservative commentators can applaud its market-like characteristics, while for New Labour the policy resonates neatly with the broader thrust of the choice in

public services campaign (Fernandez et al., 2007, p.99, cited in Duffy et al., 2009, p.499).

In other words, a number of different groups attempt to lay claim to personalisation as a component of their own agenda, and for markedly different reasons (Eccles, 2011; McConnell, 2010), leading some to describe it as a “‘political football’ [...] subsumed by wider politics,” (Eccles and Cunningham, 2016, p.105). This can serve to muddy public perceptions of personalisation as a cohesive approach. This is especially important, given that, as it has not yet been instituted in a consistently widespread and consistent manner, causal forces and claims of success or failure are currently largely subject to interpretation.

In the Scottish context, SDS and personalisation may be of a distinctly different nature than elsewhere in the UK. For example, personalisation as a policy initiative was implemented nearly four years later in Scotland than in England (Manthorpe et al., 2015, p.1), directly into the context of post-recession austerity. Moffat, Higgs, Rummery and Rees Jones (2012) in part ascribe later implementation and lower uptake to a generally lower level of enthusiasm for personalisation. Conversely, Manthorpe et al. (2015, p.2) argue that there is a great deal of support, citing the Association of Directors of Social Work (ADSW) and the Scottish Government as “prime supporters of SDS,” but acknowledges there is a lower participation of SDS than elsewhere in the UK. This could be regarded as evidence of a greater need for transitional funding to ensure that SDS can be introduced without jeopardising existing standards of care (Manthorpe et al., 2011). Eccles and Cunningham (2016, p.7) note that:

The Scottish approach is less target-focused and offers, via the four options that underpin SDS policy, a more flexible – for both service users and agencies - set of possibilities for implementation. However, this approach cuts two ways. It offers some relief from a performance-based approach in an area of untested policy. It also introduces the possibility for personalisation *not* to be pursued with the same energy as it otherwise might.

These differences in context, approach and scope mean that the Scottish and English situations are not immediately comparable (Eccles and Cunningham, 2016; Vincent and Harrow, 2005).

In Scotland, the increased focus on SDS is widely accepted to have begun with the Community Care and Health (Scotland) Act, 2003, and has expanded its reach several times since through increasing eligibility. While the Social Care (Self-directed Support) (Scotland) Act (2013) has seen a significant take-up, but this may not be commensurate with the levels required or desirable. The influence of devolution exerts an influence over this dynamic (Mooney and Poole, 2004; Keating, 2005; Fyfe et al., 2006; Moffat, et al., 2012), and it is also possible that the Scottish context sees a significantly increased ideological resistance to the perceived privatisation of care (Pearson, 2000; Riddell et al, 2006; UNISON, 2012). The dynamic is influenced by demographics and regionality, partly informed by the urban/rural dichotomy, and also by different local authority practices (Craig and Manthorpe, 1999; Cunningham and Nickson, 2013). These factors are compounded by a lack of information relating to elements SDS which until relatively recently were regarded as niche, such as the direct employment by service users of personal assistants (PAs). Indeed, Reid Howie Associates (2010, p.3) researching on the behalf on the Scottish Government found that “there is virtually no published information on the nature of the PA workforce in Scotland.” Low DP uptake has been characterised in part by “lack of awareness from front-line workers and managers, and the need to invest in advocacy and support,” (Rummary et al., 2012, p.7). This view is supported by conclusions drawn from Ridley et al.’s (2011) report into SDS test-sites in Scotland found largely that the approach was hampered by misconceptions of its true purpose, on the part of service users and employees. This ambiguity also raises the potential that personalisation may become misconstrued – intentionally or otherwise – as a prime target for NPM-informed cost cutting.

As has been established, it is generally agreed upon that service users, where able and willing, will act as cost-efficiently as possible, and as a consequence, “very few limits need to be placed on the autonomy of service users because they have little incentive to do other than spend the money in ways that will meet their care needs” (Glasby and Littlechild, 2009, p.125). Similarly, Duffy et al. (2009, p.504) state

that incidences of funding misuse are relatively low. In terms of monitoring service users to ensure funds are being used responsibly and accurately, this is an additional layer of governance which will again be subject to increasing NPM-based practices, which may prove time consuming, expensive, and self-defeating (Duffy et al., 2009, p.503). In Control (2010) concludes that forcible “claw-backs” are inappropriate, costly, and ineffectual. If personalisation is intended to be empowering and participatory, stringent methods of control relating to expenditure could prove counter-productive.

Out-with the sphere of outright ‘manipulation’, attempts by service users to allocate their resources in the most cost-effective way possible is often regarded as one of personalisation’s key strengths, and most saleable features. However, if there exists a tendency amongst service users to discuss their budgets with one another (Ellis, 2007), this may introduce a new type of competitiveness – competition between service users to use their provision most cost-effectively. This could represent a completely new source of compound intensification for social care employees.

Spicker (2013) draws attention to two key assumptions associated with personalisation strategy – that it will promote choice, and that its inclusiveness will facilitate joined-up services. These two points are often mentioned in conjunction with one another, and while they are conducive to the common goals of inclusivity and continuity, they are not necessarily causally related. Furthermore, if increased efficiency does mean reducing the number of ‘unproductive’ hours (and removing from the equation for a second how we establish what constitutes ‘unproductive’), this will also reduce the capacity to re-resource at short notice and make allowances for the changeable nature of care requirements which effectively characterises the voluntary sector. For example, the decreasing use of retention payments, typically made to employees to retain their services when a service user has been taken into hospital, means less continuity of care for individuals. So, in its capacity to increase cost-effectiveness, reduce ‘unproductive’ hours and simultaneously making care more bespoke, personalisation could inadvertently undermines the notion of joined-up services, and in fact, further fragments the process of care.

With regards to how personalisation is communicated to employees, a distinction needs to be made between front-line staff who deliver care, and managerial staff who contribute to the formulation of care packages, and senior management which controls organisational policy and direction. As the latter group are effectively solely responsible for communicating personalisation to service users, their understanding and interpretation is instrumental to its roll-out, uptake and success. For example, Ellis (2007, p.413) remarked that social worker interviewees “frequently used verbs such as ‘let’, ‘allow’ and ‘give’ in relation to [funding] allocation.” Establishing something as fundamental as whether the allocation of funds is a privilege or a right is imperative to ensuring that all parties have a common understanding of the purpose of personalisation.

It can therefore be suggested that a crucial outcome of personalisation is that it begets more NPM, which compounds the pre-existing pressures which result from competition caused by contract-based funding and post-austerity policy approaches such as Big Society. While a level of debate exists with regards to how this impacts the voluntary sector at an organisational level, the majority of academic studies which address the issue at employee level tend to reach similar conclusions:

Empirical findings repeatedly and consistently show that NPM’s impact on employees and corporate culture of public sector organizations comprises a whole range of negative psycho-sociological and organizational effects, such as: increase in occupational stress, illness, low morale, decline in job satisfaction and motivation, alienation, fear, resentment, the distorting intellectual effects of writing for audit, a competitive, adversarial and punitive ethos, as well as wasteful, stressful, over-bureaucratic, and expensive audit procedures, increased tensions, more distrust between people, forms of symbolic violence and institutional bullying, a rougher working climate, an invisible net of managerial power and domination (Diefenbach, 2009, p.904-5).

In light of these pressures, organisations are faced with the unenviable decision between conserving funds by either lowering the standard of care for service users,

or degrading the terms and conditions of employment. Lower wages and uncompetitive employment packages have been linked to high levels of turnover and labour shortages (Rubery et al., 2013). Wilding et al. (2004) found that 47% of UK voluntary organisations experienced recruitment difficulties, and cited inadequate career progression, precarious job security and poor wages as chief causes (Nickson et al., 2008). One consequence of this situation has been a lowering in the standard required of new employees, which contributes to a workforce which is ill-prepared to cope with the realities of the role, and in turn lower the quality of care which is delivered. The resulting resentment amongst existing employees may make them less likely to assist less experienced staff and participate in organisational citizenship behaviour (OCB). This promotes instability, and reduces the level of commonality and shared ideology amongst employees. In other words, even where organisations try to conserve the level of care by not directly reducing services, by degrading the terms and conditions of employment, they still do so, albeit indirectly.

The degradation which employees must endure as a result exists in a variety of forms, and some are more instantly recognisable than others. For example, failure to keep pace with inflation in regards to wages is a very obvious and referencable challenge to the employment relationship. Other factors, such as intensification leading to an inability to claim sick days or holidays (Taylor et al., 2010) is more difficult to formally identify. The legal statutory right still exists, and the terms and conditions of employment remain technically intact, but employees may be unable to act upon these things to which they are officially entitled. This has been described as a 'hollowing out' of the employment relationship (Rhodes: 1994; Jessop, 2002; Jessop, 2004; Shields, 2014), and affects every vestige of working life (Rubery and Urwin, 2011).

2.5 – Evaluating the Impact of Austerity and Personalisation on Non-Profit Organisations

It is abundantly clear that, regardless of their origin, neo-liberal market-based business practices have created a distinct shift in the way in which the voluntary sector operates. Evans and Shields (2002, p.146) note that terminology such as ‘market’, ‘consumer’ and ‘client’ are becoming the new “conceptual furniture of the neo-liberal project.” The observable results can be perceived as an increasing “commodification of services” (Adcroft and Willis 2005, p. 386), “commodification of care” (Ungerson, 1997, p.362), and “the commodification of every part of life” (Protherough and Pick, 2002, pp. 156–7).

A number of literatures provide scope to examine this issue, including but not limited to industrial relations (Bellemare, 2000; Heery, 1993; Hickey, 2012), organisation studies (Rosenthal and Peccei, 2000; 2007), with a particular focus on the notion of end users as citizen-consumers (Bellemare, 2000; Kessler and Bach, 2011; Heery 1993; Heery and Frege, 2006). Bellemare (2000) suggests more fluid stakeholder interactions can be facilitated via the enhanced role of co-design, co-production and co-supervision, and other authors echo the notion of different stakeholders working in partnership (Snape and Taylor, 2004).

As Cunningham (2016a, p.3) notes, “optimistic accounts of personalisation stress a need to use ‘win–win’ language concerning staff and users working collaboratively co-producing services.” Recent research in the Canadian social services suggests that the role of the end user has gone “beyond the co-production of services, contributing to changes in the nature of direct support work,” (Hickey, 2012, p.590). However, as these approaches position the end-user as a hermetic figure largely sealed off from a socioeconomic or political context, they ultimately may not be the most appropriate means of conceptualising voluntary sector social care service users, who are effected enormously by the context of austerity. Indeed, as is noted by Rosenthal and Peccei (2007, p.201) “the literature offers little detailed understanding of how the customer is being presented an enacted in particular public sector contexts.”

2.5.1 – The Relevance of the Sociology of Service Work Literature

It is the contention of this thesis that the reorganised relationship in the voluntary sector which results from austerity and personalisation requires an analysis that utilizes aspects of the sociology of service work, with particular emphasis not only on pressures for rationalisation on service organisations, but also the role of the customer in shaping employment outcomes (Korczyński, 2000; Korczyński et al, 2002).

Customer terminology is commonly used in a wide variety of situations in everyday life, which blurs the distinction between general language and technical conceptualisations, and imbues it with a disproportionate level of legitimacy. Gay and Salaman (1992, p.618) go on to note that:

“The expression 'customer' has displaced other ways of describing those who are served by the organization. Those who travel by British Rail are no longer passengers; they are customers. The term has become paradigmatic, and represents a major shift in the ways in which the purpose and structure of work organizations is defined.”

Whereas previously this choice of language was used to describe a dynamic, now it is used to characterise one. This has significant implications with regards to the agency and decision making of either party, who consequently are contextualised within specific categories and definitions. The adoption of consumer and market based terminology is undertaken with specific goals in mind:

The renaming of service recipients as ‘customers’ [...] is partly informed by management using language to propound the enchanting myth of sovereignty in service interactions. Whereas the ‘customer’ is the sovereign a priori of mainstream economics, the ‘passenger’ exists only as a secondary actor in relation to the pre-existing railway. The language of the ‘customer’

therefore, is more likely to perpetuate the enchanting myth of sovereignty (Korczynski, 2002, p.63).

The use of the word 'customer' may not be intended to reflect sovereignty, but rather, foster it. While traditional conceptualisations customer service relations are typically imagined in relation to a for-profit setting, this is not the only context in which they operate. Gay and Salaman (1992, p.620) notes that increasing government legislation creates the myth of customer sovereignty, and through competitive tendering, formalises and emboldens the role of the customer in health and social care, which can in turn "casts a long alienating shadow over the experience of service work," (Korczynski, 2009, p.963).

The focus of the 'customer' and how it shapes employment in personalised social care services is a useful framework of analysis. Whereas previously, the dichotomy of insufficient resources was solely between the employer and the employee, direct payment and personalisation programmes have reorganised this relationship, which in some instances puts employees and service users in direct conflict with one another. The result is "zero-sum game of inadequate resources [where] one groups' gain tends to encroach on another's entitlements" (Baines, Cunningham and Fraser, 2011, p.332). Within this relationship, personalisation effectively puts the power into the hands of service users, creating a dynamic which could accurately be termed "management by customer" (Spicker, 2013, p.1261). In this context the employment relationship is effectively restructured from bilateral to trilateral, and as such "the power dynamic of the workplace shifts from a tug-of-war between workers and management to a three-way contest for control between workers, management, and service recipients" (Leidner, 1999, p.91). Furthermore, as noted by Taylor and Bain (2005, p.435) this "'triangle' is not equilateral." Whereas in a direct employee-employer relationship, employees may receive support from service users in their struggle against the degradation of terms and conditions, personalisation sees them in a situation where to do this would directly infringe upon their own needs.

Leece (2010, p.191) analyses the difference in relationship between service users and employees in relation to conceptualisations of power, and asserts that

those who participate in direct payment programmes have the power to “choose their worker and shape the relationship; determine the boundaries of the relationship; be more reciprocal and to set the agenda; set the terms and conditions of employment; make their interests take precedence.” One of the most important things which can be gleaned from this discussion in terms of employee relations, is that employees are more culpable in terms of mediating the expectations and demands of service users. In traditional employer-employee relationships, employers serve to act as a buffer between intensification which arises directly from service users. Where this force is removed, employees may be particularly vulnerable, especially in light of their reduced capacity to reject intensification due to more ethical means of motivation. In this sense, personalisation could be described as achieving greater efficiency and cost-effectiveness, whilst maintaining the approval of service users themselves, who are the most vulnerable and also the most vocal group in the equation. Where this leaves those who provide care is uncertain.

2.5.2 – A Customer-Oriented Bureaucracy?

The reorganised relationship in the voluntary sector which results from austerity and personalisation is particularly compelling when examined in relation to the sociology of service work and customer-oriented bureaucracy (Korczyński, 2002), a conceptual tool which has already been utilised in the voluntary sector social care setting (Cunningham, 2016; Cunningham et al., 2016). The two are compatible for a number of reasons. Firstly, COB and SDS both seek to ‘enchant’ or ‘delight’ customers (Korczyński, 2002) with a view to securing their continued custom. Secondly, by shaping organisational policies such as recruitment, training, retention and workforce planning (Baxter, Wilberforce, and Glendinning, 2010), service users are changing the nature of work via their preferences. Thirdly, they both involve a balancing of cost and quality. Additionally, “COB is not a prescriptive construct as it leaves open how management resolves these dilemmas and tensions, and they can

differ in various service settings,” (Cunningham, 2016 p.2). Korczynski (2013, p.1) notes within the concept of COBs, there is a variety of different levels of customer influence, and outlines three distinct approaches:

- 1) an approach which sees worker–customer relations merely as an additional dimension;
- 2) an approach which sees the customer’s role as having knock-on implications for a limited number of dimensions of work organization;
- 3) an approach which sees implications of the customer across the whole of work organization.

Given the objectives of personalisation, it may be reasonable to expect the findings of this thesis to reflect the third position; given the constraining context of austerity, it may be more realistic to expect the second.

The COB construct has already been utilized to an extent in research on the voluntary sector. Cunningham (2016; Cunningham et al., 2016) has highlighted changes to HR policies and processes, such as recruitment, which was altered to encourage greater customer involvement in processes and selection decisions. Traditional forms of control were also seen to be altered by the influence of the customer; for example, sickness absence procedures were seen to be tightened to ensure consistency of service to foster customer satisfaction. Changes to work organisation could also be observed via the changing a move towards greater flexibility in order to accommodate unpredictable customer demands.

As with personalisation, COB serves two main imperatives; to reduce costs and improve quality (Korczynski, 2002). As these two objectives are, in a sense, contradictory, the role which HRM plays is key. Korczynski (2002, p.56) asserts that, in order for a customer-oriented bureaucracy to function, HRM must “promote the dual-focussed, efficient, committed and customer-oriented worker behaviour that is required [and] can offer a range of approaches to cope with the inevitable ensuing tension.” In other words, it is expected that this approach will present a challenge to

employees, even upset them to the point that HRM must intervene and mediate. Fuller and Smith (1991, p.2) conceptualise the notions somewhat differently, stating that, “we [the authors] understand customer control as a management response to an old, but somewhat altered, imperative: to simultaneously exclude workers from exerting genuine control yet secure their participation in the process of production.” While this interpretation differs significantly from Korczynski’s definition, which is widely regarded to be the most accurate method of understanding service work of this nature, one thing is strikingly similar – that each approach places an irresolvable tension directly onto customer-facing staff. Korczynski (2002, p.58) goes on to note that “through the lens of the customer-oriented bureaucracy HRM is interpreted as functioning primarily as a means to create and maintain a fragile social order out of the contradictory pressures underlying service work.” Consequently, HRM can be a mediating presence, and can compensate for the pressure which a customer-oriented bureaucracy brings, but it cannot cure the ill entirely, because it is only capable of treating the symptom (i.e. tensions caused by customer control) and not the cause (i.e. customer control itself).

The most obvious way in which customers exert control over the performance of service work is through customer feedback. Within the context of a situation whereby customers have been purposefully endowed with increased power and voice, the methods of collecting this as being either “company-instigated or company-encouraged feedback mechanisms,” (Fuller and Smith, 1991, p.6). The distinction between the two is extremely telling; a company which *facilitates* customers in providing feedback should they choose to do so (for example, having procedures to accommodate complaints or compliments) may have significantly different objectives than one which *actively encourages* them (such as surveys set out with the explicit purpose of collecting feedback with the intention of acting upon it). Where feedback is *facilitated* at organisational level, there is evidence to suggest that employees will act as advocates for customers (Korcsynski, 2002, p.98), which represents the addition of a new task to their role. Where it is *actively encouraged* by organisations, and is translated into KPIs, employees begin to “self-manage” (Bolton, 2002, p.134) and alter their delivery of service accordingly. In either eventuality, a new responsibility is placed upon front-line staff. It could also be

argued that, in a situation where customer service is an ongoing relationship as opposed to merely a single-instance transaction, this may imbue service users with a level of power which is inappropriate to the nature of the relationship.

As can be seen, elements of the customer oriented bureaucracy resonate strongly with the emerging situation in the voluntary sector, yet certain features are not entirely fitting. In relation to one of the biggest issues of debate – the extent to which service users can accurately be described as sovereign customers – caution is advised. Out-with the social care context, where the role of the customer is emphasised, it has been observed that organisational priorities can shift in favour of “meeting the demands of the ‘sovereign’ consumer [which] becomes the new and overriding institutional imperative’ (Keat and Abercrombie, 1991, p.3). It is prudent to be mindful of Korczynski, Shire, Frenkel and Tam’s (2000, p.678) analysis of their own findings, where they noted that “management attempted to make use of the customer as a legitimising figure in order to try to create surface symbiosis out of structural contradictions.” In this sense, it could be argued that organisations’ increasing customer focus imbues them with the ability mobilise commitment and motivation amongst employees to intolerably intensified levels, which they may be compelled to do by the increasingly challenging nature of short term funding relationships and the necessity to appear cost effective. As Korczynski (2002, p.59) notes

“There are two dimensions central to the debates. The first dimension concerns whether customers’ behaviour is informed primarily by their own agency or is determined by the structures of producing organisations [...] The second dimension concerns the degree to which customers are formally rational or formally irrational.”

These concerns, and some possible solutions, will now be discussed.

2.5.3 – Some Caveats to Adopting the COB to Evaluate Voluntary Sector Employment Relations

Despite the usefulness of the sociology of service work in general and the customer-oriented bureaucracy literature in particular, there are some caveats required for their use in this research. These pertain to the context of voluntary sector social care, the funding models prevalent, the relatively early stage of personalisation in Scotland when this research was conducted, and the factors which determine the extent to which service users can be described as ‘customers’.

2.5.3.1 – Sufficient Buy-in and Support from Local Authorities

As was previously noted, Scotland’s approach to personalisation contains limited examples of targets or key performance indicators (Eccles and Cunningham, 2016). Much of the implementation is also in the hands of Scotland’s thirty-two local authorities. Yet analysis of the role of local authorities indicates how they implement personalisation at different paces. Moreover, there are serious shortfalls in the skills and behaviours of local authority decisions in moving from standard time and task approaches to care to ones that focus on service user outcomes (Cunningham and Nickson, 2013).

Significantly, it is also the case that the objectives of enhancing ‘customer sovereignty’ will be undermined by the ongoing need for local authorities to make cuts to budgets. In this way, personalisation and improving customer control become subsumed or become a mask for an agenda for public service retrenchment (Cunningham and Nickson, 2016). In the latter conditions, the role of the customer in shaping employment outcomes will be minor in relation changes to terms and conditions and work organisation driven by wider material forces under austerity.

2.5.3.2 – Limitations on ‘Customer’ Ability to Express Choice

There are also potential individual limitations to customer influence over work in non-profit organisations. One of the most rudimentary issues in affording individuals the ability to choose their own care, is whether or not they have the ability to do so effectively. Even with significant assistance, not all service users are capable of making the complex decisions required. Regardless of ability, Thaler and Sunstein (2008, p.158) suggest that “the more choice you give people, the more help you need to provide.” Needham (2011) refers to this as the “tensions between user empowerment and user responsibility,” and draws attention to the fact that some service users want more control than they have been deemed capable of exercising; conversely, some want less. Certain individuals may not be comfortable with the responsibility associated with being culpable for their own care, or may prefer to defer to professionals for assistance. This can be an especially pressing concern when a service user suffers from mental health problems, as complications may exacerbate pre-existing conditions. Indeed, the general assumption that personalisation is a ubiquitous ‘force-for-good’ which all service users immediately want to participate in, is in part why many comprehensive and well-meaning studies give only “ambiguous results” (Glendinning et al, 2008). Additionally, what constitutes quality care is defined largely by the organisations and individuals which provide it. Even where service levels are quantified and standardised, care packages are comprised of a variety of different parties and situations. Service users as individuals often have complex situations which involve a number of influencing factors, such as physical and mental disability, old age, addiction and homelessness. Additionally, there is often an overlap between social care and health care, meaning that nurses, doctors, medical specialists and so on are also part of the equation. Where there is no standard ‘service’, information elicited from the ‘customer’ cannot be used in an objective manner to inform business practices.

2.5.3.3 – Managing Risk

Ellis (2007, p.407) notes that there is a pronounced “ambiguity over accountability for managing [the] risk” associated with deferring care-related choice to service users. Where pronounced mistakes are made, they then have to be rectified, and this type of disruption to service is impossible to predict. In consequence, there is a possibility for dependence on pre-existing patterns of provision (Ellis, 2007, p.413) on both sides – service users and employees alike may be hesitant to disrupt established routines which, while not necessarily perfect, have proven at least to be functional. With regards to less pronounced mistakes (for example, a marginal shortfall in hours) front-line employees may feel compelled to informally ‘pick-up-the-slack’, and experience a sense of intensification in consequence. So, while some service users do not have the ability to resource their own care, other may not have the inclination, and both eventualities have significant and distinctly different implications with regards the “roll-out” and the “take-up” of direct payment options.

2.5.3.4 – Lack of Customer Choice

The relationship between customer choice and customer constraint. Notions of “customer sovereignty” (Gay and Salaman, 1992, p.615) are key to determining, and therefore also predicting, what influences the decision making process which informs the purchasing of any item. The extent of sovereignty, however, in relation to the voluntary sector social care, exists within very specific confines. For example, in relation to most instances of purchasing, an individual can choose between different providers, or alternatively withdraw from the market altogether (Needham, 2011; Rabiee et al., 2009). In relation to the purchasing of care, which is required as opposed to merely desired, service users do not have the option to withdraw entirely. Korczynski (2002, p.60) touches upon this distinction in relation to customers being compelled by “need/satisfaction” and “desire/pleasure,” but in relation to medically necessary care the distinction is considerably more blurred. In

consequence, it can be said that service users as customers have considerably less sovereignty than most other purchasers. By virtue of Bolton and Houlihan's (2005, p.694) categorisation of the "mythical sovereign" customer, it is recognised that sovereignty and agency do not exist as an absolute out-with the theoretical realm, but again, in the voluntary sector the practical relationship is distinctly different than elsewhere. Whereas in a more standard customer-oriented bureaucracy the tensions exist typically between management and customer serving staff, or between competing organisations, the one which emerges in the voluntary sector is much more fraught with tension at a purchaser-provider level.

2.5.3.5 – Rejection of Customer Values

Another issue which distinguishes the direct payment purchaser-provider relationship is in relation to their role as 'co-producers' of care. Gay and Salaman (1992) draws attention to Sabel (1983), who notes that the scarcer a commodity is, typically, the more valuable it is. While this may be accurate in relation to most for-profit scenarios, it may not be the case with regards the level of personal investment which characterises a service users relationship with their chosen provider of care. Given the nature of the choice which service users are expected to make, they may purposefully seek out organisations that have values which resonate with their own, as a means of ensuring that future decision making will be to their benefit. Indeed, "a number of authors have suggested that increasingly, peoples roles as consumers have become more central to their identities than their roles as producers," (Korczynski et al., 2000, p.669). This could be said to resonate with conceptualisations of social justice, not unlike membership to a political party, trade union, professional body or, indeed, a charity. Consequently, service users may be more inclined to work with a provider to improve a service, as opposed to merely purchasing it. They may be less inclined to covet exclusivity, and instead find themselves drawn to the potential to maximise the benefit to themselves and other similar parties by contributing to a 'greater good'. In a sense, this could be described

as an extension of the voluntary sector's increased emphasis on ideology, and may suggest that it is not just experienced by employees, but also by service users.

2.5.3.6 – Labour Market Factors

Given that the success of personalisation and its accompanying aims of customer satisfaction are heavily reliant on the availability of a flexible and engaged workforce, it is concerning that a review by the Office of the Chief Social Work Adviser (2016) identified significant problems with both recruitment and retention. The study depicted these areas as an emergent crisis, anticipating that the coming years will see them worsen considerably, citing low pay as the principal cause of this, but also identifying insufficient local authority funding, job-market competition with other sectors, and the increasingly anti-social hours driven by greater flexibility demanded from workers as causal factors (Mulholland et al., 2016). The recruitment and retention issues which result were said to have detrimental consequences for service quality (Mulholland et al., 2016), and cast a shadow of doubt over the extent to which SDS service users truly have choice over who provides their service.

As a means of addressing these issues, the Scottish Government reconfirmed its commitment to the Scottish Living Wage (SLW) in adult social care in its December 2016 Spending Review for 2017/18. This review committed £107m to support the delivery of the SLW, with the espoused purpose of raising it to £8.45 per hour from the 1st of May 2017. The move was intended to fund the SLW to care workers supporting adults in care homes, care at home and housing support settings, and, where it had not already, adult day care workers and personal assistants (CCPS, 2016). The extent to which this will improve recruitment and retention in the long term as yet remains to be seen. It must also be noted that this currently applies to adult social care only.

2.5.4 – Utilizing the COB

In acknowledging the above caveats to customer influence over work and employment, the thesis turns again to the work of Korczynski (2000; 2002). The conceptual framework of this thesis retains the COB concept as a useful lens through which to explore austerity and customer influence over work. This is primarily because the COB construct acknowledges that all service organisations face rationalizing and cost cutting aspects, which in this study are linked to government austerity. In addition, the framework will explore the implications of the customer across the whole work organisation. Moreover, as will be shown in the next chapter, it will explore the contradictions between the competing tensions of customer sovereignty and service quality through utilizing the notion of ‘tensions of the social order’ of service organisations.

Korczynski (2013) acknowledges multiple outcomes relating to customer influence on work. Shaped by the work of Warhurst et al. (2009) which identifies minimal influence by the customer, this approach sees the customer as an additional dimension in work relations. Another outcome sees the customer’s presence as having implications, but in a limited number of aspects of work organisation, such as systems of control (Korczynski, 2013). The framework has to take account of the aforementioned caveats that imply a variety of different levels of customer influence on work and employment relations in voluntary organisations implementing austerity and personalisation; while some organisations are full COBs, some are partial (Korczynski, 2013). The extent of COB’s influence is determined by customer sovereignty, and is strengthened by bureaucratisation (Korczynski et al., 2000) which lies at the heart of neoliberal NPM.

2.6 – Chapter Conclusions

As can be seen, a combination of increasing marketization and NPM-style operating practices has evolved over a period of decades. In conjunction with public sector

reform and personalisation as legislated by the Self-Directed Support Act (Scotland) (2013), which positions service users as empowered customers, this has created a downward pressure within organisations which exerts itself ultimately on employees. The notion of “more-for-less” is inherent to austerity, marketization and personalisation, and is conceptualised candidly within the notion of customer-oriented bureaucracies, which explains how organisations approach the simultaneous desire to increase quality and reduce cost. This pressure is compounded by growing financial austerity which both includes and pre-dates the 2008 recession, and has resulted in a situation whereby the terms and conditions under which employees work are severely vulnerable. The economic climate and financial constraints which inhibit organisations also affect individuals, meaning that less people are able to accept the low wages and increasingly uncompetitive employment packages which voluntary sector social care has to offer. In consequence, the first two research questions are as follows:

1. What are the implications of austerity and personalisation, and the role of the ‘customer’, on employment policies? Are voluntary sector organisations taking on the characteristics of COBs?
2. What are the factors encouraging or mitigating the emergence of COBs in voluntary sector social services?

The next chapter will examine employee responses to these challenges, and the extent to which it influences the organisations within which they work, and the capacity to deliver care.

CHAPTER 3 – LITERATURE REVIEW PART 2:
UNDERSTANDING EMPLOYEE RESPONSES TO AUSTERITY AND
PERSONALISATION IN VOLUNTARY SECTOR SOCIAL CARE

3.1 – Introduction

The purpose of this chapter is develop a theoretical framework to explore the second and third objectives of this thesis – i.e. to examine the impact of changes to voluntary sector employment policies from austerity and personalisation, on the attitudes of employees, and whether or not these changes in attitudes create tensions between employees and management, and the willingness of the former to sustain their employment.

The chapter begins with an outline of the literature relating to why people work in the voluntary sector. It highlights the significance of issues such as the voluntary sector ethos (VSE), the importance of gender, involvement and participation in decision-making, and fait and religious motivations. This is followed by a section outlining employee reactions to previous waves of NPM change to understand what makes employees leave, withdraw various elements of goodwill, or stay with their existing employer. It then raises possible tensions arising among the voluntary sector workforce from austerity and personalisation.

The final section provides a framework to evaluate the outcomes from the aforementioned workforce tensions. In doing, it recognises that the contradictions between cost versus customer service cause tensions in the social order of organisations (Korczynski, 2000; 2002). In acknowledging the possibility of such tensions, the framework uses the concept of the psychological contract to understand where sources of tension arise. The objective will be to explore the pattern of transactional, relational or ideological breaches and violations of voluntary sector workers psychological contracts and the degree this leads to

collective or individual forms of resistance. The chapter then concludes with a discussion and explanation of final two research questions.

3.2 – Explaining Why People Join the Voluntary Sector

In order to accurately comprehend the nature of the employment relationship which exists within the voluntary sector, the unique form of motivation which characterises the employees who comprise it must be accounted for. Those who choose to be employed in the sector do so while knowingly accepting lower wages than are available in for-profit organisations (Benz, 2005; Leete, 2000; Levine, 1991; Passey and Tonkiss, 2000), and also tolerate increasing levels of stress (Armstrong et al., 2008; Nickson, et al., 2008), verbal abuse, violence, and physical and emotional ill-health (Baines 2002; Baines, 2006; Baines and Cunningham, 2011, Bolton, 2002), which has been seen to increase where customer sovereignty is greater (Korczyński and Evans, 2013). These are real, tangible outcomes, with instantly recognisable repercussions, and yet the motivations which lead towards them seem, outwardly at least, to be somewhat intangible. Within HRM as a discipline this clearly represents a dearth of understanding which must be addressed, but more than that:

This gap in our knowledge is disturbing given that voluntary sector staff are now charged with the care of some of the most vulnerable in our society, and that the effectiveness of that provision is reportedly linked to the continuation of high levels of commitment among staff (Cunningham, 2000, p.201).

In order to ensure that the unique motivation of employees is maintained, and that organisations are equipped to effectively utilise it as a valuable resource, a greater understanding of the interplay between these factors is essential.

3.2.1 – The Voluntary Sector Ethos

Particular aspects of intrinsic reward centre on a sense of self, and as such may not require the same external enforcement as extrinsic reward (Benz, 2005; Devaro and Brookshire, 2007). Employees tend to view the caring aspects of their role not merely as a feature of their employment, but as “part of their identity. They believe they have no choice but to help,” (Musick et al., 2000, p.1542). This dynamic is characterised by a “belief that one is pursuing something that is larger than oneself [...] based on a principle not reducible to self-interest,” (Thompson and Bunderson, 2003, p.578). The sum of these attitudes, approaches and predispositions which characterise employee motivation, with their specific emphasis on the ideological, has been described as the Voluntary Sector Ethos (VSE) (Cunningham, 2001; 2005).

Many employees make reference to a desire to ‘give something back’, which in part may account for the significant numbers of ex-service users employed within the sector (Parry et al., 2005, p.600). This suggests an implicit reciprocity which, in part, exists out-with the direct influence of the employer. The strength of this is such that, “it seems that workers feel committed to their own values, which may or may not coincide with what they feel to be the values and priorities of the organisation,” (Alatrasta and Arrowsmith, 2004, p.542). In other words, an individual’s commitment to their own particular values may transcend that of the specific organisation for which they work, and the organisation itself is the conduit through which they make their contribution.

The result is a perception that “employees are prepared to make sacrifices to work for an organisation with a charitable ethos due to the moral attachment to the organisation,” (Parry et al., 2005, p.599). The strength of this extends to behaviours which can be described as “self-sacrificing” (Baines and Cunningham, 2011), where “even as the non-profit sector faces fiscal uncertainty, short staffing, and retention problems, the vast majority of non-profit workers are motivated by the chance to do something worthwhile in an environment dedicated to the mission above everything else,” (Lynn, 2003, p.91).

As a demonstration of this, employees often value reward which satisfies ideological motivations above monetary reward (Ridder and McCandless, 2010; Baluch, 2008). This manifests itself in a process which instils the credos of “going above and beyond” (Baines et al., 2014, p.11) almost to the point that it becomes a new industry standard. Indeed, the prospect of “added-value” services is no longer exceptional, but rather is an expectation (Burt and Scholarios, 2011, p.109). This in part accounts for what has come to be known as the “ethos discount” (Lloyd, 1993) which exists in the sector. While this may be to the benefit of organisations and individual service users, it may be actively detrimental to employees themselves. For example, Baines (2006) documented the phenomena of employees participating in unpaid overtime because they felt their contracted hours did not provide ample opportunity to deliver an acceptable standard of care, but doing so created a self-perpetuating peer pressure which compelled employees to work additional hours without pay. Not doing so has implications with regards to how employees were perceived by colleagues and the organisation at large, which could in turn influence access to paid overtime, training, promotions, and employability. Fundamentally, it can also negatively affect their own ability to justifiably perceive intrinsic rewards.

The prevalence of unpaid overtime can be especially problematic as it creates the illusion that contracted hours are adequate when they are not, which in turn can lead to new, more demanding targets (Baines, 2006, p.207). This effectively means that the informal act of “donative labour” (Becker et al., 2011) becomes incorporated into the employment contract itself. So, whereas previously this deed was characterised as informal and voluntary, it becomes formal, and expected.

It is important to note that this distinctly increased premium on ideology is especially pronounced in the voluntary sector, even when viewed in comparison with other related sectors, such as healthcare or for-profit care. For example, while each segregated group has its own social and cultural mores and expectations, such as doctors (Bunderson, 2001; Benligiray and Somnez, 2012, Naveed and Saeed Rana, 2013), nurses (Knoop, 1995; Bolton, 2000; McCabe, 2013), medical research participants (Dixon-Woods and Tarrant, 2009; Ellis, 2000; Jenkins and Fallowfield, 2000), and even blood and organ donors (Healy, 2006; Verble et al., 2002; Klassen and Klassen, 1996), none position self-interest and personal pragmatism as being in

opposition to ideological motivations or the needs of service users. There are several potential reasons for why this takes place in the voluntary sector and not elsewhere, including as its charitable nature, lack of professional status or formal accreditation, or the notion that perceived low skill must be compensated for by increased commitment, but regardless, the pressure which results is unique to the voluntary sector.

Certain characteristics of social care and voluntary sector employees have worked their way into the public consciousness. This can contribute towards unrealistic expectations, which compound issues pertaining to intensification of work, or resilience to degradation in working conditions. Furthermore, the vast majority of these expectations arose in a pre-recession context. For example, the assertion that the many employees, “would continue to work even if it were not a financial necessity [and that] all of this suggests that non-profit employees get satisfaction from their work which may compensate for lower wages and benefits,” (Mirvis and Hackett, 1983, p.6) takes on a different tone when viewed in the context of austerity. One key difference now is that, due to inflation, changes in cost of living, and widespread pay-freezes, what was previously adequate in terms of lower financial remuneration may no longer be tolerable. The dynamic which Mirvis and Hackett describe still exists, but due to the distinctly different context, has markedly different implications for the sector and its workforce.

Perceptions that increased commitment and motivation are driven by personally held ideologies create a two-fold problem – first, employees can develop overly idealistic expectations of employers which are bound to lead to disappointment, and second, employers and service users can have unrealistic expectations of employees (or indeed, employees *perceiving* that they do) which can lead to unattainable standards. In relation to this dynamic, Brockner et al. (1992) asserted “the higher they are, the harder they fall,” (as cited in Robinson and Rousseau, 1994, p.257). Research which is designed to facilitate a better understanding of employment relations in the voluntary sector must “begin by acknowledging that employee commitment in the sector is not based solely on altruistic motives. Therefore, research [should] evaluate the balance between different components of employee commitment among the voluntary sector

workforce, including altruistic and instrumental motivations (Cunningham, 2001, p.238). This idealism tends to be reflected in mission statements, which often cite ambitious goals such as aiming to “restore communities” and “build culture,” (Almond and Kendall, 2000, p.206), and having a “shared commitment to alleviating poverty” (Burt and Scholarios, 2011, p.110). They are tasked with a distinct level of social obligation, which “increasingly plays a central role in the country’s cultural economic and social development” (Lynn, 2003, p.91). Factors such as this perpetuate individual worker’s overly-idealistic expectations at a sector-wide level, and lend to them a sense of legitimacy which can be extremely imposing and difficult to overlook. This could suggest that there is a distinction to be made between the VSE as it exists, and as it is espoused. In other words, it may be, in part, aspirational as well as a reflective (Baines, et al., 2014; Hasenfeld, 2000; Hasenfeld and Powell, 2004; McDonald and Marston, 2002).

While it is in organisation’s best interests to attract ideologically driven staff, it must also be acknowledged that, where an overly-idealistic culture prevails and expectations become unattainable, employees will inevitably become disenfranchised and reduce efforts or even leave. This may in part account for the high levels of turnover which the sector is subject to (Nickson et al., 2008). Robinson and Morrison (2000, p.542) draw attention to the fact that “research on realistic job previews has shown that giving employees a good understanding of the job prior to hire is important to bridge the gap between employees’ expectations and reality.” In other words, there must be a balance, and an active maintenance, of the ideological component of organisational culture, if the optimum employee-employer relationships to be achieved.

Stone and Brush (1996, p.634) assert that both commitment and legitimacy are somewhat interwoven, in that although they are distinctly different concepts, they do ‘interact’ with one another. Specifically:

...commitment operates at the individual level while legitimacy derives from external groups and institutions. For individuals to commit themselves to become ‘members’ or participants of an organization, they must believe the

organisation is legitimate. Conversely, legitimacy is unlikely without evidence of commitment. Management's dilemma is to meet both pressures.

In a sense, this means that organisational legitimacy is comprised in part by individuals' motivations and commitments. This highlights the existence of a self-perpetuating element whereby the commitment of one individual informs perceptions of legitimacy, which in turn becomes part of the sensemaking process for other prospective employees. This is only to be expected when the desire to go 'above-and-beyond' becomes a standard feature of employee motivation (Akingbola, 2006, p.1709).

Ridder and McCandless' (2010, p.135), note that, "empirical research suggests that employees are attracted when organizational goals align with their own values." Employees are more strongly invested where there is a perceived ethical-organisational fit (Coldwell et al., 2008). This creates a situation where employees perpetuate a "self-selection" (Ridder and McCandless, 2010; Burt and Scholarios, 2011) approach to recruitment, whereby only those whose personal ideological motivations fit with the existing organisational culture apply or are hired. Leete (2000, p.423) states that:

...non-profit employers will use wages as a negative screening device by offering salaries below those in the for-profit sector. This should deter those highly motivated by monetary concerns from seeking non-profit employment and attract those for whom love of their work dominates.

In consequence, those with the strongest ideological motivations become concentrated within the sector, which in turn raises the self-imposed standard required for entry.

As has been discussed, the power of socialisation processes within the voluntary sector are particularly strong. This centres around the premium placed on altruism, which acts as a coping mechanism in light of unfavourable remuneration and working conditions (Atkinson and Lucas, 2013; Baluch, 2016). It is perpetuated by a sense of "self-selection" which is so strong that "workers who cannot cope with

this socialisation process tend to leave the organisation,” (Alatrasta and Arrowsmith, 2004, p.543). There is also the notion of “pre-socialisation” (Korczynski, et al., 2000, p.674) meaning that individuals may go into a given role having already been socialised into the voluntary sector way of working, through factors such as previously held employment or voluntary roles and ethical, ideological or religious beliefs. It could be argued that this influence is so prominent that it leads to a form of ‘habitualization’ (Theuvsen, 2004, p.127) which perpetuates itself within localised methods of performing certain tasks, to the extent that formal, officially espoused procedures become less important by comparison. For example, in accounting for the lack of performance feedback reported in their data, Mirvis and Hackett (1983, p.8) assert that “one possibility is that third-sector workers rely on feedback from their peers and supervisors, rather than from the job itself, to learn about their performance.” Where these processes become more token, resources may eventually be redirected, effectively degrading future access to training and feedback provisions. Shared values may also make front-line employees more accepting of managers as leaders, and therefore less likely to rely on formal processes and procedures. Alatrasta and Arrowsmith (2004, p.539) found that employees displayed a “generally indifferent or negative perception of the organisation” but had “more positive results concerning views of the immediate work environment.” This could be taken as evidence that socialisation by immediate colleagues leads to more positive perceptions of the particular place of work, rather than to the organisation as a whole.

3.2.2 – The Importance of Gender

Undoubtedly, one of the most significant aspects of the voluntary sector workforce is the high proportion of women employed within the sector, and the gendered working practices which have evolved in consequence. In relation to the demographic spread, Baines, Charlesworth and Cunningham (2013, p.4) note that in Scotland 75% of the workforce is female, and in Australia is 85%. Despite the high

proportion of women in the sector, there seems to be little strength in numbers with regards to securing favourable terms and conditions of employment. The gender pay gap (GPG) is present and persistent, with fluctuations occurring continually (Charlesworth and Macdonald, 2014, p.383). Evidence would also suggest that there is a greater proportion of overqualified female employees than male (Baines et al., 2014, p.12). Women are more likely to work part-time hours, and therefore proportionally work more unpaid overtime (Heron and Charlesworth, 2012, p.217).

Expectations of increased commitment amongst female staff are informed by misconceptions of:

a boundless capacity to provide care regardless of wages or working conditions, overlap with the voluntary sector's altruistic ethos, generating a situation where unpaid overtime is epidemic, self-sacrifice on behalf of service users is the norm and strategies to improve conditions and terms of work are rarely successful unless they include ways that service users' lives will also be made better (Baines et al., 2014, p.7).

In relation to their expertise and ability, "rather than a distinct set of skills and knowledge, care work is often assumed to be an extension of what women do naturally" (Baines, 2010; Meyer and Storbakken, 2000). With regards to perceptions of skill, Dominelli (2002, p.9-10) states that gendered workforce practices devalue particular competencies, "by depicting a socially constructed status as natural and immutable and, crucial to an oppressive framing of it, as inferior to that held by [the oppressor]." As it is assumed that these skills are 'natural' or 'innate', they are regarded as not needing to be learned, trained or finessed. This is contextualised in socialisation processes, to the extent that gender itself becomes an inhibiting regulatory factor, in that "social norms constrain behaviour through enforcement by the community rather than the state," (Charlesworth, 2010, p.390). The result is a pronounced undervaluing of the skills, expertise and motivations of a predominantly female workforce, which at an organisational level represents an underutilisation of an invaluable resource, and at an individual level an extreme form of intensification.

Women are more likely to be employed in part-time roles, to an extent due to entrenched perceptions of male workers as 'breadwinners' (Rubery, 2011; Rubery and Rafferty, 2013), and in consequence are excluded from certain parts of the employment experience which pertain to full-time, more 'professional' workers. As Rubery and Rafferty (2013, p.416) assert:

Although part-time workers may have permanent contracts (Kalleberg, 2001), they may still be excluded from career ladders (Tomlinson, 2006) or high involvement human resource policies (Kauhanen, 2009) designed to encourage low turnover among the core. Women may thereby offer more flexibility and higher turnover as a consequence of poor job quality (Felstead and Gallie, 2004). This approach emphasizes that women's employment may be organized to provide flexibility to employers, acting as a buffer to protect the male 'core' workforce.

This may contribute to the assumption that women are in some way expendable or interchangeable, and is reflected in work-life balance and family-friendly policies which purport to facilitate women's involvement in the sector, but in reality are more likely to relegate them to more precarious forms of working. It must be noted that, even when directed to the benefit of employees, what constitutes 'flexibility' in VSSS is distinctly different than elsewhere. With regards to front-line care work, it has to be performed on-site and with continuous shift cover, and as a result many elements commonly associated with family-friendly work policies such as home working or flexi-time are not feasible. It can also be argued that work-life balance policies further embed women in part-time work, and tend in practice to constrain those they claim to liberate, which may in part account for low take-up in flexible working practices (Atkinson and Hall, 2009; Baluch, 2016). As Fleetwood (2007, p.369) testifies, terms associated with flexibility are championed by certain employers because they, "have been useful in legitimising the employee-*unfriendly* working practices central to neoliberalism: they have acted as a Trojan Horse." A dynamic also exists whereby the delivery of increased family *unfriendly* styled flexibility (Berns, 2002) and unpaid overtime inadvertently raises the demand for it.

This effectively reorganises what constitutes an 'acceptable' performance or contribution, whereby "the hours of work are defined simply as those necessary to undertake the bundle of tasks that constitute the job," (Rubery, Ward and Grimshaw, 2005, p.8).

3.2.3 – Involvement and Participation in Decision-Making

Alongside preparing new employees for work, socialisation offers existing employees the opportunity to shape work, and the workplace. In relation to their findings, Alatrasta and Arrowsmith (2004, p.539) stated:

In terms of communication and discipline, only 23% of respondents felt there was enough opportunity for employees to let [the organisation] know their views about things that affect them at work; and only one in five felt that staff are treated consistently across the registered homes of the organisation.

Employees clearly recognise and value the uniquely informed perspective that the nature of their work facilitates, and "expect to be involved in decisions regarding their roles and the organisation's activities," (Cunningham, 2001, p.227). This speaks to the prevalence of the desire to contribute to the sector by shaping the way in which work is carried out, and by directly improving the quality of care. If employees do not find the means to do this through formal channels, they may seek to do so through socialisation. This shift means that employees may have:

...internalised the norms, workplace cultures, ideologies and accepted standards of behaviour [...] The danger for the sector is that if these attitudes, formed outside the workplace or through organisational socialisation, can be undermined by changes to the employee relations

climate, then management may have to increasingly turn to more coercive forms of work organisation (Cunningham, 2001, p.229).

In other words, where formal organisational apparatus is no longer used as a primary means of structuring the employment relationship, management are either left impotent, or else adopt 'hard' HRM policies which may be damaging to employees and potentially detrimental to the VSE.

3.2.4 – Faith and Religious Motivations

Another factor which is instrumental to the makeup of the voluntary sector ethos is the influence of religious or faith-based motivations. Historically, the vast majority of charitable bodies were religiously affiliated, and this is a tradition which has a continuing influence within the sector today. Research conducted by Beyer and Nutzinger (1993) concluded that church-based institutions were more inclined to operate in accordance with increasingly hierarchical and more cooperative forms of working, and that the resultant relationship is mediated by a shared understanding of religious values. Religious-based charities are the oldest operating in the UK, and “the ones most similar to public bodies, at least in the hierarchical structure, even if wages are lower,” (Borzaga and Tortia, 2006, p.230). With regards to motivation and commitment, Burt and Scholarios, (2011, p.113) commented on their case-study organisations that, “it is possible that the faith-based character of the other charities served to anchor their philanthropic mission and values more.” This could mean that the nature of the VSE could be significantly different between organisations which are religiously affiliated and those which are not. Borzaga and Tortia’s (2006, p.232), for example, found that “the majority of workers in non-profits, especially in religious and in other nonreligious non-profits, express a strong desire to stay with their organizations as long as possible.” They also noted that religious non-profits were found to have the lowest level of qualified staff (Borzaga and Tortia, 2006, p.231) implying that formal certification may be less important in

their recruitment and selection processes, and that other factors are valued more greatly. The nature of commitment amongst these staff will undoubtedly be distinctly different, as it pertains to a broader commonality, in which the relationship between the employee and their employer is merely one component. While faith-based motivations may have lessened over the last few decades, their legacy in the structure and character of voluntary organisations continues.

3.3 – The Impact of NPM on Voluntary Organisations and Employee Responses to Change

As was discussed in the previous chapter, market pressures associated with NPM compel organisations to continually demonstrate cost-effectiveness, which often manifests itself through outcome measures and target setting. This hollowing out of discretion is “generally felt to detract from [...] workers’ sense of themselves as caring, social justice-oriented, effective workers,” (Baines et al., 2014 p.3). What is more, as is asserted by many authors on the subject (Benjamin, 2012; LeRoux and Wright, 2010; Smith, 2010), these measures fail to fully capture many of the aspects associated with care which exist out-with the overly constraining categories on which targets are based. Benjamin (2012, p.432) finds that “existing outcome measurement frameworks focus on how non-profit staff implement programs rather than focusing on how non-profit staff work with clients.” Furthermore, “79% of non-profits are measuring their own performance without the help of a professional evaluator, suggesting that non-profits are relying on other resources, including ‘how to’ guidebooks and tools, to help them measure their performance,” (Benjamin, 2012, p.432). Interestingly, the vast majority of instructional management textbooks which focus on the voluntary sector make little or no attempt to approach ideological motivation, or its reward. This may be indicative of two things: first, that the power of self-selection is so strong that those who write these types of book feel that addressing the issue of how to nurture this kind of motivation is unnecessary, or secondly, that they do not wish to pose a question which they are unable to answer.

Admittedly, rewarding on the basis of ideology is an extremely difficult task, given that the majority of care work is characterised by activities which cannot be described as “observable behaviours” (Bunning, 2004). Even so, this highlights the compound effect which the lack of understanding pertaining to voluntary sector commitment has on the strategic functionality of voluntary sector organisations.

The assumption that management practices can be imported wholesale from the for-profit sector is at best ineffective (Theuvsen, 2004), and at worst, actively detrimental. As Frumkin and Andre-Clark (2000) note, material factors such as organisational mission cannot simply be adapted to suit market conditions or available funding without risking serious negative repercussions relating to employee commitment and morale. An additional cause of stress which accompanies outcome measures and performativity is that the responsibility for meeting these targets and monitoring ongoing progress is increasingly downloaded to individual employees. This is often presented as:

...a system of self-care [through which] staff are supposed to monitor their own wellbeing and take individual corrective measures including time off, supervisory sessions or other forms of support when they note that their performance and or quality of work life is falling,” whereas in reality, “self-monitoring and self-blaming works in the employers' favour, extending insufficient resources and keeping cash strapped services afloat (Baines et al., 2012, p.366-7).

In other words, self-monitoring is communicated to employees as an increase in autonomy and discretion, but in reality it is a disguised devolvement of responsibility, and also accountability. In order to appear more ‘objective’ and less biased or self-serving, employees may be compelled to be more critical of their performance than a line manager would be in relation to the same criteria. As can be seen, this represents yet another layer of intensification. As a participant in Korczynski et al.'s (2000, p.676) study noted, “I’m harder on myself than the team manager is,” and a team manager later echoed this sentiment, stating that some employees can be “very critical of themselves.” This dynamic also removes a level of

supervision and appraisal, which denies the employee the chance to improve performance or develop new skills. Furthermore, where the notion of going 'above and beyond' (Akingbola, 2006, p.1709) has evolved to the extent of effectively being a new industry standard, what constitutes a 'satisfaction' of this imperative is essentially a moving target.

While differences in reward exist between the voluntary sector and elsewhere, it is imperative to acknowledge that financial remuneration is still of the utmost importance. Employees need to achieve a certain level of monetary reward in order to sustain themselves. In relation to Maslow's (1954) conceptualisation of a hierarchy of needs, concerns which relate to physiological wellbeing precede others such as self-actualisation, esteem, belongingness and safety needs. This positions transactional demands ahead of relational or ideological. Similarly, Zimmeck (1998) asserts that even employees who are ideologically motivated may find commitment wane if they are unable to maintain an adequate standard of living. Notions of "personal gain" (Poulton, 1998, p.6) will always be of importance and cannot be overlooked – after all, in order to contribute to a cause in a continued, sustainable fashion, individuals must ensure they are able to support themselves, and their families.

One of the more difficult dilemmas for non-profit organisations is the mediating of competitive pressures against a workforce who may be, to an extent, attracted to the sector due to perceptions of a traditionally anti-competitive environment which is associated with front-line care. The character of the voluntary sector workforce is distinctly different than elsewhere for a plethora of reasons, one of which could be that individuals, "may be partly drawn to care by the reciprocation of being cared for," (Alatrasta and Arrowsmith, 2004, p.543). In other words, anti-competitive notions may be informed by an ideological rejection of competitive practices, or a personal dislike of participating in processes which could be perceived as aggressive or confrontational. There exists the pressing possibility that some employees may consider the introduction of competitive elements too much to reconcile with orientations characterised by pre-existing intrinsic motivation, and in turn may leave the organisation, or even the sector, in consequence.

As can be seen, in order to achieve and maintain organisational effectiveness within the voluntary sector, alternative methods of recognising and rewarding effort to accommodate ideologically-based motivations must be identified. This is a particularly pressing concern given that, due to increasing focus on artificial indicators of performance such as KPI's and SLA's prompted by increasing financial constraints, "there may be less opportunity for staff to experience the traditional rewards associated with employment in voluntary organisations, i.e. variety and autonomy in their working lives," (Cunningham, 2002, p.229). In relation to this, Borzaga and Tortia (2006, p.230) characterise rewards as being comprised of:

- 1) ***purely economic incentives*** consisting of wage and career advancement (past and expected). The monetary dimension is dominant.
- 2) ***extrinsic incentives*** consisting of nonmonetary benefits that increase workers' individual utility (job security, working hours compatible with needs; and the working environment).
- 3) ***relational incentives*** consisting of opportunities for workers to engage in meaningful relations with each other, with the managers, and with the users: These may be considered a part of worker remuneration consumed directly on the job and therefore reduce its disutility.

This apparatus can be used to deconstruct the ways in which organisations reward employees in accordance with their decreased interest in monetary rewards (Benz, 2005; Borzaga and Depedri, 2005; Borzaga and Tortia, 2006; Mirvis, 1992; Leete, 2000; Levine, 1991), and their increased interest in ones which resonate with their ideological underpinnings. There is considerable information to support the assertion that voluntary sector organisations already deploy alternative strategies in this regard (Ridder and McCandless 2010; Parry et al., 2004), for example, by an increased emphasis on flexible benefits. This has a transactional impact on employees, but also an ideological one, in that it allows workers to perceive their

employer as fair and caring. This tends to involve factors such as family-friendly policies, holiday entitlement, holiday entitlement and a greater emphasis on work-life balance, job sharing, home working, annualised hours, additional holidays, and maternity leave (Fleetwood, 2007; Barbeito and Bowman, 1998; McMullen and Schellenberg, 2003; Atkinson and Lucas, 2013). Other benefits may represent expenses that employees would otherwise have to pay for, such as pension plans and child care. In a non-UK context, employers are known to more commonly provide benefits such as life insurance and dental care plans (Charlesworth, 2010). Also important in this regard is access to increased training as a means of improving employability (Kim and Lee, 2007).

Many of these benefits take place in both a formal and informal manner. This is evidenced by Atkinson and Lucas (2013, p.303-4), who report that “most managers enabled employees to change their working patterns at short notice typically on the basis of swapping with a colleague or reliance on bank staff.” This may resonate strongly with employees as it represents both a strategic process characterised by successive and considered decisions relating to how best to reward employees, and additionally also a built-in level of reactivity and pragmatism, rather than just merely offering a token wage rise. Various sources refer to the process of establishing reward in this manner, and indeed, expenditure within voluntary sector organisations in general, as involving a need to be “creative” (Parry et al., 2004, p.595). This may even be a part of the appeal; employees know they are not merely being dismissed with the easy solution of an incremental wage rise, but instead have merited a strategic solution that involved time and consideration – in other words, that they are worth the effort (Nishii, Lepak, and Schneider, 2008; Baluch, 2016).

Conversely, by putting an explicit monetary value on effort in the form of financial remuneration, organisations may inadvertently devalue the motivations which underpin it. Kim and Lee (2007, p.242) note that:

...extrinsic incentives may crowd out intrinsic motivation by undermining cherished social values (e.g., Frey and Jegen, 2001). This crowding-out effect may occur in the non-profit sector if it places greater emphasis on the material incentives than commitment to the mission.

By drawing attention to referencable and comparable features of the employment contract, this approach may trigger the sensmaking process which will cause employees to re-evaluate the nature of the exchange in which they are participating. This can be perceived as an attempt to ascribe a monetary figure to something which employees see as transcending a merely financial exchange. It is a continuous balancing act, whereby, “the higher the relative importance of intrinsic rewards, the larger the probability that the loss in intrinsic motivation exceeds the gains in extrinsic motivation,” (Theuvsen, 2004, p.129-30). Indeed, Benz (2005, p.159) notes that, “non-profit organizations have been found to place more importance on wage equity, an organizational practice that is seen to support intrinsic motivation because it signals fair treatment by the employer.” Similarly, Leete (2000, p.243) found that wage equity is more prevalent in non-profit organisations than it is in for-profits. This could imply that affording a graded value to monetary reward depletes the value associated with ideological reward. Frey (1993, p.1524) notes that greater regulation may impinge intrinsic rewards. This raises the additional possibility that, in light of the significance of socialisation within the sector, introducing an artificial element of competition may undermine the potential for cooperation. However, “funding is increasingly provided for shorter periods of time and is increasingly unpredictable [which] contributes to inconsistency in salaries across the sector,” (Charlesworth, 2010, p.388-9). In consequence, establishing a platform of ‘fairness’ may be progressively more difficult prospect in light of current retendering practices.

While flexible benefits do represent a fitting form of remuneration for voluntary sector employees, it must be recognised that in practice, flexibility is a two-way street. While employees may be able to change shifts at short notice, book holidays and take sick-leave, they may also be required to. This is often communicated to employees under the guise of espoused mutuality, which is conducive to perpetuating ideological and non-monetary orientations, but the success or failure of this depends largely on how it is used in an organisation-specific context. It has been asserted from several quarters that organisations use flexibility as a means of combating perpetual understaffing (Lynn, 2003). If increased flexibility

and family-friendly policies are intended to provide “greater gender equality in the labour market,” (Heron and Charlesworth, 2012, p.228), but in actual fact represent a blurring of the distinction between work and leisure time which leaves employees perpetually ‘on call’, then not only do these measures fail to foster an improvement in working conditions, they may actually cause a deterioration.

The individual orientations of employee motivation are such that, “very few employees have a degree of voluntary commitment to their work or organisation that requires no external reinforcement by management,” (Cunningham, 2001, p.229). Indeed, “qualitative data collected in Australia, New Zealand and Canada show that agency mission and immediate supervisors remain centrally important to workers’ identity and willingness to remain employed in social care,” (Baines et al., 2014, p.1). It could be surmised from existing literature that commitment to a given cause is generally considerably stronger than to a particular organisation, and as such, organisations need to actively maintain, even nurture, this quality (Ridder and McCandless, 2010, p.127-8) to ensure employees remain engaged. As such, HR practice and overall organisational strategy must be specifically aligned to actively utilize this attribute; while it is described by many as the most valuable resource available to the sector (Ridder and McCandless, 2010), it is also the greatest cost (Cunningham, 2001; Parry et al., 2004).

A crucial part of the sensemaking process takes place as individuals evaluate whether or not there is an adequate level of ‘fit’ or overlap between their own ideological motivations and that of the organisation, which typically takes place in the early stages of employment. Where a ‘fit’ is not perceived, employees may either stay for what they feel is an appropriate length of time, as leaving early may reflect badly on their own ethical underpinnings and also on employability, or simply seek employment elsewhere immediately. Either way, the result is workforce instability which can have dire implications with regards to organisational strategy and continuity of care, and is considered to be one of the more serious challenges which non-profit management must resolve (Kim and Lee, 2007). High levels of turnover undermine the potential for long-term planning, and “makes it difficult to integrate recruitment with other functions such as compensation,” (Akingbola, 2006, p.1709), as does the high levels of absenteeism associated with lower levels of commitment

(Mirvis and Hackett, 1983). Furthermore, where a particular development in strategy does take place, “current employees may experience frustration because their new colleagues are not oriented towards the strategy,” (Akingbola, 2006, p.1723). What can be ascertained from this is that the ways in which organisations attract employees must reflect an accurate portrayal of what employees can reasonably expect in an ongoing, dependable manner.

While it is widely reported that salaries are lower in the non-profit sector than elsewhere, this is most commonly mentioned in relation to front-line care providing workers, with little attention afforded to non-care providing staff. Parry et al. (2004, p.595) note that the dynamic of lower financial remuneration is “particularly pronounced for managers, where average salaries are in the region of 23% lower than in the public sector.” This is a trend which has been recognised elsewhere in relation to “managerial, professional and technical/trades categories of non-profit employees,” (Akingbola, 2006, p.1710; Barbeito and Bowman, 1998; McMullen and Schellenberg, 2003). Amongst other things, this may cause difficulties in attracting the “best management talent” (Frumkin and Andre-Clark, 2000, p.147). It is of note that voluntary organisations theme vacancy advertisements in accordance with their values, “irrespective of whether the advertised posts are of a type in which direct engagement with these expressed humanitarian values might be expected to be crucial,” (Burt and Scholarios, 2011, p.110).

The voluntary sector’s current dichotomy of above-average commitment and a below-average funding hints at the possibility that organisations may seek to bridge the shortfall by utilising what could be perceived as a ‘surplus’ of effort amongst employees. A recurring notion vocalised by an interviewee in Baines et al.’s (2012, p.366) research made reference to organisations “‘preying on workers’ commitment’ to service users and the agency,” and another in Parry et al.’s (2004, p.600) study who noted, “voluntary organisations rely too much on their employees’ commitment to the cause.” This is a particularly difficult dichotomy to resolve, because even where certain levels of care are financially unattainable, workers motivated by the VSE feel unable to allow service users to experience substandard care. This means organisations, willingly or otherwise, “rely disproportionately on intrinsically motivated employees,” (Leete, 2000, p.423). This, in turn, results in a

situation whereby “even in care work recognized as highly skilled, the intrinsic motives and interests in the work can make it easier for funding bodies to decline any responsibility for inadequate wages and benefits,” (Charlesworth, 2010, p.394). In other words, employees’ informal response to the financial shortfall creates even more challenging formalised targets, and the accepted standard of performance necessary to secure funding becomes more demanding. This dynamic operates not only within one organisation, but between potential competitors, to the point that it begins to resemble an arms race, through which neither party is able to obtain a sustained competitive advantage.

Not only can the omnipresent threat of re-tendering be described as “an emotional as well as financial drain for organisations,” (Cunningham and Nickson, 2011, p.669) it can also have a directly detrimental effect on the emotional well-being and mental health of individual employees. Additionally, in order to safeguard commitment and engagement amongst staff, there exists an incentive for organisations to keep employees purposefully uninformed about the possibility of losing funding. This denies employees the opportunity to form a contingency plan or to look for alternative employment elsewhere, and highlights the possibility that employees do not suffer only in a direct sense from their “self-sacrificing” behaviour (Baines and Cunningham, 2011), but also indirectly, and in ways they may be unaware of. This additional element cannot be said to fit the categorisation of self-sacrifice due to the fact that employees are not making a reasoned, informed decision, and have no opportunity to derive satisfaction from an act of which they are uninformed. This again reiterates the claim that there is decreasing opportunity for employees to experience the traditional intrinsic satisfactions associated with care work (Cunningham, 2002 p.229) which is in itself a sense of degradation.

In analysing their findings, Atkinson and Lucas (2012, p.308) found support for Ramsay et al.’s, (2000) assertion that where intensification was recognised by employees, they did not tend to regard it as exploitative due to the nature of the situation which necessitated it. In accordance with the above, this highlights that voluntary sector workers are more accepting of increased workloads when they can be related to ideological or ethical reasoning, and that this has pronounced implications with regards to collective employee wellbeing and commitment.

3.4 – Voluntary Organisations in the Context of Austerity and Personalisation – A ‘Fragile Social Order’

This thesis argues that a range of possible tensions and contradictions between the dual pressures of cost and customer service will arise within voluntary organisations grappling with the implementation of personalisation during a period of austerity. Moreover, these contradictions in voluntary organisations will bring fresh concerns regarding the motivation and continued commitment of voluntary sector employees. In acknowledging these concerns, the thesis recognises the value of another aspect of Korczynski’s COB framework, specifically the notion that service organisations facing the aforementioned dual pressures of cost and customer service operate struggle to sustain a fragile social order among their workforce. The sources of this fragility come from a series of tensions across the customer service triangle of workforce, management and customer relations, which, in turn, have potential to disrupt this social order.

3.4.1 – Sources of Tension in the Social Order of Voluntary Organisations

Austerity and personalisation can have negative implications for pay and conditions, including being forced to introduce pay cuts or pay freezes. Cunningham et al. (2016) note how workers hired because of their strong values and who enjoy experiencing the satisfactions of assisting others can become disillusioned when rationalisation and cost cutting undermine service quality.

With regard to personalisation, there is limited knowledge concerning how staff traditionally recruited because of their values in the voluntary sector (Baines, 2004) will react to the commodification of care through the distribution of different forms of personal budgets to service users. Moreover, we do not know the degree to

which employees will accept the use of the private-sector concept of the customer into their relationships with service users.

As one of the most topical debates which exists within social care, the use of a personalisation-based approach attracts substantial and impassioned debate amongst employees in the sector. As many of the voluntary sectors employees feel that they have a vested interest in its success or failure, inevitably this influences the way in which they deliver it. For example, front line care workers may feel that their professional discretion has been reduced, and as such feel less empowered to make decision relating to the delivery of care – something which Diefenbach (2009, p.904) characterises as “infantalization.” Similarly, Needham (2011) draws attention to an In Control report interviewee who asserted that their role had been reduced to that of a “personal shopper” than a social care professional. Conversely, as noted by Ellis (2007, p.407):

A number of studies of direct payments [...] have pointed to the centrality of professional skills in assessing and promoting direct payments to raising take-up (Dawson, 2000; Maglajlic et al., 2000; Carmichael and Brown, 2002; Clark et al., 2004) and, in her study, Everett (2006) found that social workers were making a direct link between access to direct payments and the ability of the assessor.

This assertion is particularly interesting, especially when viewed alongside the avowal that managers tend to prioritise activities on which they are targeted (Cunningham and Hyman, 1996; Whitaker and Marchington, 2003). It can be concluded from this that in order to effectively evaluate the impact of the communicating of the aims and objectives of direct payment and personalisation approaches, they must be evaluated separately in terms of their impact on employees who formulate and resource care, and those who deliver it.

Moreover, as HR policies and procedures become influenced by the concerns of the customer, we have limited understanding of the implications for workers and their sense of security or fairness and justice in the workplace (Cunningham, 2016b). The most obvious way in which customers exert control over the performance of

service work is through customer feedback. In order to record customer feedback, a system of categorisation must be established, which instigates the same problems which face an NPM approach to quantifying productivity. Where the process is inaccurate, the shortfall is taken from the employee's side of the exchange. Again, as was noted by Hochschild (1983) in relation to the customer-employee relationship, the exchange is unequal. This is intensified in a COB, because the process is communicated directly to customers, which can result in unrealistic expectations of service.

Bolton's (2002, p.136) research into the NHS found that, "nurses are [now] supposed to smilingly accept a level of abuse from patients that would have once been deemed unacceptable," and what-is-more, are "clearly resentful that in the face of rising consumer complaints management support is absent, giving nurses on the front-line of care little opportunity to defend themselves." This can breed a level of disaffection and resistance which causes employees to subvert the process of work while simultaneously appearing to appease 'customers' and maintain quality service, as it is understood in accordance with feedback measuring apparatus. A nurse participant in Bolton's (2002, p.136) study illustrated this dynamic particularly well, describing how she would pretend there was an emergency in another part of the hospital, in order to get away from the demands of 'patients as customers':

"Do you know, some days I just can't be bothered with this 'patient as customer' business. What a load of rubbish it is. I go to extraordinary lengths to avoid having to be nice to them when they are getting up my nose. I'll even pretend that there is a major emergency in another part of the ward rather than stand around pandering to them. It's ridiculous really. The energy I've used in setting up the little act to avoid them is probably much less than I would need to deal with them, but they're such a pain sometimes. And what really annoys me are the times when other less demanding patients really do need you but these people who have decided it is their 'right' to demand your attention take up all your time" (Bolton, 2002, p.136).

In this instance, the COB has lowered both the level of service and the employee experience, but has in a sense improved only customer perceptions of service by instituting synthetic means of evaluating and collecting effectiveness. Alternatively, if the 'customer' were to become aware of this ruse, or indeed the feedback gathering mechanisms which have caused it, they would surely become "discomfited by the experience of de-personalized, target-driven service; it disrupts the moral order and their place as moral agents," (Bolton and Houlihan, 2005, p.698). As has been stated, Korczynski (2002) positions HR interventions in emerging tensions as crucial to a COB; the above may suggest that this particular feature is not present in health and social care COBs.

3.4.2 – Potential Outcomes from Tensions in the Social Order of Voluntary Organisations

Tensions in the fragile social order of voluntary organisations can potentially lead to some forms of collective and individual forms of resistance. With regard to the former, a key demographic feature of the voluntary sector is a pronounced lack of trade union involvement (Hemmings, 2011; Simms, 2007; Cunningham, Hearne and James, 2013; Cunningham, 2001; Almond and Kendall, 2000). As union membership can be interpreted, or rather misinterpreted, as an attempt to prioritise the rights of employees over service users, it may be perceived as a detractor from ideological motivations (Akingbola, 2006, p.1711). Furthermore, due to the fragmented nature of care work, which is often carried out by small numbers of staff or even lone workers in geographically separate, remote locations with rolling shift patterns and little down time to discuss matters such as working conditions or interpretations of organisational strategy, there is little space in which to correct this misinterpretation. Under personalisation, where service users effectively take on the role of funder and definer of work, this is of particular concern.

While there has been a "reported increase in union recruitment and recognition activity" which "may be due to a perception of increasing vulnerability

among staff to the harsh financial environment of the sector,” (Cunningham, 2001, p.237), this is relative to the low levels of unionism which existed initially. Grimshaw and Rubery (2013, p.122) assert that, even in light of decreasing terms and conditions, scarcity of alternate employment opportunities and a growing instability which has sector-wide implications, “this may not necessarily galvanise resistance, but could simply reinforce compliance by a disempowered and increasingly insecure population.” It is possible that trade unions could utilise, “social or community unionism as an important way to attract members,” (Baines, Charlesworth and Cunningham, 2013, p.3), as a means of promoting the needs of both staff and service users, which may resonate strongly with employees who feel that their organisations are less ably positioned to lobby and act as advocates. However, even if trade union organisation was able to somehow grow, the resultant collective bargaining power would be “insufficient to challenge effectively a driving down of terms and conditions within it informed by reduced funding,” (Cunningham, Hearne and James, 2013, p.185-6). In other words, the stranglehold of financial austerity may simply have too strong a grip to be loosened by this type of action. This means it is possible that organisations may seek to use perceptions that unionism is in some way disloyal to service users as a means of limiting opposition to practices which they feel are necessary to secure funding.

Arguably the most final and immediate form of resistance for workers is resigning. While it is difficult to attain precise figures for turnover in social care, Skills for Care (2015) found rates of 25.4% in adult social care. Interestingly, turnover in the voluntary sector was found to be 20%, whereas the private sector was 29.2%, and statutory sector at 11.9%. The intentions which underlie quitting will be discussed in greater detail in the subsequent section about the psychological contract.

Another crucial form of individual resistance include absence. Research by the Chartered Institute for Personnel and Development’s (CIPD, 2016) found the UK’s average yearly absence rate to be 6.3 days per employee. This suggests a considerable decline from previous years, with the largest drop being observed in the non-profit sector. Among them, those providing care services reported average

absences per employee a year of 11.3 days, and an average working time lost of 5% in the last year.

Alongside absence, workers can also refuse to engage as fully with work, and withdraw from going the extra mile for their employer. In the voluntary sector combinations of challenges to pay and conditions, burnout, stress and disillusionment with mission drift have been reported as consequences of NPM (Cunningham, 2008). One of the outcomes of these pressures on workers from NPM has been a degree of disengagement and withdrawal of good will, leading to refusals to work additional hours, or through breaks (Cunningham, 2008).

3.5 – Evaluating Employee Reactions to Austerity and Personalisation: The Relevance of the Psychological Contract

In order to evaluate how workers respond to changes in the employment relationship from personalisation and austerity, this thesis uses the psychological contract construct. The construct is generally accepted to have been introduced Argyris (1960, p.97), who noted:

...a relationship may be hypothesized to evolve between the employees and the foremen which might be called the “psychological work contract”. The employee will maintain the high production, low grievances, etc., if the foreman guarantees and respect the norms of the employee informal culture (i.e. let the employees alone, make certain they have adequate wages, and have secure jobs).

The main difference between Argyris’ initial conceptualisation of the “psychological work contract” and our understanding of the concept today, is that the agreement between the employee and employer is described as being based on common understanding and mutual agreement. This aspect was refined by Levinson et al. (1962, p.21), who described the relationship as comprised of “a series of mutual

expectations of which the parties to the relationship may not themselves be dimly aware but which nonetheless govern their relationship to each other.”

Schein (1965; 1978), who widely regarded to have defined the concept as it is known today, echoed this sentiment, noting that it has come to be encapsulated as “a set of reciprocal expectations between an individual employee and the organization,” (Schein, 1978, p.48), and adding that it is “not written into any formal agreement between employee and organisation, yet they operate powerfully as determinant of behaviour” (Schein, 1965, p.11). In this same volume, Schein concisely asserts that:

It is my central hypothesis that whether a person is working effectively, whether he generates commitment, loyalty, and enthusiasm for the organization and its goals, and whether he obtains satisfaction from his work, depend to a large measure on two conditions: 1. The degree to which his own expectations of what the organisation will provide him and what he owes the organization matches what the organisation’s expectations are of what it will give and get. 2. Assuming there is agreement on expectations, what actually is to be exchanged – money in exchange for time at work; social-need satisfaction and security in exchange for work and loyalty; opportunity for self-actualization and challenging work in exchange for high productivity, quality work and creative efforts in the service of organizational goals; or various combinations of these and other things, (Schein, 1965, p.64-5).

In a contemporary setting, arguably the most significant use of the concept pertains to the work of Rousseau, who has made numerous substantial contributions to the construct. Referred to by Conway and Briner (2005, p.14) as a “seminal reconceptualization,” this work asserts that:

Two parties to a relationship, such as employee and employer, may each hold different beliefs regarding the existence and terms of a psychological contract. Consistent with Schein’s (1980) formulation, psychological contracts exist in the eye of the beholder and it is at that

(individual) level that beliefs in psychological contracts are postulated to affect both attitudes and behavior. Mutuality is not a requisite condition, (Rousseau, 1990, p.391).

Rousseau explains that even where agreement exists, each party does not necessarily “share a common understanding of all the contract terms” (Robinson and Rousseau, 1994, p.246), and goes on to explain that it is not just the presence or absence of mutuality which exerts an influence, but *perceptions* of mutuality (Rousseau, 1998, p.666). This means that mutuality can be perceived by one, both or neither of the parties, regardless of its actual existence.

Rousseau articulates that the psychological contract is maintained by a balancing of competing imperatives, which can be described as transactional or relational:

Figure 3.1 – Characteristics of Transactional and Relational Psychological Contracts (Boxall and Purcell, 2011, p.220, as adapted from Rousseau 1995, p.91-2).

<u>Transactional Contracts</u>	<u>Relational Contracts</u>
<ul style="list-style-type: none"> • Specific economic conditions (e.g. wage rate) as primary incentive. • Limited Personal involvement in the job (e.g. working relatively few hours, low emotional attachment). • Close-ended timeframe (e.g. seasonal employment, 2 to 3 years on the job at most). • Commitments linked to well-specified conditions. • Little flexibility (change requires renegotiation of contract). • Use of Existing skills. • Unambiguous terms readily understood by outsiders. 	<ul style="list-style-type: none"> • Emotional attachment as well as economic exchange. • Whole person relations (e.g. growth, development). • Open-ended time frames (i.e. indefinitely). • Both written and unwritten terms (e.g. some terms emerge over time). • Dynamic and subject to change during the life of the contract. • Pervasive conditions (e.g. affects personal and family life). • Subjective and implicitly understood (i.e. conditions difficult for third party to understand).

As can be seen, specific components exist at opposite ends of the same spectrum, and the overall psychological contract which results is likely to be a blend of these elements.

Unlike the written contract of employment, the psychological contract “is not made once but rather it is revised throughout the employee’s tenure in the organization,” (Robinson and Rousseau, 1994, p.246). It is comprised of official and unofficial aspects, real and perceived, and intentional or unintentional. In consequence of these highly subjective factors which exert a varying degree of influence, the tone of the psychological contract is distinctly “idiosyncratic” (Thompson and Bunderson, 2003, p.573), and can differ greatly between individuals even in seemingly identical circumstances.

While specific practical applications of the psychological contract exist with differing approaches and emphases, there exist certain aspects which are common to all. Guest (1998, p.650-1) outlines four main components. First and foremost, the psychological contract is unwritten (Schein, 1978). Secondly, it is premised on a certain degree of reciprocity (Kotter, 1973). Thirdly, the psychological contract does not just concern obligations, but perceptions of obligations (Herriot and Pemberton, 1995). Finally, it is emergent, and develops over time in accordance with a series of implicit assumptions made by the parties involved (Rousseau, 1989).

In relation to the above notions, the composition of the psychological contract can be viewed in relation to three elements: continuance commitment, which is the employees balancing of the costs of leaving their employer, and the benefits of staying; affective commitment, which is predicated on an emotional attachment to the organisation or its service users; and normative commitment, which centres around a sense of obligation (Meyer and Allen, 1997). It is the interplay between these factors, and the additional importance of ideological reasoning to voluntary sector workers, which defines the character of the psychological contract, the performance of work, and the delivery of care. The forms in which this can exist has been compellingly depicted in Grant’s (1999) following typology of psychological contracts:

- 1) **The congruent contract** – where the employee's and employer's perceptions of the contract are not necessarily the same, but which align towards mutually agreeable ongoing relationship.
- 2) **The incongruent contract** – where the employee's and employer's perception of the contract are mismatched, and are not aligned towards a mutually agreeable relationship.
- 3) **The partial contract** – where perceptions of the contract involve elements of both congruence and incongruence.
- 4) **The trial contract** – where the psychological contract is being 'piloted' before a decision has been made as to whether it falls into one of the above categories.

In recent years there has been a significant resurgence in its use, as is noted by Guest (1998, p.649):

In a world of rapid organizational change and loss of confidence in some of the traditional certainties of organizational life, the psychological contract appears to provide a useful integrative concept around which to focus an emerging set of concerns. Indeed, in what has been described as an emerging 'contract culture', the psychological contract neatly captures the spirit of the times.

As the contemporary employment relations context has changed, so too as the content of the psychological contract, as noted is by Anderson and Schalk, (1998, p.641):

That the striking pace of such changes has swept away previously operationable and generally agreed psychological contracts between employers and employees has been highlighted by several researchers, but

what has been most important for many people at work has been the simultaneous loss of job security coupled with increasing demands from employers for them to be more flexible, innovative, and willing to contribute to the organization 'above and beyond the letter' of their formal job descriptions or contracts of employment.

This eloquently highlights the fact that the written employment contract does not necessarily encapsulate the totality of the employment experience, as is exemplified by the notion of working “above and beyond” contractual obligations through factors such as unpaid overtime and donative labour. It is here that the psychological contract has the most to contribute towards a nuanced understanding of voluntary sector employment relations – it provides the conceptual space in which to separate and categorise obligations which exist within the contract of employment, and those out-with it, in relation to how they are perceived by individuals.

3.5.1 – Breach and Violation

As part of understanding the tensions in the fragile social order of voluntary sector organisations in an era of austerity and personalisation, this thesis will use the concepts of breach and violation to the psychological contract.

Breaches and violations are “an inherently subjective phenomenon” (Robinson and Morrison, 2000, p.526), but are generally accepted to take place “when an employee experiences a discrepancy between the actual fulfilment of obligations by the organization, and the promises previously made about these obligations” (Anderson and Schalk, 1998, p.644), and are more or less likely depending on the level of trust between both parties (Guest and Conway, 1998; Atkinson, 2007). The results of this dynamic can be just as varied as their cause, but are generally accepted as:

...likely to have a pervasive negative impact on employee attitudes and behaviours, including increased neglect of in-role job duties, reduced willingness to engage in voluntary behaviours supportive of the organization, and increased attempts to leave the organization altogether. Thus, the negative consequences of psychological contract violations are likely to go beyond the hurt feelings and disillusionment felt by employees; psychological contract violations may result in behaviours that are damaging to organizational effectiveness as well (Tunley and Feldman, 2000, p.40).

Obligations can be “implicit or explicit” (Tunley and Feldman, 2000, p.25), and therefore breaches and violations can be real or perceived, and additionally also intentional and unintentional. Typically, breaches are defined as less serious failures which tend not to result in the termination of employment, whereas violations tend to be unambiguous, outright failures which represent an irreconcilable challenge to employee motivation and commitment.

Morrison and Robinson (1997) set out three key contributing factors to the potential for the occurrence of breach or violation – reneging (where organisations fail to meet an explicitly stated promise or expectation), incongruence (where employees have a different understanding of an issue than the one espoused by the organisation) and vigilance (the extent to which an employee is on the lookout for a breach).

Incongruence can result from obligations and expectations which “develop over time as the psychological contract evolves or as perceptions become distorted in memory,” (Robinson and Morrison, 2000, p.529). This could imply that incongruence is a stronger possibility if an employee has worked in a given organisation for a longer period of time. Baines (2004, p.278), for example, noted that some interviewees “may be idealizing the relationships that existed in the past.” This is particularly interesting when viewed alongside the assertion that the psychological contract alters in accordance with length of service and familiarity with the competencies of the role (Robinson, Kraatz and Rousseau, 1994). Increasing expectations as a result of an awareness of employees’ own growing value to the organisation (Anderson and Schalk, 1998) and level of promotion (Atkinson, 2002;

Atkinson and Cuthbert, 2006) could also play a significant part in the perception of breaches. Conversely, a longer length of service may indicate greater socialisation with the norms and ethos of the company. Indeed, socialisation is a key means through which “to indoctrinate into new employees the beliefs and assumptions appropriate for a given organization,” (Robinson and Morrison, 2000, p.529). This may have significant relevance in relation to the fragmented nature of work with regards to length of service.

Within the voluntary sector, however, breaches and violations can be related to a number of different factors, including ideological aspects of the psychological contract. Here breach and violation can occur over tensions with the organisation or sector itself, and the treatment of individual service users, service user groups, or indeed the sector at large, and to varying extents and degrees. This means that employees may experience congruence with the sector, while simultaneously experiencing incongruence with the organisation. In instances such as these, the discrepancy may be between employee perceptions and organisational reality, but may also be between organisational reality and espoused organisational strategy as it relates to the sector at large. Where this is the case, in accordance with Robinson and Morrison’s (2000) framework, it is not necessarily an example of incongruence, but rather a convoluted manifestation of renegeing. Given that voluntary sector employers facilitate organisational goals through factors such as self-selection, self-sacrifice, unpaid overtime, and the acceptance of less competitive terms and conditions, organisations must demonstrate that they merit this contribution by publically exhibiting the values for which they stand.

Significant deviations from explicit value-based ideological orientations, where an organisation is perceived as having “abandoned an espoused principle or cause” (Thompson and Bunderson, 2003, p.571), has been termed “mission drift” (Cunningham, 2001; Jones, 2007). This is characterised by a sense of goal displacement, “where an organization’s preoccupation with administration leads to it losing sight of its objectives and ideals,” and an adjusting value interpenetration, “where employees become increasingly wary and sensitive as their organization engages in critical relationships with other organisations and their agents that are

not committed to the voluntary organization's particular ideology, or espouse a different set of values altogether," (Cunningham, 2008, p.57).

In this thesis, analysis will focus on how the values of personalisation and customer sovereignty interact with employee psychological contracts to understand whether they lead to sources of breach and violation. This may be exacerbated by the policy shift towards personalisation, which by its very nature involves a great deal of adjustment regarding service provision, and in turn, the distinction between austerity-prompted "mission drift" and policy-driven change may become blurred. Moreover, it will assess the degree to which threats to service quality from cuts in public expenditure cause breach and violation. Tensions can arise from the likelihood of increased uncertainty in funding contracts and tightening eligibility criteria regarding access to services for vulnerable people (Cunningham and Nickson, 2013). So, where austerity does foster low trust, it may also promote high vigilance amongst employees, leading to an even greater perception of breaches.

Relational breaches and violations to employee psychological contracts may come from several sources. While a number of articles study the effects of breaches (Robinson, 1996; Robinson and Morrison, 1996; Robinson and Rousseau, 1994), there are significantly less which address the causes. Robinson and Morrison (2000, p.540-541) seek to address this issue in a longitudinal study which found that:

...employees were more likely to perceive that their psychological contract had been breached when their organization had been performing poorly, when they reported their own performance as low, when they had not experienced a formal process of socialization, and when they had little interaction with members of the organization prior to being hired. Employees were also more likely to perceive a contract breach if they had experienced psychological contract breach in prior employment relationships and if they had numerous employment alternatives at the time of hire.

This raises a number of interesting points. Firstly, in relation to the voluntary sector, it is difficult to make comment on poor performance as the key competencies concerned tend not to involve "observable behaviours" (Bunning, 2004) and cannot

be accurately quantified. It does, however, draw attention to the fact that breaches are not always necessarily a response to renegeing or incongruence, but instead can be an after-effect of poor organisational performance. The “myth of pure virtue” (Salamon, 1993, p.115) which exists in relation to care work often obscures the realities of the practice, and the notion that, for a variety of reasons, such as inadequate training or appraisal, employees may fall short of accepted standards. Indeed, as is mentioned above, poor socialization can be a key cause of incongruence which leads to breaches.

The fragmented nature of voluntary sector work means employees are often geographically removed from their colleagues, and austerity-informed resourcing means there is rarely, if ever, adequate time to discuss the nature of work and organisational culture. This is exemplified by Baines (2004) assertion that “value training” is often sacrificed in favour of “practical training”, implying that socialisation is embedded in the sector, and not the organisation specifically. In doing so, they may deprive employees of adequate, organisation-specific socialisation, and as such, create conditions where breaches are significantly more likely. As Robinson and Morrison (2000, p.529-530) note, “when individuals must interpret ambiguous stimuli, they engage in a construal process whereby they fill in missing information by relying on contextual cues or prior information.” Lack of organisational socialisation also limits the opportunity to challenge “unrealistic expectations” (Selznick, 1957, p.17). By failing to provide information themselves and thus driving employees back towards more general sector-wide values as a point of reference, organisations may intensify ambiguity.

3.5.2 – The Consequences of Breach and Violation – Tensions in the Social Order of Voluntary Organisations

By stating that breaches and violations are “not the exception but the norm”, Robinson and Rousseau (1994, p.245) draw focus to the fact that, in practice, the psychological contract cannot exist without some form of unmet obligation. As it is a

fluid construct which exists in the perceptions of those who are involved, there is bound to be a certain level of disconnect between the two (or more) parties concerned. Furthermore, as Thompson (2003) has drawn attention to, the inherent fragility of contemporary capitalism means that the stability required on which to base a positive psychological contract simply may not exist, due to these theoretical disconnections, breach and violation of the psychological contract could be largely structural. Indeed, as Boxall and Purcell (2011, p.222) note, not only are “breach and violation are virtually inevitable,” but “perhaps employees come to realise and accept this.” Breach and violation operates at an individual level; at a collective level, it plays a similar role to Korczynski’s (2002) notion that tensions in the social order of customer-oriented bureaucracies are inevitable. The question is the extent to which this disconnect is tolerable, and how employees react to it.

To understand the consequences of the above sources of breach and violation on the social order of voluntary organisations, this section will consider the impact of the above ruptures in reciprocal contracts between employers and employees on the commitment of the latter. Generally speaking, transactional psychological contracts are commonly associated to continuance commitment, and relational psychological contracts with affective commitment (Cunningham, 2008, p.58). The relationship between the two can be particularly enlightening when viewed in relation to MacNeil’s (1985) conceptualisation of reward and exchange as being characterised by economic and sociomotional currency, and additionally, Thompson and Bunderson (2003, p.571) contribution of a new element to this dynamic – ideological currency. Here, employees seek to satisfy a type of motivation which is not outwardly reducible to personal gain. While they do seek to gratify a motivation, it is one which is premised on deeply held moral and ideological principles or aspirations. Cunningham (2010) argued that violations to ideological contracts led to an undermining of normative commitment. As will be discussed, ideological currency is subject to similar influences as transactional and relational elements, but the repercussions and ‘exchanges’ manifest themselves distinctly different ways. This thesis argues that were breaches and violations to transactional, relational and ideological psychological contracts, this will have implications, respectively, for the continuance, affective and normative commitment.

Furthermore, this framework argues that this dynamic of psychological contract breach, violation and reduction in commitment has been known to lead to employee disenfranchisement and poor performance (Lester et al., 2002), a reduction cooperation, coproduction and “organisational citizenship behaviour” (OCB) (Coyle-Shapiro and Kessler, 2000; Othman, et al. 2005) discretionary behaviour (Organ, 1998), and an increase in turnover (Sturges et al. 2005). Indeed, the psychological contract is said to become more transactional after a breach (Herriot and Pemberton, 1996; Pate et al., 2003; Atkinson, 2007). Feelings of betrayal and anger (Rousseau, 1989; Robinson and Morrison, 1995; Roehling, 1997) may even lead to an active desire to “get even” (Brooks, 1999; Folger, 1993; Litzky et al, 2006) a deliberately poor performance (Newell, 2000), or “sabotage, theft and aggressive behaviour” (Morrison and Robinson, 1997). Interestingly, there is very little written on the role of trade unionism in the psychological contract (Cullinane and Dundon, 2006; Bacon 2003; Guest 2004). Often, where trade union membership or mobilisation is low, a “representation gap” (Towers, 1997) emerges, leaving workers to feel unsupported and uninformed (Butler, 2005; Dundon and Rollinson, 2004).

In relation to the decision making based on ambiguous information, Griffin and Ross (1991) demonstrate that it is not necessarily a lack of information which causes ambiguity, but potentially also an over-abundance. Given that sector-related socialisation exists as a broader and more all-encompassing influence than can be achieved by individual organisations, employees may be naturally predisposed to side with their perceptions of the sector than their individual employer. Furthermore, Griffin and Ross (1991, p.349) note that where individuals are compelled to make a decision based on ambiguous stimuli, they tend to support the decision they do make more fervently or extremely than they would otherwise. This could mean that there exists a potential for sector-related socialisation to undermine, or even overpower, organisational socialisation. This issue is exacerbated by the increasing instability and continual change caused by short term contractual funding. Robinson and Morrison (2002, p.542) also note that those who have experienced breaches in the past are more likely to perceive them in future, highlighting that this is a self-perpetuating notion, which could well escalate to unsustainable levels.

Arguably the most serious response to a breach or violation is termination of contract. For most, this is a last resort, and is particularly interesting when analysed in conjunction with Morrison and Robinson's (1997) notion of 'sensemaking', whereby employees seek to rationalise the actions of the other party after the perception of a breach. Where employees recognise that a breach is caused by financial constraints out-with an organisation's control, and not an abandonment of principle, employees may decide not to resign (Cunningham, 2010). Similarly, Thompson and Bunderson (2003, p.581) note that "employees who premise their organizational relationship on distal ideological goals will be more likely to 'wait out' a short-term breach, if they believe the organization remains committed to the long-term objective." This has been described as a unique 'resilience' (Cunningham, 2008, p.215; Cunningham, Lindsay and Roy, 2015) which is specific to voluntary sector workers, and is the product of a sensemaking process which is predicated on the increased importance of ideological elements in the psychological contract.

At the same time, one must be cautious regarding the extent to which violations, and reductions in commitment will lead to quitting. The final point made by Robinson and Morrison (2000) as above relates to the scarcity of alternative employment as an explanation for the low perception of breaches. It may be the case that, as there is no alternative, it would be too psychologically difficult for employees to maintain their employment if they identified their concerns as breaches or violations, and so are less likely to do so. It is worth noting, however, that the authors do acknowledge that their choice of participants do have a significant influence on this dynamic (2000, p.544) – as highly skilled individuals educated to MBA level, they may have higher expectations than the average UK job market employee, and as such, may be more likely to perceive breaches in accordance with this rationale. Due to the importance of reputation within the sector's highly joined-up job market, explicit breach or violation may be more damaging than they are worth.

Sensemaking is an extremely subjective process, contextualised in the psyche of employees at an individual level, and is to a large extent predicated on individual perceptions of fairness, which will determine "whether or not they will perceive a breach as unjust" (Coyle-Shapiro and Neuman, 2003, p.152). Hatfield and Miles

(1987, p.223), concisely assert that “individuals react in consistent and individually different ways to perceived equity and inequity because they have different preferences.” Some breaches may be perceived as an abandonment of ethical principles, other may be recognised as a pragmatic response to external pressures. This again exemplifies that what employees recognise as the cause of financial pressure is key to determining how they will respond to it.

At this juncture it is prudent to note that resilience can be a particularly difficult concept to identify in reality with any real sense of certainty. For example, Cunningham, Hearne and James (2013, p.176) note that, since the 2008 recession, “over a third of organisations (36%) reported a decrease in turnover.” This could be explained by resilience, but also by lack of alternative employment – in all probability, it is a combination of the two. As such, it is difficult to generalise about a notion that is so subjective. The means through which the psychological contract can provide clarity to an issue such as this is by providing is a comprehensive, operationalised framework through which to analyse in-depth, specifically crafted qualitative research that gives rich, comprehensive descriptions of particular components of the employment relations process.

As this mediating of conflicting influences is a longitudinal process which spans the whole duration of employment and potentially beyond, employees “may be motivated to reciprocate the employer based on the fulfilment of obligations as well as the anticipation of future inducements,” (Coyle-Shapiro and Neuman, 2003, p.152) and vice-versa. In other words, action may be predicated on “a belief in the existence of a promise of future benefits that one party has already ‘paid for’” (Tunley and Feldman, 2000, p.27). Thompson and Bunderson (2002, p.582) contextualise this within expectancy theory (Vroom, 1964), and draw attention to the fact that motivation is, by nature, a process based on degrees of expectancy and fulfilment with a considerable temporal emphasis. Indeed, as Robinson and Rousseau (1994, p.245) assert, “without the promise of future exchange, neither party has incentive to contribute anything to the other and the relationship may not endure.” In relation to the differing types of currency which comprise motivation, “it may be that fulfilled obligations on the ideological dimension of the psychological contract compensate for unfulfilled obligations on the economic or socioemotional

dimensions.” (Thompson and Bunderson, 2003, p.583).The notion that the meeting, or even exceeding, in the fulfilment of some motivations can mediate the shortfall in relation to others is extremely pertinent to voluntary sector employment relations.

3.5.3 – Limitations of the Psychological Contract

As has been discussed, the psychological contract is an extremely useful means through which to facilitate an understanding of contemporary voluntary sector employment relations. That is not to say, however, that it is without its flaws; at both a conceptual and practical level there are certain issues have drawn criticism. Firstly, the fact that the concept has an extremely high “face validity” (Anderson and Schalk, 1998, p.639) has resulted in its use being commonplace, and has prompted many different researchers attempting to define it with many different purposes in mind. While in many ways its increased use contributes to an improved legitimacy through test-retest validity and conceptual expansion, “the concept risks becoming diffuse, losing analytic rigour and being devalued as a powerful explanatory concept,” (Guest, 1998, p.649), and in consequence may “degenerate into empty rhetoric,” (Anderson and Schalk, 1998, p.639). As a result, “researchers should clearly clarify what is meant when using the term psychological contract and further elaborate the content and features of psychological contracts. This does not necessarily mean that there only has to be one definition in use,” (Anderson and Schalk, 1998, p.644).

While it has been noted by some that the psychological contract takes root in legal metaphor (Guest, 1998; Conway, 1996; Macneil, 1985), in an operationalized sense there is a great deal of debate concerning the orientations of the concept. Guest’s (1998, p.650) situates the concept as sitting “somewhat awkwardly within conventional psychological analysis. It is not a theory; nor is it a measure. Rather it is a hypothetical construct, drawn, probably inappropriately, from a legal metaphor.” Rousseau (1998, p.666-7) responds that firstly it is not borrowed inappropriately, secondly that it is not defined by its relation to legality, and thirdly that it is even a metaphor at all. Instead, she defines it as a construct, explaining:

...metaphors do not explain variance in behaviour, nor do they give rise to predictions that can be confirmed. Constructs and the theories in which they are embedded – do [...] Scholars on the subject have not equated psychological contract with a legal contract; the confusion between the two is more often characteristic of lay people who first encounter the concept.

While Guest makes a well-reasoned critique of the psychological contract conceptually, Rousseau (1998, p.667) asserts that “the ‘awkwardness’ Guest asserts appears to be nothing more than normal social science, where constructs are operationalized through formal measures and theories are developed that place the construct in a network of relations with other constructs.” She goes on to contextualise this by drawing attention to Macneil’s (1985) assertion that “all legal contracts are fundamentally psychological, even those formally written and executed with a roomful of lawyers surrounding the principals,” before concluding that “to empirically study a construct, we operationalize it using indicators that are established to have construct validity,” (Rousseau, 1998, p.666-7).

While it is not unreasonable to draw parallels between the psychological contract and the employment contract – after all, it is where it derives its name - caution must be advised. The very fact that it is named the *psychological* contract emphasises that it is distinct from the employment contract itself, and exists within the “eye of the beholder” (Guest, 1998, p.652; Coyle-Shapiro and Neuman, 2003, p.153; Robinson and Rousseau, 1994, p.245). Indeed, as Rousseau (1998, p.666) states, it is the perception of mutuality, not necessarily mutuality itself, which is one of its defining features. What the element of legality contributes is a distinction between what the different parties involved have to do to comply with the law, and what they are obliged to do out-with this, in relation to the expectations of other parties.

Additionally, and perhaps more fundamentally, there are also issues concerning construct validity. It has been noted that who constitutes the “organisation”, “employer”, “employee”, and additionally the “customer” or “service user”, are, to a certain extent, open to interpretation (Guest, 1998; Arnold, 1996;

Cunningham, 2008), and that notions of “multiple agency” may present themselves (Guest, 1998; Boxall and Purcell, 2011). For example, an explicit recognition that managerial staff have dual role of both employee and employer is imperative. Again, the emphasis on the perception of mutuality is the defining characteristic in this regard.

The fact that such passionate debate exists, and so many different parties seek to lay claim to the concept, could be regarded as evidence in itself for the fact that the psychological contract is a tremendously valuable tool through which to foster comprehensive and rigorous research. The most effective way to ensure the psychological contract is utilised to its fullest potential is to be explicit with definitions and terms, and contextualise them within the specific area of research concerned.

Establishing a conceptual framework can be increasingly difficult in relation to the voluntary sector for the very reasons which make it increasingly important – firstly, because employees tend to be motivated to a greater extent by ideological factors, and secondly, because the relationship is not unilinear, and is comprised of a complex interplay between employers, funding bodies, legislators, service users, and of course, employees. Before ultimately premising the conceptual framework of this research on the psychological contract, another component considered was Social Exchange Theory (SET).

While the concept of SET has developed gradually and takes its roots in a variety of different academic locales, arguably one of the more indispensable early texts on the subject is Blau’s (1964) ‘Exchange and Power in Social Life’. Establishing social exchange theory as a distinctly defined conceptual tool, he described the exchange relationship as founded on the notion that the “voluntary actions of individuals that are motivated by the returns they are expected to bring and typically do in fact bring from others” (Blau, 1964, p.90). At its essence, social exchange theory is premised on “a series of interactions that generate obligations” (Emerson, 1976, cited in Cropanzano and Mitchell, 2005, p.874). These obligations create a self-perpetuating reciprocity which varies over time in strength and quality. It is not dependant on explicit bargaining (Molm, 2000, 2003), but rather evolves incrementally based on the value of the exchange.

As a conceptual approach, SET offers a number of significant contributions to the understanding of the employment relationship which are extremely beneficial in the voluntary sector context. In some areas, it has a firmly established superiority over other theoretical concepts, such as in relation to accounting for networks (Brass, Galaskiewicz, Greve and Tsai, 2004; Cook, Molm, and Yamagishi, 1993), explaining social power (Molm, Peterson and Takahashi, 1999), and unpacking the employment relationship laterally. Additionally, it can be more longitudinal, and transcends the time period explicitly specified by employment contracts relating to a particular organisation or role.

Despite these benefits, a number of factors make SET less useful in a voluntary sector setting. The first is its emphasis on explicit exchanges (Blau, 1964, p.89). By not allowing adequate conceptual space for the implicit, SET fails to capture ideological, ethical, religious or altruistic motivations which are prevalent in voluntary sector research. Secondly, SET may over-emphasise the role of explicit reciprocity (Molm, 1994, 2000, 2003), and is less useful in relation to situations where reciprocity is not present. As a construct, SET is more orientated towards the creation of positive outcomes as opposed to the avoidance or mediating of negative ones (Molm, 2003, p.14-15). In relation to the voluntary sector specifically, employees have consistently demonstrated that they will tolerate vulnerability, yet outwardly seem to receive no corresponding reward for doing so. They receive increasingly uncompetitive remuneration via the terms and conditions of employment, such as low wages, holiday entitlements, and are continually at risk of physical and emotional abuse. As it does not provide adequate means through which to account for ideological motivation and reward, it cannot accurately capture the nature of work in voluntary sector social care.

Another method considered for this research was the “warm glow” literature, which explains ethical reward as a “warm glow” experienced by those who deliver it. Andreoni (1989, 1990, 1995) describes the dynamic as “impure altruism”, and the crux of the idea is that an individual performs an act which is designed specifically and explicitly to primarily benefit another party, and yet simultaneously achieves a satisfaction from doing so. A key feature of Andreoni (1995) and Park’s (2000) modelling studies is that they illustrate how certain

conditions can be set in place which facilitate a given result or outcome. By attempting to account for “warm glow” in a quantifiable manner in relation to explicit exchange, elements of this body of literature can and have been used to harness ethical motivation for entrepreneurial purposes (Haugh, 2007; Rose-Ackerman, 1997; Goerke, 2003) as a means of attempting to make a given workplace more financially autonomous via the notion of “giving” (Ostrander, 2007; Healy, 2006). However, as with SET, a number of factors preclude its inclusion in the conceptual framework of this thesis.

Firstly, “warm glow” primarily relates to monetary charitable donations or volunteering as opposed to paid voluntary sector work. Secondly, Rutherford concludes that there is little cause-and-effect correlation between the “warm glow” and wage-setting, or the idea that unpaid overtime is indicative of the presence of ‘warm glow’ (Rutherford, 2009, p.16). Thirdly, the emphasis on ideological reward as something which can be “purchased” through an explicit exchange may be at odds with the greater proclivity for non-monetary reward prevalent in voluntary sector social care. Ultimately, “warm glow” is used primarily “to describe the utility received by a donor from the act of giving, rather than the outcome itself” (Rutherford, 2009, p.2), and as such, does not account for the totality of experience required for research of this nature.

3.6 – Chapter Conclusions

This chapter began by examining the character of the voluntary sector workforce, particularly the greater proclivity for non-monetary reward, and the increased importance of ideology. It then went on to consider how this relates to work organisation and the employment relationship, and expounded on how NPM-style operating practices and targets are ill-equipped to capture the realities of work, and rather than increase productivity and cost-effectiveness, may reduce it, and additionally, serve to damage the employment relationship by undermining the contribution of social care workers. The final section conceptualised these issues in

relation to the psychological contract, as a means of giving voice to the employment exchange as premised on a perceived reciprocity which is continually rebalanced in light of new information and changes to the nature of work. In consequence, the final two research questions are as follows:

3. Does employment degradation, work intensification, and the dual imperatives of cost versus quality within voluntary sector organisations, create breaches and violations in the psychological contract of employees?
4. To what extent do these changes to the psychological contract create tensions in the social order between employees and management?

The next chapter will explain the research methodology, and describe how these issues fit into the overall conceptual framework which underpins this study.

CHAPTER 4 – METHODOLOGY

4.1 – Introduction

This chapter will explain the methodology which underpins the data collection and its analysis, and is split into several thematic sections. The first outlines the conceptual framework and research questions; the second explains the rationale behind the qualitative research design; and the third considers research philosophy and the critical realist approach which informs the study. The fourth and fifth sections respectively explain the multiple case study approach and the case study organisation selection. Sections six and seven outline the interview sample and process, and the benchmarking survey which accompanied it. Sections eight and nine discuss how data was analysed, and the ethical considerations which were taken into account, and the final section deliberates the limitations of the research.

4.2 – Research Questions

The intention of the first literature review chapter was to create a research framework to evaluate the impact of the dual tensions of cost and customer influence on voluntary sector organisations during an era of austerity and the introduction of personalisation. The second literature chapter developed a theoretical framework through which to conceptualise worker responses to these. Correspondingly, the research questions are as follows:

1. What are the implications of austerity and personalisation, and the role of the 'customer', on employment policies? Are voluntary sector organisations taking on the characteristics of COBs?

2. What are the factors encouraging or mitigating the emergence of COBs in voluntary sector social services?
3. Does employment degradation, work intensification, and the dual imperatives of cost versus quality within voluntary sector organisations, create breaches and violations in the psychological contract of employees?
4. To what extent do these changes to the psychological contract create tensions in the social order between employees and management?

4.3 – A Qualitative Research Design

As asserted by Bryman (1984, p.83) “the research technique must fit the problem in hand.” As such, in order to effectively address these questions, a largely qualitative research design was formulated with the intention of eliciting detailed descriptive accounts of the employment experience and the potential changes which may be taking place.

As Baines notes (2004, p.269), a study which truly adds value to existing research should endeavour to “provide information and analysis for social service workers, rather than just about them.” With this in mind, there have been calls for more qualitative research in relation to the voluntary sector employment relationship (Almond and Kendall, 2000; Bartels, 2013; Wilding et al, 2003, Nickson et al., 2008), and particularly on the repercussions of breach and violation of the psychological contract (Herriot, Manning and Kidd, 1997; Robinson and Morrison, 1995, Cunningham, 2010).

When endeavouring to elicit information of a more personal nature, personal contact is crucial (Saunders et al., 2009, p.316). Interviewing allows for a more detailed and comprehensive understanding of employees’ opinions relating to the issue, and a recognition of non-verbal elements of communication, such as gestures and expressions. This also provides a better platform from which to gauge not just

the direction of feeling, but also the intensity (Hume, 1995). Burgess (1982, p.107) asserts that interviewing provides “the opportunity for the researcher to probe deeply to uncover new clues, open up new dimensions of a problem and to secure vivid, accurate inclusive accounts that are based on personal experience.” To this end, several interviews were conducted at each service location as a means of capturing the individual contexts, cultures and ways of doing things which exist at a macro level (Campbell-Rawlings and Catlaw 2011; Young, 2000).

It is also possible that an aversion to standardised and ‘tick-box’ elements of social care which are increasing in consequence of the emphasis on the purchaser-provider nature of the sector (Baines, 2004, p.278), a quantitative approach may be actively off-putting to participants, and may not elicit useful findings. An effective methodology is designed to enhance research, not constrain it, and adhering stringently to a strict theoretical or philosophical approach may be at odds with the practicalities of producing a truly meaningful narrative (Melia, cited in Miller and Dingwall, 1997, p.29).

While it can be argued that qualitative interviewing produces interpretations as opposed to unimpeachable facts (Silverman, cited in Miller and Dingwall, 1997, p.15) this is not considered a shortcoming in this particular circumstance, but rather a strength, as it is employees’ perceptions of the challenges to their terms and conditions of employment which the primary focus of the research. As such a significant proportion of social care employees’ motivation lies in an intricate balance of symbolic factors, information pertaining to how terms and conditions are perceived is most accurately uncovered through detailed descriptive accounts.

4.4 – Research Philosophy – A Critical Realist Approach

At this juncture, it is pertinent to discuss the subject of research philosophy. As is noted by Dennett (1995, p.21) “there is no such thing as philosophy-free science; there is only science whose philosophical baggage is taken on board without examination.” When used in the most practical and constructive manner, research

philosophy is intended to create a platform from which research can be effectively conducted, and data can be accurately interpreted. Research philosophies and theories themselves are:

“tools for interrogating reality and for deriving their practical imports. They are not irrefutable truth claims. As such, it becomes incumbent on scholars of all stripes and persuasions to open themselves to the possibility of alternative, plausible theoretical viewpoints and to engage in a robust critical consideration of the competing perspectives on offer in their own specific field of study” (Tsoukas and Chia, 2011, p.4).

In other words, there is no such thing as one ‘correct’ theory, but instead a most ably suited approach to achieving specific research objectives. Furthermore, a philosophical approach does not necessarily materialize fully formed, but rather can “[emerge] piecemeal over many years” (Donaldson, 2005, p.1071).

A greater understanding of research philosophy and the role it can play in research design can “help the researcher identify, and even create, designs that may be outside his or her past experience” and “may also suggest how to adapt research designs according to the constraints of different subject of knowledge structures” (Easterby-Smith et al., 2002, p.27). Leaving a resource as rich as research philosophy untapped is not only a great loss with regards to what research can achieve, but can be actively detrimental.

One of the most pertinent issues in formulating a constructive philosophical outlook is ensuring that the issue stated above does not become overly deterministic with regards to research design, results and interpretation. A lack of awareness of philosophical orientation could be described as ‘not knowing what you don’t know,’ and this blinkered view can result in a “tendency to cling on to our own preferred views and to dismiss theories that do not conform to our own operating premises and hence to avoid sustained critical questioning of our own assumptions [which] is widespread in the human sciences” (Tsoukas and Chia, 2011, p.4). This inflexible approach to philosophy, whether intentional or not, creates an extremely

prescriptive approach which can serve to confine research and can have severe implications with regards to its worth and generalisability.

Within the disciplines of HRM and employment relations, there is no one all-encompassing research philosophy, which in part reflects the fragmented nature of the academics who comprise the discipline – researchers typically, but not exclusively, come from backgrounds such as sociology, psychology, politics, management science, economics and social history, each of which carries with it their own ontological and epistemological baggage. In a sense, they can be described as ‘hybrids’ in the manner outlined by Latour (1993), and while this can lead to significant misunderstandings and misinterpretations relating to a philosophical imperative, it can also create a rich and comprehensive knowledge base from which early stage researchers can develop their own unique understanding of the issues which underpin their own particular area of exploration.

One of the most crucial issues to examine from the outset of research design is the use of language and terminology. With regards to a subject as strongly contested as research philosophy, different researchers inevitably use specific words and terms to describe different concepts. In discussing the challenges which often accompany justifying an approach based on theory building from case study, Eisenhardt and Graebner (2007, p.25) affirm:

“A straightforward approach for coping with the varied meanings of ‘qualitative research’ is to avoid the term. Rather, clarify the research strategy being used, and contrast it with other ‘qualitative’ approaches with differing epistemological assumptions [...] The key here is to convey the theory-building strategy clearly while avoiding confusion, philosophical pitfalls, and unrealistic reader expectations.”

As terms can mean different things to different people, they can be indeterminately prescriptive depending on the reader, and this can lead to misconceptions and misinterpretations of research. The easiest way to prevent this is to not take terminology for granted, and give rich, detailed accounts of the practices adopted based on their specific relevance to the study itself, and not merely because they are

standard, typical components of a given philosophical approach. Transversely, it could be argued that by purposefully sidestepping the definition of terms, researchers deny themselves the opportunity to refine terminology for a more accurate communal use (Gergen and Thatchenkery, 2004, p.40). Indeed, a great deal of what is written concerning research philosophy is not solely intended to provide a coherent, fixed answer, but rather to stimulate discussion and develop ideas. Gergen and Thatchenkery (2004, p.244) expand on this by stating that, “not only is ‘the problem’ continuing to change while the research and intervention are being carried out, but the very idea that there is a single set of propositions that will accurately reflect the nature of the condition (or its ‘causal’ underpinnings) is grossly misleading.” Instead, the researcher must be actively aware of context and potential variables, and pragmatic and reactive when addressing them.

In consequence of the above, a critical realist approach was felt to offer the most suitable platform from which to conduct research which seeks to provide explanations for particular social phenomena and their generative mechanisms. Largely premised on the work of Bhaskar (1975, 1978, 1979), critical realism explains the social world as being comprised of the real, the actual, and the empirical (Bhaskar, 1975, p.56), and positions reality as something which “cannot be measured, only understood” (Bhaskar, 1979, p.59).

Critical realism is premised on the notion that an objective truth exists, but we may not necessarily have the information required to perceive it (Easton, 2010, p.119). As a result, critical realist researchers must work with the information that is available to best understand a given situation. Here, critical realism acknowledges that its epistemological outlook does not provide an objective understanding, but rather, the most objective understanding we are able to perceive within explicitly defined margins. As such, it is uniquely positioned to “‘unlock’ the nature of relationships and perceptions within [voluntary sector] organisations” (Alatrasta and Arrowsmith, 2004, p.538).

A key concept associated with critical realism is retrodution, which centres around the process of identifying causal powers and reflecting them back in an attempt to better understand them, and the situation they have created. Critical realism is not situated to identify a universal truth, but rather the most plausible and

applicable explanation, and as such, the notion that “what reality is” can be constructed by virtue of a scientific process is a “metaphysical absurdity” (Bhaskar and Lawson, 1998, p.4). Instead, retrodution provides the means to examine causal mechanisms in specific contexts and then infer bespoke explanations which can be tested, and re-tested (Bhaskar, 1979, p15). This is particularly beneficial to this research as it is conducted in a variety of different organisations, many of which have drastically different aims, objectives and mission statements, and cater to a variety of different service user groups; in consequence, the ability to compare, contrast and reinterpret data is extremely useful. Additionally, any given context is “in a state of endless becoming” (Tsoukas and Chia, 2002, p.574-5), and critical realisms recognition of this means it is uniquely able to chart and understand change.

However, as with all philosophical approaches, critical realism is not without its critics, and the concept of retrodution is particularly contentious. The resultant ability to continually revise a given position can be argued to call into question the validity and dependability of the concept, as it provides little basis for anything that is necessary or universal. It is this factor that leads Contu and Willmott (2005, p.1650) to refer to retrodution as a “get-out-of-jail fallibility card,” as it is used to evade criticisms rather than refute them. The debates surrounding these ideas have been included as a means of drawing attention to Gill and Johnson (1997, p.128) assertion mentioned previously that the purpose is not to establish the ‘perfect’ approach to research, but instead, one which is most accurately suited to the research focus and objectives in question.

Ackroyd and Fleetwood (2000) note that critical realism positions a social locale as a product of human action, but not necessarily human design, which is beneficial for problem-based research as it provides conceptual space for unintentional consequences. The notion that structures do not require formal identification in order to exert influence (Fleetwood, 2005, p.202) is particularly useful in relation to voluntary sector research, as attitudes pertaining to altruism and self-sacrificing behaviours, commonly referred to as the VSE (Cunningham, 2008) are often recognised to varying degrees amongst individual employees. While some employees feel compelled to display this behaviour, others simply do not recognise

that an alternative exists. This has particular relevance when attempting to ascertain the extent to which employees are vulnerable to a degradation in their terms and conditions of employment, and equally important, the extent to which they perceive this.

In relation to the potential shortcomings of any given approach to research, Easterby-Smith et al. (2004; p.86) note that strategic compromises can be made with regards to some factors in order to fully realise the benefits of others, and that a blending of approaches can minimize any potential drawbacks. An amalgamation of different components from various philosophical approaches is also intended to leave room for emergent theory. For example, studies which build theory from cases often produce the most interesting research (Bartunek, Rynees and Ireland, 2006) and have an "impact disproportionate to their numbers" (Eisenhardt and Graebner, 2007, p.25). It is particularly adept at identifying the 'how' and 'why' of a given issue, but less so the 'how many' and 'how often' (Eisenhardt and Graebner, 2007, p.25). This approach does, however, present very real challenges with regards to case selection and generalisability, particularly in relation to single-case studies. To accommodate this, extreme care must be taken when choosing organisations to participate. This will be discussed in a subsequent section within this chapter which is dedicated solely to this issue.

As the ontological space where positivism and interpretivism meet is often reflected in a critical realist paradigm, it can effectively be said to represent a 'third way' to perform research (Danermark et al., 2002, p.202), through which the "weaknesses of the one position find their antitheses in the strengths of the other" (Bhaskar, 1979: 157). Consequently, critical realism is compatible with a wide range of research methods, approaches and objectives (Sayer, 2004), and is particularly well suited to exploring research questions which are premised on understanding complex issues based on interacting causal forces (Easton, 2010).

This, however, is a highly contested position. Some researchers would argue that critical realism is not 'critical' enough (Gerhart 1988; Denzin and Lincoln 2005), fails to provide an adequate account of percipient-object relationships (Oakes, 1970), and lacks an adequate theory of signs and semiosis (Nelhaus 1998). Contu and Willmott, (2005, p.1646-1650) go further, arguing that critical realism offers little

new, and that rather than being a ‘third way’, is in fact an irreconcilable compromise, as it claims to approach a universal knowledge, whilst also clinging to the notion of fallibility of knowledge acquisition in practice. In response to this criticism, many researchers (e.g. Ackroyd, 2004) would draw attention to critical realism’s central claim – that it does not seek to achieve a universal knowledge, but rather a plausible validity of knowledge that is conducive to practical research.

To conclude, the research philosophy which is to underpin my own research is premised largely on critical realism, as this will produce the most meaningful and comprehensive data, and a stable platform from which to analyse it. Specific elements have been identified from a variety of different approaches and methods which are conducive to creating detailed, robust data which relates specifically to the setting in which this research takes place, and in relation to the objectives which it sets out to achieve.

4.5 – Multiple Case Studies

Arguably the most crucial element of research design is the mechanism of data collection. This thesis has adopted a multiple case study approach, intended to create a rich and immersive data set (Miles and Huberman, 2014, pp.33-4) in order to provide the best platform from which to the research questions outlined above (Du Guy, 1992). Yin (2009, p.18) defines a case study as:

“an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident [...] The case study inquiry copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result benefits from the prior development of theoretical propositions to guide data collection analysis.”

As can be seen, case studies offer a rigorous immersion in the context of the research, alongside a triangulation of source material, which results in a comprehensive, robust and unique data set, which would be difficult to achieve through other methods.

A multiple case study approach was utilised as a means of gathering data on sector-wide trends, and facilitates comparison between different types, locations and sizes of organisations (Bryman and Bell, 2004, p.71-2). This approach allows for replication (Yin, 2009, p.55), and mediates thematic gaps which may exist in any individual case study (Yin, 2009, p.62), towards a more wide-ranging and legitimate narrative.

As critical realism positions social structures as existing “only in virtue of and are exercised only in human agency” (Bhaskar, 1979, p.51), a qualitative multiple case study approach of this nature is extremely well suited to a critical realist approach, in that it addresses the impacts on social structures via the actions and perceptions of the individuals who comprise them. Indeed, several authors have identified a case study approach (Ackroyd, 2004; Fleetwood and Ackroyd, 2004), and particularly one comprised of multiple case studies (Harrison and Easton, 2004; Miles and Huberman, 2014; Danermark et al., 2002) as being particularly compatible with critical realist philosophy. It allows for comparison of social phenomena and research themes across not only different sites within one organisation, but across several different employers, as a means of testing the validity of causal mechanisms and interpretative perceptions. As is stated by Ridder et al. (2009, p.138), case studies “identify and refine constructs and their relationships, develop and confirm propositions, and embed constructs within a larger set of relationships”, and suggest that, in order to fully utilize the approach, “case study researchers strategically and purposefully sample cases, verify the setting conditions, or draw upon numerous research fields to make a theoretical contribution.”

In relation to the voluntary sector and SDS specifically, it is a particularly interesting time to conduct research of this nature, as sufficient time has passed since its implementation to make initial evaluative assessments. Multiple cases studies facilitate the comparing and contrasting of different findings themes based

on particular aspects pertaining to the organisation in question, and strengthen the generalisability of the findings (Miles and Huberman, 2014, p.37). This will be discussed in greater detail below in relation to the selection of participating organisations.

4.6 – Case Study Organisation Selection

Data collection centred around four case studies in voluntary sector social care organisations, selected due to their involvement in personalisation, and their size, geographical spread, and legitimacy within the sector. Four specific organisations were selected due to the service user group they cater to – a mental health service, a children’s service, a physical disability service, and mixed-provision housing organisation, as illustrated on the table below:

Table 4.1 – Case Study Organisation Breakdown.

	Service Provision Type	Year Founded	Staff Headcount	2016 Income
Case Study 1	Mental Health Organisation	1985	Over 350	£9,750,012
Case Study 2	Children's Organisation	1896	Over 900	£298,660,000
Case Study 3	Physical Disability Organisation	1944	Over 300	£4,553,655
Case Study 4	Housing Organisation	1977	Over 300	£8,948,000

More financial data is provided for each organisation in the corresponding findings chapters.

The first case study was conducted in a large Scottish-based mental health charity (from this point referred to as MH01), founded in 1985 and employing over 350 staff. MH01 provided one of the first registered mental health supported accommodation service in Scotland, and prides itself on being a frontrunner in

personalisation provision. Current services include supported living (individuals in their own homes), supported accommodation (individuals in care homes), self-harm projects, crisis centres, Alcohol Related Brain Damage (ARBD) services, homelessness services and youth projects.

The second case study took place a large children's services charity (from this point referred to as CSO1), which operates as the Scottish division of a charity founded in England in 1896, employing 900 staff and 1,000 volunteers. They are registered separately as a charity in Scotland, but the majority of senior management and executive decision making originates from England. The organisation's espoused purpose is the prevention and relief of poverty and the advancement of health and education among disadvantaged or at-risk children and young people. Their service user group includes children and young people who have physical disabilities, learning difficulties, mental health issues, addiction, and disadvantaged backgrounds. Current services include family support, child mental health, domestic abuse, fostering and adoption, residential care, housing and homelessness, advocacy and participation, employability skills, and vocational training.

The third case study was conducted in a large Scottish-based disability services charity (this point onwards referred to as PDO1), employing over 300 staff. It was founded in 1944, originally with the purpose of caring for veterans and ex-servicemen, and now caters more broadly to general disability and related health conditions. Its objectives are to provide support to people with physical and learning disabilities, long-term health conditions, poverty or other disadvantage, prevent and provide relief for ill-health, provide recreational facilities and assistance, and facilitate individuals in leading fulfilled lives. The organisation has a number of accreditations and affiliations with other providers, and also delivers training and consultancy within the sector on subjects including person-centred approaches to care, solution focussed therapy, long-term conditions, and helping veterans adjust to civilian life, on a fee-paying basis.

The fourth case study took place in a mixed-provision housing organisation (from this point referred to as HO1), founded in 1977, and employing over 300 staff. HO1's business is split between housing, through which it provides homes to over

1,200 tenants, and care, through which it provides support to over 1,800 service users. The individuals it caters to include individuals and families who have learning disabilities, mental health issues, brain damage, or who are experiencing or are at risk of homelessness. In January 2014, HO1 became part a group described as Scotland's leading housing, care and property-management group, referred to from this point as HousingCorporation. Including HO1, it is comprised of comprises six Registered Social Landlords, a care organisation and two commercial subsidiaries, operates across 17 local authorities, and caters to 200,000 service users.

4.7 – Interview Sample and Process

Given that the subject itself is largely embedded in social interaction, it was felt that the most accurate and robust means of gathering meaningful information was by speaking to employees directly in order to gauge not just the direction of feeling, but also the strength and intensity. At the outset, the intention was to conduct interviews with 15-20 members of staff per organisation, although due to internal access reasons and availability, this was not possible in all case studies. The final data set is comprised of fifty-five interviews across all four organisations. Separate interview schedules were created for employees, line-management and senior management, which can be seen in Appendix 1.

Individual, semi-structured interviews were chosen as an approach in order to as they can be purposefully structured to allow the researcher to be flexible, and to spend time on the aspects which individual interviewees have the most useful insights about (Rubin and Rubin, 2012; Mears, 2009). This is necessary due to the notion that “you may not know what you are looking for, or what you are looking at, until the investigation starts,” (MacDonald cited in Gilbert, 2008, p.195). Burgess (1982; p.107) asserts that interviewing provides “the opportunity for the researcher to probe deeply to uncover new clues, open up new dimensions of a problem and to secure vivid, accurate inclusive accounts that are based on personal experience.” This approach also assists the researcher in avoiding the pitfalls of “over-

engineering” (Bryman and Bell, 2003, p.34) and allowing initial assumptions to become prescriptive of the results. A structure was formulated in accordance with a series of different styles of questioning (Kvale, 1996, cited in Bryman and Bell, 2011, p.486) in order to allow for a comprehensively in-depth and exploratory analysis (Saunders et al., 2009, p.313-4).

The point of access for each organisation was via senior management – MHO1 via the CEO, CO1 via the Head of Business Development, and via the Head of HR for HO1 and PDO1. These individuals then passed on contact details for service managers or line managers, who cascaded the call for interviewees to front-line employees, as well as agreeing to be interviewed themselves. In one instance (MHO1), the organisation made public the consent form and participant information form (see Appendix 1) and asked interested parties to contact the researcher directly; in the remaining three organisations managers resourced the majority of interviewees, with the intention of allowing them to be arranged around shift patterns and minimising the impact on day-to-day work and service provision. In each case study, a small number of interviewees got in contact via information sheets left in services, or were recommended by interviewees. This does, potentially raise the issue of management bias (Bryman and Bell, 2004, pp.295-298) in that managers could have selected interviewees they feel would depict the organisation in a favourable light. However, by building a rapport with senior and service managers, the researcher was able to assure all participants that there were no potential dangers to the organisation or individual participants. This was evident in the variety of interviewees who took part – some were vocal about aspects of the organisation they perceived to be negative, and added that they had discussed these issues with their managers. Even more persuasive is the fact that one manager suggested and facilitated an interview with a member of staff who had already handed in their resignation.

When scheduling interviewees, it was requested that participants be reflective of the different ages, genders, service locations, type of contract, length of service and level of promotion. More female participants were included than male, as this is reflective of the gender divide which exists in the sector overall, an approach which is widely accepted in the field (Cunningham, 2010; Baines, 2010).

Job titles have been anonymised, as specific terminology could be used to identify organisations and the participants within them. A full breakdown of interviewees can be seen below:

Table 4.2 – Table of Interviewees Breakdown.

Interviewee:	Organisation:	Job Title:	Gender:
1	Mental Health Organisation	CEO	Male
2	Mental Health Organisation	Head of Corporate Services	Female
3	Mental Health Organisation	Area Manager 1	Female
4	Mental Health Organisation	Service Manager 1	Female
5	Mental Health Organisation	Service Manager 2	Female
6	Mental Health Organisation	Service Manager 3	Female
7	Mental Health Organisation	Assistant Service Manager	Female
8	Mental Health Organisation	Front-Line Worker 1	Male
9	Mental Health Organisation	Front-Line Worker 2	Female
10	Mental Health Organisation	Front-Line Worker 3	Female
11	Mental Health Organisation	Front-Line Worker 4	Male
12	Mental Health Organisation	Front-Line Worker 5	Male
13	Mental Health Organisation	Front-Line Worker 6	Female
14	Children's Organisation	Head of Business Development	Female
15	Children's Organisation	Service Manager 1	Female
16	Children's Organisation	Service Manager 2	Female
17	Children's Organisation	Team Manager 1	Female

Interviewee:	Organisation:	Job Title:	Gender:
18	Children's Organisation	Front-Line Worker 1	Male
19	Children's Organisation	Front-Line Worker 2	Female
20	Children's Organisation	Front-Line Worker 3	Female
21	Children's Organisation	Front-Line Worker 4	Male
22	Children's Organisation	Front-Line Worker 5	Female
23	Children's Organisation	Front-Line Worker 6	Female
24	Children's Organisation	Front-Line Worker 7	Female
25	Children's Organisation	Front-Line Worker 8	Female
26	Children's Organisation	Front-Line Worker 9	Female
27	Children's Organisation	Front-Line Worker 10	Female
28	Children's Organisation	Front-Line Worker 11	Female
29	Physical Disability Organisation	Assistant Director 1	Female
30	Physical Disability Organisation	Health and Wellbeing Director	Male
31	Physical Disability Organisation	Health and Wellbeing Manager 1	Male
32	Physical Disability Organisation	Health and Wellbeing Manager 2	Female
33	Physical Disability Organisation	HR Manager	Male
34	Physical Disability Organisation	Service Manager 1	Female
35	Physical Disability Organisation	Service Manager 2	Male
36	Physical Disability Organisation	Service Manager 3	Female
37	Physical Disability Organisation	Service Manager 4	Female
38	Physical Disability Organisation	Front-Line Worker 1	Female

Interviewee:	Organisation:	Job Title:	Gender:
39	Physical Disability Organisation	Front-Line Worker 2	Female
40	Physical Disability Organisation	Front-Line Worker 3	Male
41	Physical Disability Organisation	Front-Line Worker 4	Male
42	Physical Disability Organisation	Front-Line Worker 5	Female
43	Housing Organisation	Learning and Development Manager 1	Male
44	Housing Organisation	Learning and Development Manager 2	Female
45	Housing Organisation	Personalisation Ambassador	Male
46	Housing Organisation	Service Manager 1	Female
47	Housing Organisation	Service Manager 2	Female
48	Housing Organisation	Service Manager 3	Female
49	Housing Organisation	Front-Line Worker 1	Female
50	Housing Organisation	Front-Line Worker 2	Male
51	Housing Organisation	Front-Line Worker 3	Female
52	Housing Organisation	Front-Line Worker 4	Male
53	Housing Organisation	Front-Line Worker 5	Female
54	Housing Organisation	Front-Line Worker 6	Male
55	Housing Organisation	Front-Line Worker 7	Male

To ensure that interviewees were comfortable speaking about sensitive subjects, and to maintain confidentiality, private rooms were booked for all but one interview. The one exception took place in PDO1 in an open-plan cafeteria shared by staff and service users, which at the time was largely empty. As this location was

suggested by the interviewee, a senior manager, it was felt that this did not present any ethical issues.

In some instances research sites were revisited, and email contact was maintained with senior and line managers in order to discuss any issues which arose, such as clarifying ambiguous factors or organisation-specific terminology or acronyms.

4.8 – Benchmarking Survey

Alongside this, a brief benchmarking survey, which asked questions pertaining to organisation size, headcount, turnover, funding relationships and so on (see Appendix 2) was completed by senior management, in order to establish breadth to compliment the depth provided by interview data (Yin, 2009, p.19). The information was then triangulated with the literature discussed in chapters two and three. This exemplifies how qualitative research can facilitate quantitative research, and vice versa (Bryman and Bell, 2003, p.634).

4.9 – Data Analysis

Interviews were audio recorded with all participants expressed consent, and then transcribed in full, in order to become as immersed in the data as possible. Transcripts and field notes were then analysed thematically using a manual coding system (Miles and Huberman, 2014; Auerbach, 2003). As suggested by Tesch (1990, pp.142-145) a list of all topics gleamed from an initial sample of data, and prioritising the most pertinent, and an abbreviation was created for each. These were then arranged into “chunks” (Rossman and Rallis, 1998), exposing patterns within the data which were not immediately recognisable through reading alone (Auerbach, 2003), generating key themes (Miles and Huberman, 2014). These themes were then used to structure a robust narrative, through which an interpretation of the data can

be formulated (Lincoln and Guba, 1985) which corresponds to the original research questions (Cresswell, 2003). This was facilitated by the interview schedule, which was arranged in sections categorised by subject (Appendix 1), which lent itself to initial codes, and subsequent sub-coding (Strauss and Corbin, 1990). Given that the contexts within each organisation are markedly different from one another, the unit of analysis is the case study (Yin, 2009; Patton, 2002; Grünbaum, 2007) as opposed to individual worker or interviewee. While all themes were examined in relation to each case study, only those with results pertinent to the research questions have been included in the respective findings chapters.

4.10 – Ethical Considerations

All interview schedules, the senior management benchmarking survey, consent form and participant information sheet were all approved by the University of Strathclyde's ethics committee on the first attempt. All parties involved were expressly informed that interview transcripts will be handled in the strictest confidence so as not to pose any unforeseen threat to participants (Bulmer cited in Gilbert, 2008, p.47). To this end, participants, organisations, and service users have also been assigned pseudonyms to ensure that no inferences can be made which may be harmful to either group, or jeopardise commercial activities or reputation in future (Bulmer cited in Bryman, 1988, p.156). In the interests of transparency, interview schedules were provided to organisations beforehand to ensure their approval, on the condition that they not be made available to participants themselves so as not to influence their responses. On completion of the thesis, all audio files will be securely destroyed (Potter, 2002, p.206).

While the tactic of observing or even interviewing service users themselves could be extremely useful and has been utilized successfully elsewhere (Bolton and Houlihan, 2005; Leadbeater and Lownsborough, 2005), it was felt that could present ethical complications, and additionally, the main focus was on employees' experiences of the changes taking place within the sector.

4.11 – Limitations of Research Method

To reiterate Dennett's (1995, p.21) assertion, "there is no such thing as philosophy-free science; there is only science whose philosophical baggage is taken on board without examination." Regardless of whether we are aware of it or not, all researchers have a philosophical positioning, and all research is influenced by this. Often, a qualitative-only approach can become susceptible to limitations based on subjectivity or worse, misinterpretation. A longstanding criticism of qualitative work is that the influence of the interviewer, even where completely unintentional, has significant capacity to impact the resultant data (Bryman and Bell, 2003, p.732). Equally, interviewees can in some instances give answers which they perceive to be desirable from the perspective of the interviewer (Ackroyd and Hughes, 1992). The success of an interview-based research design hinges on the skill and expertise of the interviewer (Paton, 2002), which in this context involves a degree of reflexivity, self-awareness and acknowledgement of potential bias based on personal beliefs or values. As Hildebrand (2008, p.226) states:

"Objectivity is not the assurance that an inquiry or judgement has been completed from a completely ahistorical or apersonal point of view; rather, it is the assurance that the inquiry or judgement has been done in a way that allows open access, testability, and public verifiability of the process."

It must, therefore, be noted that researcher bias is always a consideration. In this instance, the researcher is a white male with previous and ongoing professional and personal experience of the voluntary sector. Kvale and Brinkmann (2009, p.128) note that "interviewees will want to have a grasp of the interviewer before they allow themselves to talk freely and expose their experiences and feelings to a stranger." By explaining the purpose of the research, its intended contribution to the academic community and voluntary sector, and my own personal involvement with both, I was able to set interviewees at ease, build rapport, and assure them of the constructive intentions of the research. The time consuming nature of interviews also means that

a finite amount can be conducted, which often calls into question the generalisability of resulting studies (Potter, 2002, p.182).

As has been stated, this research is contextualised specifically within Scottish organisations, and only focuses voluntary sector organisations (as opposed to independents or for-profits), in medium-to-large sized organisations, between 2015-16. As such, findings could be criticised on the grounds of having limited generalisability in relation to the social care sector at large. However, the purpose of the research is not to provide information that is generalizable to the sector overall, but rather to demonstrate how specific contextual factors impact employment relations pertinent to a particular, localised environment.

Despite these potential drawbacks, as Easterby-Smith et al. (2004; p.86) note, compromises must be made with regards to some factors in order to fully realise the benefits of others. Similarly, echoing Bryman's (1984, p.83) earlier assertion that research methods must be specifically strategized dependent on the subject to be explored, Gill and Johnson (1997; p.128) state that the goal is not to establish a 'perfect' research agenda, but rather one which is most accurately suited to the issue in question. In light of these assertions, the methodological approach utilized is the most appropriate to the objectives which the thesis sets out to achieve.

4.12 – Chapter Conclusions

This chapter has outlined the research methodology, and how this contributes to the findings and discussion which will follow. The features utilised are intended to create a unique platform from which to examine the nature of change in the non-profit sector as a result of austerity and personalisation. It explains the qualitative research design, comprised of multiple case studies containing semi-structured interviews, which are accompanied by a brief organisation-specific benchmarking survey, and the research philosophy which underpins the research. Consideration is also given to the limitations of the chosen approach, and the ethical considerations which

accompany it. The subsequent chapters will now present the findings, followed by a discussion and conclusion.

CHAPTER 5 – FINDINGS FROM CASE STUDY 1

Mental Health Organisation

5.1 – Introduction

This chapter presents findings from the first of four case studies, and is divided into six main sections. The first provides detail of the organisation itself, including mission, service provision type and funding relationships, alongside demographic information such as age, size and location.

The second section illustrates the impacts of austerity on organisational strategy and operational decision making, and changes taking place within funding relationships, and the effects of personalisation on service provision. The third section presents changes which have taken place in employment policies. These sections illustrate a continuous balancing of cost versus quality which exerts a considerable influence on employment practices, creating a narrative largely defined by degradation. The influence of customer-oriented norms only affected certain features of the employment relationship, and so the organisation does not fit the description of COB in its absolute form. Instead, what can be observed is a strong pattern of influence across specific dimensions of the employment relationship. The final sections focus on the workforce response to these changes – section four depicts the impacts of change at an individual level, in relation to the voluntary sector psychological contract, section five details emerging tensions in the social order, and section six the employee responses to them.

5.2 – Profile of MHO1

The first case study was conducted in a large Scottish-based mental health charity, employing over 350 staff, which from this point onwards will be referred to as

“MHO1.” The organisation was founded in 1985, and provided one of the first registered mental health supported accommodation service in Scotland. Current services offered include supported living (individuals in their own homes), supported accommodation (individuals in care homes), self-harm projects, crisis centres, Alcohol Related Brain Damage (ARBD) services, homelessness services and youth projects. MHO1 positions itself very much as a campaigning organisation at national and local government level, and seeks to increase public awareness of mental health issues and the corresponding services available. They prioritise working in partnership with other organisations and agencies who share their values and vision.

MHO1’s publically available literature makes repeated references are made to being “creative”, “innovative,” and “pioneering,” and makes frequent mentions of its significant reputation within the sector. They have developed a unique recovery outcome measurement framework which is used by the organisation and is available for licence to others, and also offer a consultancy service to other organisations who wish to improve their service and upskill staff.

An integral part of the organisation’s ethos, values and self-perception as described by their mission statement and other publically available material is the notion of being person-centred, and as such, personalisation and SDS feature heavily. The organisation’s website includes an SDS ‘frequently-asked-questions’ and several thematic ‘easy-read’ guides, which position them as a long-term supporter and advocate. They also employ a dedicated SDS Project Manager who acts as the first point of contact for any enquiries.

5.3 – The Impacts of Austerity and Personalisation

5.3.1 – The Impacts of Austerity

While the recession itself took place in 2008, the coalition government’s austerity response did not come into play until the June 2010 Budget. When considering this, and the inevitable cause-and-effect time-lag, it is interesting to note that

interviewees reported noticing changes around 2010-11. A general “belt-tightening” was reported in response to the recession itself, but it was reported that a strategic response to accommodate budget cuts took significantly longer to appear. A combination of a lack of guidance on how voluntary sector organisations were to acclimatise to budget cuts and the new funding landscape, combined with an ethical duty to protect service users and maintain service and quality levels, meant many organisations were ill-prepared to deal with the realities of austerity in practice. The following information is taken from the Office of Scottish Charity Regulator (OSCR), which is the independent regulator and registrar for over 23,500 Scottish charities, as part of the Charities and Trustee Investment (Scotland) Act 2005.

Figure 5.1 – Income and Expenditure Graph, 2011-2016.

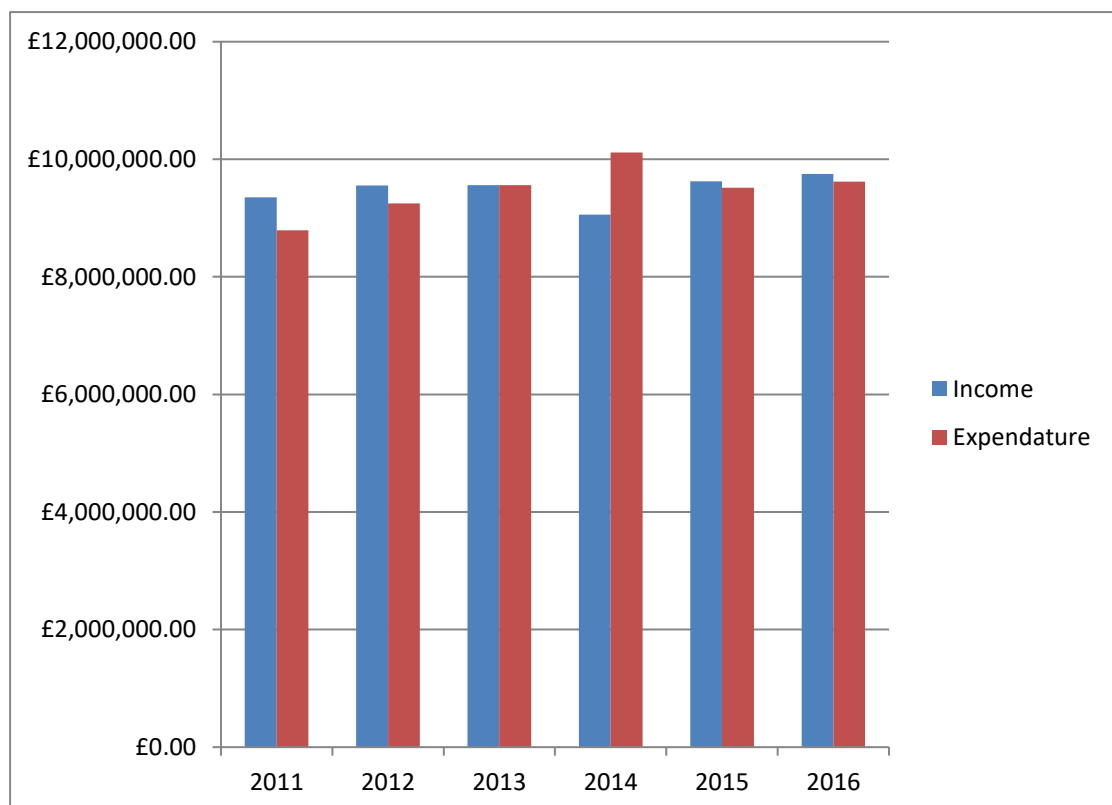


Table 5.1 – Income and Expenditure Table, 2011-2016.

Year	Income	Expenditure
2011	£9,350,966	£8,790,488
2012	£9,553,409	£9,249,643
2013	£9,559,121	£9,560,949
2014	£9,059,090	£10,115,108
2015	£9,627,054	£9,516,848
2016	£9,750,012	£9,618,835

Fig.1 demonstrates a gradual process from 2011-14 whereby expenditure has begun to exceed income. Across the years specified, income remains at a steady level, while expenditure increases dramatically, both overall and year-on-year. This could be interpreted as evidence that the length of time organisations have had to bear the burden of austerity is progressively increasing the strain on financial operations. In 2015 this balance was redressed, with income taking a slim lead over expenditure. In 2016 income increased slightly, and the lead over expenditure remained.

Two of the three senior managers reported that MHO1 benefits from its age and reputation, imbuing it with increased legitimacy in the marketplace. Additionally, having held the same contracts for a number of years makes senior management more confident that they will be renewed come retendering. The Head of Corporate Services commented that, “I’d like to think we’ve been around long enough, our contracts have been around long enough [...] so that we have an ongoing relationship.” The organisation’s position as pre-existing provider means that the likelihood of existing contracts being renewed may be greater than the possibility of attracting new ones, which is a dynamic that is also seen in relation to SDS and individual service users. It must also be noted that the security this brings is relative, in that the contracts in question are all fixed-term, and are comprised largely by a series of changeable performance criteria and a variety of contextual influences.

5.3.1.1 – Organisation Specific Structural Issues

Several changes to organisational structure within MHO1 took place as a direct result of financial pressures. The number of Area Managers was reduced from four to three, and the role of HR Manager was removed entirely, leaving the two remaining HR Advisors to report directly to the Head of Corporate Services. The organisation also decided to cease paying for care-home membership with a registered body, in favour of using locations exclusively for personalisation service provision. As a means of mediating issues associated with management delayering, and additionally to provide greater opportunities for career progression (an issue which was raised in the bi-annual employee satisfaction survey) a new role of ‘Recovery Practitioner’ was due to be implemented as the case study began. As will be shown in later sections, the creation of the Recovery Practitioner was a controversial issue, as the top salary scale-points for existing front-line staff were being removed in order to fund the new post. This effectively meant there was a significantly lower earning potential for some, and for others an actual salary reduction.

5.3.1.2 – Issues with Local Authority Funding

As a response to austerity, changes in local authority funding procedures have both reduced the money available to voluntary sector organisations, and also significantly increased the work associated with securing this funding, through increased performance criteria, monitoring and reporting, and NPM-style target-setting to enumerate productivity. MHO1 reported regularly being on preferred-provider lists, but noted that this was not a guarantee of securing contracts. In relation to the balance between cost and quality, one interviewee stated:

Some local authorities have just said “cut your price or go” [...] We score very, very highly on the quality side of things, [but] because of the price that we have to charge in order to pay our staff a reasonable salary for the job that

they do, you're further down the list. So you might be ninth or twelfth down the list, whereas you were [previously] first because the quality was so good [Area Manager 1].

It was also observed that practices in different local authorities differed significantly, even when taking size and demographics into account. One interviewee reflected that the differences between North and South Lanarkshire were starker than between further-afield areas such as Aberdeen, despite their being more demographically similar and geographically closer.

The predominance of short-term contracts contributes to an overriding sense of instability and a need to be reactive. It was felt generally that market-forces can be used by commissioners to pit providers against each other, in order to increase the work required to secure funding. As asserted by the CEO, local authorities have at their disposal “a blunt instrument – procurement, which has allowed them to actually reduce the amount of funding and still get the same level of service.” Alongside this, a theme which was present in all interviews across a variety of locations and levels of responsibility was the notion that the organisation is being expected to continue their pre-austerity levels of support on post-austerity budgets – in other words, “more for less.” When asked if and how austerity had affected MHO1’s values or mission, the CEO replied:

No. It could have, because the simple thing to do would have been to chase every single contract going, just to simply keep volume, but we’ve been very clear. I guess that’s a very strategic and principled choice, not to chase every contract. We could have moved beyond being just a mental health provider, we could have gone for learning disability contracts, maybe older people contracts, but we’ve very much been clear, and if anything have become sharper about the fact that we’re a mental health organisation – that’s what we do, and that’s where our expertise lies [CEO].

The CEO also made reference to contracts becoming much more specific, and therefore constraining, in relation to how support is provided. It was stated by this

interviewee and others that funding applications were longer, involved greater paperwork and checklists, had a greater emphasis on legal advice, and more strictly defined outcomes. Many interviewees spoke of a pronounced emphasis on form-filling and paperwork, and suggested that this often took time away from other tasks. The demands of enumerating productivity and accounting for all resource expenditure is a clear demonstration of the pressure which comes from NPM style funding processes.

One of the most prominent themes relating to funding were the challenges associated with catering to multiple funders – in this case, 19 different local authorities. This reduces the threat of resource dependency, and spreads the risk of funding withdrawal. However, it also means responding to the different demands, contractual obligations and performance criteria of a multitude of different funders, each with their own ideas of what constitutes good practice, and each requiring its own specific application process and maintenance. The large number of funders fragments working practices, such as training, induction, compliance, certification and so on. Merely facilitating the relationships and keeping in contact with multiple funders can be a difficult task. As was explained by the CEO, “we don’t have the resources to go out and work on that influencing agenda in nineteen local authorities.” This is compounded by the short-term nature of contracts, which typically last no longer than three years. The frequency of meeting with funders has also changed. When asked about regularity of meetings, Area Manager 1 commented, “we used to meet once a month, now we’re lucky if it’s once a quarter.” This represents a move towards “arms-length” relationships with local authorities which predates austerity, but has been significantly exacerbated by it.

Another financial outcome from this changing relationship with funders related to the issue of financial reserves, which due to MHO1’s size and age, were considerable. As a consequence of the aforementioned austerity funding, several senior managers made reference to an increasing compulsion to draw upon these reserves for day-to-day functioning, something which was regarded as contrary to their purpose. Multiple testimonies described an increased need to be “creative” with funding as a result of the pressures associated with austerity.

5.3.2 – The Impacts of Personalisation and Self-Directed Support

5.3.2.1 – Expectations of Personalisation

As the implementation of personalisation had been scheduled for several years before it came into practice, many voluntary sector organisations had spent a great deal of time preparing:

We were working towards personalisation for a good few years before [...] long before a lot of local authorities. We were strides ahead and at one point I thought we were too far ahead because I thought, “oh, we’re ready to go and nobody else is” [Service Manager 1].

Several references were made by staff at various geographical locations and levels of promotion that MHO1 was “pioneering,” “innovative,” and an “educator” in personalisation, and that they were “personalised” or “person-centred” long before personalisation existed as a policy initiative.

More significantly, in order to secure funding, MHO1 has adopted a considerably more customer-oriented focus, whether that ‘customer’ be an individual service user, or a local authority funder. As has been illustrated, this has resulted from marketplace intensification caused by austerity, and also via public sector reform in the shape of personalisation. As both factors began to exert an influence during the same time period it can be difficult to separate the two, but what is certain is that a clear and targeted shift towards customer-oriented norm has taken place:

When we started doing the work round about personalisation we did a lot of concentration particularly with the team here about customer focus, how to answer to queries, what was the script of a telephone conversation, where do you pass it over, when do you pass it over, all that kind of stuff. We

participated in something that meant there were secret shoppers phoning up too [Area Manager 1].

This clearly demonstrates a strategic organisational response to personalisation characterised by a distinct customer focus. The CEO went on to explain that:

In the past we would have described ourselves as a wholesaler, where we were selling our services to the local authority, and the local authority were then giving us directed service users – we go from that to talking about being a retailer. So in that context we have started to use more of the terminology of the high street [...] We've had a few training sessions with some staff about customer relations, and if we want to attract people with their own budgets then we've got to be customer friendly [CEO].

The language used here ('wholesaler' ; 'retailer' ; 'high street' ; 'customer friendly') is striking, and again portrays the change as existing at a fundamental and strategic level. One service manager noted that the central office in their area was considering relocating to a "main street for a shopfront type premises, so that people know about us." In this case study and others, there was a recurrence of analogies from non-care scenarios being used to exemplify the marketization aspects of funding relationships, which were utilized in attempts to rationalise decisions or practices which are not historically commonplace in the voluntary sector.

5.3.2.2 – The Dual Imperative of Personalisation – A Guise for Hiding Cuts?

One of the most prominent concerns managers had in relation to personalisation was that it was being used as a guise to hide budgetary cuts at the expense of genuinely improving support and care for service users:

The principle of personalisation is absolutely A1, spot on. However, it has been used in some local authority areas as a cost cutting tool. When you walk into a the first meeting in a local authority area, and they're standing up and saying to you this means a 20% cut in your budget – that's not choice, and that's not personalisation [Area Manager 1].

Some interviewees thought that personalisation had become estranged from its initial intentions; others felt that cost-cutting had always been its objective:

Glasgow City Council have been the one of the authorities that have been quite open in saying “we will use the SDS agenda as a cost-cutting exercise”, whereas other authorities have kind of dressed it up [...] if you look at the bottom line on it in the majority of cases it has been cost-cutting overall. We've taken a hit [...] it's dressed up the language but it still the same underlying message [Service Manager 3].

A key factor in relation to how funding cuts took place was the notion that success now had to be enumerated, measured and justified. Often it was felt that the language of personalisation was used to mask this change:

When SDS came about [...] it became very much focused in the outcomes for a service user. It's still basically the underlying thing as comes down to face to face hours but we're not supposed to talk about hours any longer [Service Manager 3].

As can be seen, the interconnected forces of personalisation and austerity exert a considerable impact on how voluntary organisations are funded, and the nature of work which results.

5.4 – Organisational Responses to Impacts of Austerity and Personalisation

The following section will present organisational impacts of the aforementioned pressures, focusing firstly on changes pertaining to policies and procedures, secondly terms and conditions, and thirdly work organisation, as summarised on the following table:

Table 5.2 – Influence of the Customer and Austerity on MHO1.

		Influence of Customer:	Influence of Austerity:
Policies and Procedures:	Recruitment and Selection	Yes	Yes
	Appraisal and Supervision	Yes	Yes
	Training	No	Yes
	Induction	No	Yes
Terms and Conditions:	Wages	Yes	Yes
	Pension	No	Yes
	Sickness, Absence and Holiday Entitlement	Yes	Yes
	Travel and Travelling Allowances	Yes	Yes
Work Organisation:	Working Time	Yes	Yes
	Working Beyond Contract	No	Yes
	Intensification	Yes	Yes
	Relief Staff and Zero-Hour Contracts	Yes	Yes
	Self-Managed Teams	Yes	Yes
	Administrative Issues Concerning Personalisation	Yes	Yes

As mentioned in the introduction, the influence of customer-oriented norms only affects certain features of the employment relationship, and so does not fit the

description of COB in its absolute form. Instead, what can be observed is a strong pattern of influence across specific dimensions of the employment relationship. Notions of customer are particularly pronounced in work organisation, and are also increasingly present in policies and procedures, but have a limited impact on terms and conditions. Personalisation can be seen to intensify work and paperwork via accountability processes, yet customer feedback was not used in appraisal and supervision. Training was not impacted by customer choice, but instead limited in scope and frequency due to the continual recruitment necessitated by violation of the psychological contract relating to ideological discordance between the principles of personalisation and the practice. Whereas the customer influence can only be seen in relation to certain features, and to certain extents, the influence of austerity manifests itself distinctly in every dimension.

5.4.1 – Changes to HR Policies and Procedures

Data reveals significant challenges in recruitment, resulting from a combination of both personalisation and austerity. As explained in the literature review, personalisation suggests greater involvement of service users in recruitment processes. The involvement of service users in recruitment represents a formalising of customer-oriented norms, but the extent to which this was the case depended largely on the service user in question. Where, service user customer involvement was present, it represented a significant increase in work for staff as it involved explaining the process, helping service users formulate questions, mediating responses, and ensuring that service users were not put under any undue stress.

At the same time, any bespoke selection of workers that met individual service user needs, and indeed, involved them in recruitment processes, was undermined by labour market factors. Competition in the job market from out-with the voluntary sector was a particular concern in specific geographical areas, such as Aberdeen, where the oil industry provided many highly paid entry-level jobs, and in areas surrounding Glasgow and Edinburgh, where many call-centre and supermarket

jobs were available. In discussing this, a service manager made reference to MHO1 having to “sell itself” in order to compete. This interviewee also stated that it was their “duty to attract people to the sector.” This approach was reputed as being more ethical, in that they are not “luring” employees away from other care providing organisations.

One of the key challenges associated with personalisation is the flexibility required of workers. While recent increases in turnover were in part ascribed to growing availability of alternative employment elsewhere as a result of wider economic recovery, some interviewees also attributed this to the increasingly demanding nature of front-line work. Low job security, instability of hours and the prevalence of anti-social working times may exclude many people from front-line roles, particularly those with caring responsibilities outside of paid employment, who may be some of the most skilled and experienced. This in turn may create an imperative whereby organisations are forced to compromise on the level of skill and expertise required of newly hired staff, meaning that standards of care decrease, and the workload for more capable staff increases disproportionately. To assist in overcoming these labour market problems, the organisation enlisted an external recruitment consultancy. At the time this research was conducted this was such a new occurrence that no new staff had actually been hired via this channel.

Induction and training were considered a strength, and a particular point of pride for senior management in relation to quality, variety and frequency. Yet even here, the impact of austerity was evident. Line managers regarded training as more problematic, largely due to the difficulties involved in scheduling time away for front-line workers. Service Manager 1 described training as being a “perk” which workers were then expected to earn back to justify having been away from the service. Another senior manager noted:

They don't get to do what I would call “jollies” any more [...] because of austerity, we have to make every hour count for us now [and] that may be why some people say morale isn't as good as it could be, because there's not as much time for teams to be together [Head of Corporate Services].

This demonstrates directly how austerity fragments work and has a corresponding impact the morale of individual workers. This interviewee went on to state that:

The thing about us organising training is that ideally we need 15 people to come in order to make it cost effective to run [...] I think that's the biggest challenge we have around training – the release of staff to do it [Head of Corporate Services].

Workers are inducted when they join the organisation, but no further processes were in place to ensure a worker was adequately trained if they moved to a different project or service location.

The influence of personalisation and austerity were visible in the area of appraisal and supervision. With regard to the former, the influence of personalisation was marginal as the use of customer feedback in appraisal and supervision in practice seemed very much to be the exception rather than the rule. One interviewee said it didn't happen at all, while others said they had first-hand experience of it in practice. Service user feedback was gathered via satisfaction forms, although several interviewees commented that a high proportion of service users would be unable to complete these without assistance, which calls into question their validity.

The impact of austerity was evident in the supervision's reduction in frequency, which was reduced from 3-4 weeks to 6-8 weeks. This was due to a number of reasons, one of which "was simply the sheer necessity to increase productivity of front-line staff because we're on contracts which pay us almost by the hour we deliver door to door, so we couldn't afford the amount of time," [CEO]. Service Manager 1 said the value of performance management had deteriorated. This was ascribed to a lack of uniformity in assessment processes, or levels of skill and expertise in delivery. Furthermore, processes differed depending on contractual status (full-time, part-time, temporary, permanent, zero-hours, etc.), and were further confused by the fact that both front-line staff and managers often work at multiple services.

5.4.2 – Changes to Terms and Conditions

Austerity's impact was evident in aspects of terms and conditions. Senior management were explicit in stating that they have gone to great lengths to protect terms and conditions from the negative repercussions of austerity. This is illustrated best by the CEO:

What I've been very keen to do is not to, substantially, or in any way, alter the terms and conditions of front-line staff, and that's been a huge challenge because I've watched a lot of others in the sector go down that route. We're not the only ones, but we've certainly been an outlier.

From the above statement it can be observed that, where terms and conditions are affected, this is by necessity rather than choice. The organisation is compared to competitors, demonstrating that change is context dependant, and 'protection' is relative. Ultimately, austerity is accepted as a feature of the landscape, and changes to terms and conditions are explained in relation to the local authority funding relationships which prompt them.

With regard to pay, MHO1 had given and maintained a cost of living increase for all staff each year since the onset of the recession – something which many of its competitors have been unable to do – but it is worth noting that these increases did not match the pace of inflation. Several managerial interviewees referred to the starting wage as "generous." One interviewee justified what they perceived as a higher-than-average starting wage, stating "it's not about quantity, it's about quality, and the good, experienced, well-trained staff, you need to pay the money for that," [Service Manager 1].

Issues also arose relating to the Living Wage [LW]. At the time of the case study, MHO1 had paid the LW for several years. Concerns were raised that, once the LW becomes widespread due to Scottish government policy, MHO1 will lose its unique selling point in the labour market, and will either become a less attractive

employer, or else have to increase its wage further and shoulder the financial burden.

Potentially, the most significant change to terms and conditions from austerity and personalisation, was the creation of the aforementioned Recovery Practitioner role. The establishment of this grade was in the early stages. Personalisation's influence was evident as one of the purposes of its creation was to recruit or promote staff members with a specific remit to assist individual service users with bespoke services that prompted recovery or prevention of mental health problems. At the same time, the influence of austerity funding from local authorities was clearly evident. Specifically, to fund the posts, the top salary scale-points for existing front-line staff were being removed. This change effectively meant there was a significantly lower earning potential for some workers, and for others an actual salary reduction.

Pension provision was reported by several managers, again, to be "generous." Organisational contributions for those who participated previous to auto-enrolment has been reduced in order to accommodate new members. Senior management interviewees recognised that this was not "ideal", but stated this was the preferred source of funds, rather than other benefits which employees utilised more and held in higher regard.

Those who worked in service users homes, as opposed to residential care, described how the increased service user choice heralded by personalisation had resulted in more split-shifts and an increased need to travel. This was compounded by the fact that public transport and petrol costs have risen considerably, and real wages have fallen due to inflation. This was particularly problematic when using public transport [Front-Line Worker 5], particularly around peak-travel times [Front-Line Worker 3], but all simultaneously recognised that this was "part of the job" [Front-Line Worker 4]. There is a recognition that there is a limit to what MHO1 can do to ease this burden. While several front-line interviewees identified this as an issue, none raised the possibility of a travel allowance.

Austerity again was influential in absence management. One interviewee recounted that the reason staff didn't receive their 1% increase the previous year was that this money was needed to cover the costs associated with abnormally high

absence rates, but this was not corroborated elsewhere. Absence resulting from sickness was reported to be one of the more pressing challenges management faced. This varied from short to long-term, and the most common reasons by far were mental health issues (49%) , followed by ear, nose and throat (8%), asthma (8%), musculoskeletal (4%), and gastrointestinal illnesses (4%). One manager stated that the highest reported cause for absence in the previous year had been stress. A senior manager described having instituted a new absence management process 18 months previous, which was now yielding positive effects. At the same time, there was no suggestion that absence management was being tightened, specifically because of individual service user complaints regarding consistency in staffing, suggesting customer-norms were not fully in evidence here.

Holidays were regarded favourably by staff, often described as one of the key benefits the organisation offered. Incremental increases in entitlement were awarded at length-of-service anniversaries. There existed a definite emphasis on planning holidays well in advance, and as only a certain number of workers can be absent at a certain time. This was largely an informal process of negotiation between individuals, primarily based on a 'first-come-first-served' premise, meaning managers rarely intervened. This represents an informalising of management process, and a downloading of responsibility onto front-line workers, which was purported to have been created by the flexibility needed to accommodate demands associated with personalisation. There were additional pressures associated with workers moving between services, either due to redeployment or finishing short-term contracts and beginning new ones, and "bringing holidays with them" [Front-Line Worker 4]. This highlights the fact that the increased flexibility required of staff is accompanied by hidden administrative issues for the organisation.

5.4.3 – Changes to Work Organisation

The overriding change to work organisation involved a pronounced intensification and devolving of work through the creation of self-managing teams. This was

purported to aid reactivity to customer choice. Accommodating individual service user preferences made issues such as rotas significantly more difficult. As a result, teams within services were being split into smaller sub-teams, or “pods”, in order to accommodate the need for more flexible, bespoke and personalised services to customers. Teams were being piloted in several locations at the time the case study took place. The new teams had implications for affecting aspects such as pace and volume of work, number of service users, working hours, and specific performance criteria. Included in the team ethos was a degree of self-organisation and autonomy, which had implications for sickness and holiday management. Indeed, early results showed that this autonomy facilitated the informal negotiations around working time, shifts, sickness and holiday entitlement. Workers in the pilot teams were reported to be favourable to the changes, as it was reported that workers often had to be instructed to take breaks or to leave after their shift has officially ended.

Austerity’s influence was also clear as management reported increased responsibilities in the last three years, including being made responsible for larger groups of employees. In addition, the process of managing individual budgets and invoicing service users was a new responsibility. Due to the proliferation of individual budgets, this new task was reported by managers to be far more time consuming than overseeing one service location budget. In addition, this new responsibility was also influenced by austerity, as any the decisions of where savings were to be made fell to individual managers.

As well as the new aforementioned tasks for managers, other administrative responsibilities that accompanied personalisation were felt to be of particular concern to MHO1. A significant increase in form-filling and a need to document service user outcomes and budgetary aspects, on an individual basis rather than as a service location, has led to a pronounced increase in work for staff at all levels, which poses a considerable challenge to employee wellbeing. The inclusion of service user perspectives was also reported to be problematic, in that many service users are illiterate and some have limited verbal capacity, and so workers were forced to assist them with this – another task which exists out-with their formal contract of employment, and for which they are provided little or no guidance.

One issue which causes a considerable increase in work for staff was the bureaucratic process of transitioning service users into personalisation service provision. It was reported that often, there is a distinct time-lag which causes delays in money coming through, which forces services and staff to accommodate the shortfall. One interviewee stated that:

I don't know what it's like with other local authorities, but with Glasgow we're months and months down the line before we get a penny from them – they're not even acknowledging that people were actually getting a support package for months [...] it's all about their spreadsheets coming to us and being updated and things like that. [Service users] are in arrears before they're told how much personal contribution they should be making [Service Manager 1].

As is demonstrated, poor implementation makes transitioning service users into SDS extremely problematic, and potentially taints staff perceptions of the potential espoused benefits of personalisation. This may also disengage service users, making them more sceptical of the benefits and therefore potentially more difficult to work with.

Several front-line staff and managers expressed serious concern about the process of communicating SDS options to service users. They suggested that a lack of impartiality puts them as individuals, and the organisations at large, in a difficult position ethically, and potentially also legally. This was a new responsibility for staff, and one for which there is little regulation or control. There are clear tensions regarding who is responsible for different aspects of the process, and where this is not stipulated directly, the responsibility inevitably falls to the point where service is delivered. The result is that front-line workers are faced with the choice of communicating this directly to service users, or knowing that service users will not be aware of the options they should have access to.

Many testimonies demonstrated how much strain accountability can place on service users, who may not be capable of understanding the decisions they are being asked to make, and which may serve to exacerbate mental health issues which are

the very reason they need support in the first place. Several interviewees reported this contradiction to be particularly stressful for workers. For many individuals who are supported by a mental health organisation, an inability to manage their own finances may be integral to their condition, and the added stress of debt may exacerbate their situation, and in consequence make the work associated with supporting them more difficult for employees.

The final change emerging within this case, involved working time driven by the need for more flexible services. The use of relief staff was common and reported to be increasing. Managers were keen to point out the benefit of relief work (for example, in relation to students, people with out-of-work caring responsibilities, or those supplementing a part-time role). The vast majority of both front-line and managerial staff objected to the term zero-hour contracts (ZHCs) – the former regarded it as a pejorative term indicative of a lack of skill, and the latter as an unethical employment practice which they were keen to distance themselves from. The vast majority of relief staff were either new to the organisation, or new to the sector, and so may be are potentially less experienced, less qualified, and, as the VSE develops in part through a process of socialisation, potentially less committed.

The notion that service users can be categorised into groups based on the service they use in relation to funding criteria was felt to be at odds with a person-centred approach, in that often service users have multiple issues and so do not fit into any one category. Many interviewees felt this was particularly so for a mental health organisation, as mental health issues often accompany physical and mental disability, learning difficulties, isolation, addiction and so on. Additionally, this exists across all age groups, and so also involves services which cater to children, adults and the elderly. One interviewee gave a vivid account of being part of a team who worked with a particular service user for years, but once they went through personalisation assessment, they were reclassified from mental health provision to learning disability provision. From this point onwards they had no choice but to move to another organisation, and was no longer in contact with the people who previously provided support. This interviewee went on to comment:

They did kind of open up a bit of a Pandora's box with SDS. They basically started labelling people. You know – “you're learning disability, but you don't get that [type of care] because you've got mobility problems” – that's just labelling again, that's not a good thing [...] When you have to discriminate between one disability and another, then you have a problem [Front-Line Worker 6].

5.5 – Employee Perspectives on Change and the Psychological Contract

5.5.1 – Why People Join MHO1

Overall, although transactional and relational factors were influential in people choosing to work in MHO1, the weight of evidence suggests that ideological elements were the most significant, and formed a major aspect of people's psychological contracts. Moreover, there is considerable evidence to suggest that ideological contracts emerge from orientations to work over time, and as such, previous employment is of considerable note. Prior to working for MHO1, participants tended to be in care roles or positions which were in some way associated with 'caring' responsibilities, such as social work, health, childcare, teaching, nursing, psychology and community education. When discussing moving from one care job to another, a number of employees were explicit in stating that they had been made redundant, or a fixed-term role had come to an end. Several interviewees spoke of their initial motivations to work in care as being external to paid employment or even formal volunteering, such as caring for their children, younger siblings or relatives with disabilities. Some knew people who worked at the organisation, others did not. One employee entered via a placement when studying for a social work degree or qualification. Length of service varied considerably, from just a few months to over twenty years.

In relation to the list of factors which underpin their motivation, the most common responses were “service user group,” “opportunity to use your skills,” “personal beliefs” and “service quality provided by the organisation,” [see Appendix 1]. There was strong sense of obligation to service users, including workers who have had complaints made against them by individual service users, requesting that they continue to work for them despite this. There were also rich testimonies evocative of the relationships built up, and the blurring of professional and personal boundaries:

I've got a service user this weekend who's going to a wedding. It's a family wedding, down south. He wouldn't be able to go to that apart from one of my staff's going with him. She's away and spent £75 on a dress to go to this wedding with him because she wants it to be nice and she wants [the experience] to be good for him. I've got service users who only get a holiday because staff volunteer their time. My staff don't get extra pay for going on holiday with service users, that's a 24/7 job. It's exhausting because you're on the go all the time. You're at their beck and call all the time and it's really difficult but staff again put themselves forward that they're doing that [Service Manager 3].

Several interviewees discussed maintaining contact with service users from previous jobs, and coming in to “check on” individuals when they were not scheduled to be at work. A clear emphasis on ideological elements of the psychological contract was actively communicated by all interviewees, in some instances at the expense of transitional or relational considerations.

Most interviewees had worked at more than one service location. This often related to filling short term vacancies, some of which later became permanent, or as a means of securing promotion. Front-line interviewees resoundingly made reference to a commitment to their service user group specifically, as opposed to other types of individual receiving social care. Some explicitly attributed this to having experienced mental health difficulties personally although none had been service users themselves.

5.5.2 – Responses to Changes in HR Policies and Procedures

It was reported that recruitment and selection processes varied drastically, with one interviewee describing it as “very good, very comprehensive” [Front-Line Worker 2], while another called it “dire” [Assistant Service Manager]. With regard to recruitment, service users were present at interviews, asking their own questions and expressing opinions, but these were reported not to be a deciding factor in the hiring of staff. Several interviewees recounted that service users rarely if ever expressed negative opinions about a candidate. Participants chiefly interpreted questions about service user involvement in recruitment as being driven by concerns for service user wellbeing, which they were keen to assert was never in jeopardy. Little consideration was given to the experience of recruitment from the perspective of prospective candidates, even where prompted.

Expectations of induction and training varied substantially; some employees were invested, others considered the process an obstruction to providing and scheduling support. Interviewee testimony suggested that employees in remote areas are at risk of feeling isolated due to lack of opportunity to socialise with colleagues, which was viewed by some as the main benefit. In many instances, training accredited pre-existing skills:

The organisation have just funded me through my SVQ3 which I’m very grateful for. I mean, some of my qualifications are worth a great deal more than the SVQ3, but I certainly wasn’t going to turn it down [Front-Line Worker 3].

Rather than requesting training in an ad hoc fashion, front-line workers are given the opportunity to choose training from a list provided by senior management. Several interviewees reported frustration at having little say in what training they participate in. One described being denied a request for palliative care training, despite currently working with a service user who is receiving end-of-life care, and which

would have represented a new skill for the service. It was noted that, once core training is completed, often there is little new, and previous sessions are repeated. This could be taken to suggest that the needs of new workers are prioritised over existing workers. This dynamic can also be seen in the prioritising of recruitment over retention, and serves to cause relational and ideological breaches in psychological contract via the perception that workers are not treated equally or fairly.

Workers reported some influences of austerity and personalisation in appraisal and supervision. For example, it was felt that appraisal and supervision had taken on a much more “business-like” tone, with a greater emphasis on quantifying productivity, suggesting influence of efficiency and cost issues. Several interviewees reported that supervisions now left workers with more targets, and less time in between to achieve them. Target-setting was described generally as being more strongly emphasised.

With regard to the influence of personalisation, the shift from “hours-focus” to “outcome-focus” was referenced repeatedly in organisational literature. It was therefore reported by staff that the delivery of support had undergone this distinct shift, although awareness of the change differed significantly. Of those who knew change had taken place, some regarded it as a formal difference only, and felt that opportunities for feedback remained the same but were now informal. Two interviewees weren’t aware that there had been a change at all. In certain instances, interviewees expressed hesitance to describe personalisation as intensifying work.

5.5.3 – Responses to Changes in Terms and Conditions

As has been discussed, significant changes have taken place in relation to terms and conditions of employment. Pay was identified repeatedly as a source of transactional breach of the psychological contract, but rarely violation. Attempts to maintain wage increases and pension contributions in light of intensifying external pressures were regarded as a demonstration of fairness, and so even where these changes did not

achieve the desired outcome, this could be seen to strengthen ideological elements of the psychological contract.

There were several instances where interviewees said that with regards to their wages, their organisation “isn’t the highest, but certainly isn’t the lowest,” without actually being able to quote what the hourly wage was. Pay was described as “fair” by a number of interviewees. As discussed, management reported wages as being a particularly strong benefit. Several front-line workers were less complimentary, depicting it as a common source of dissatisfaction. This is curious, particularly in relation to their colleagues who were more positive but yet couldn’t quote their wage rate, in that these workers may not be aware of the degradation which is taking place. This disconnect between the perceptions and reality of terms and conditions may serve to blur the distinction between working to contract and working beyond contract, for example via unpaid overtime.

Even those who stated the wages were less than satisfactory justified this by being explicit that they understood the situation from the outset of their employment: “It’s not a great wage. It’s a “getting by” type wage [...] we finance our own lives according with what we have. [I’ve] never really had an issue with [pay],” [Front-Line Worker 5]. While several interviewees identified wages as a source of transactional breach to their psychological contract, many were also emphatic about it not being a prospective cause of transactional violation, as low wages were an accepted part of the package on joining the organisation. While low wages relating to existing staff were not commonly vocalised as particularly problematic, the prospect of uncompetitive starting wages for new staff was:

Other organisations have taken measures that have led to reduced pay faster than MHO1, so I hope MHO1 don’t go down that same route. That thing about paying peanuts and getting monkeys is true sometimes – if you can’t pay people well, you won’t get the people who can do a good job. Ultimately, that leaves the people who are reliant on the sector vulnerable to poorer standards and abuse [Front-Line Worker 3].

Pension provision was broadly regarded as positive even though the majority of interviewees were not members:

I've opted out of the pension scheme – I was in but I've opted out, and that's just purely because of my financial situation, I need every penny. But I think that [side of things] is fine. It seems quite generous [Front-Line Worker 4].

As can be seen, pension provision is regarded as a key indicator of a good benefits package, and a demonstration that the organisation is concerned with employee wellbeing in the long-term. It is interesting, however, that the employee does not relate his inability to afford to pay into the pension as a reflection on wages. While several interviewees made similar observations, there was no discussion of how useful a good pension programme is if employees cannot afford to pay into it.

No employees regarded sickness and absence procedures to be overly problematic, and noted that they would come to work as long as an illness was not too severe. Front-line employees said they consider the needs of the service when taking sick days, but that this is not the deciding factor. Managerial responses contracted this starkly, saying this was never a consideration for themselves or their staff.

All participants regarded holiday entitlement as a substantial benefit. One participant went so far as to say "holidays is what kept me [here]," [Assistant Service Manager]. This demonstrates a continual dynamic whereby aspects of terms and conditions, such as sickness and holiday entitlement, which positively impacted relational elements of the psychological contract, compensated for much of the damage inflicted by negative impacts to transactional elements via factors such as wages and pension.

5.5.4 – Responses to Changes in Work Organisation

Working unpaid overtime was described as a regularity by front-line staff, and while regarded as a source of exasperation, was rationalised as “part of the job.” One interviewee noted that “we don’t do overtime, unfortunately, which I know a lot of staff would prefer – it’s all based on time in lieu,” [Service Manager 3]. As is demonstrated, many employees would rather the process be formalised. As workers feel unable to claim time off in lieu (TOIL) due to high workloads, they often do not report it to management, and so are not remunerated in any way.

Several interviewees said that they tend to take a shorter lunch in favour of finishing early. This could relate to being unable to avoid work on breaks due to lack of a “backstage” area, always being visible to service users. This may to an extent also be explained by lack of places to go, as services tended to be in remote or residential areas, away from city centres, with no shops or cafes.

Changes were reported as having taken place in relation to the types of task expected of employees. One interviewee recounted having to walk a service user’s dog and clean up its excrement. His objection was based largely on the fact that it didn’t make use of his skills, noting “you think, ‘I went to college for this?’” [Front-Line Worker 4]. This is a vivid example of ‘qualification inflation’, whereby the individual’s qualifications are now worth less due to systemic under-employment. In addition, the interviewee also took exception to the fact that this was not a care or support task, and as such, there was little or no ethical reward associated with undertaking it, which in turn undermines ideological elements of the psychological contract. With regards to the potential for employees objecting to the task, they rationalised, “if it’s working [and] nobody’s shouting and bawling about it, you know? They just let it go.”

5.6 – Emerging Tensions in the Social Order

The previous section described a degree of acquiescence to changes in aspects of employment policy. There was some impact on the psychological contracts of employees at an individual level, where breaches took place for a proportion of employees based on specific issues. However, the next section reveals a series of issues that led to individual violations that collectively created tensions in the social order. This section will discuss the causes of these issues.

5.6.1 – Intensification

As has been illustrated in relation to several features of the employment relationship, intensification has been a continual issue which has characterised the organisation's response to austerity and personalisation. In these circumstances, work was described as being considerably more demanding. For example, several interviewees gave examples where service users were adversely impacted as a result of cuts to budgets, or a delay in implementing new budgets, which would not have happened otherwise. This not only created drastically more work for employees, but clearly put them under a great deal of emotional strain, and caused them to question the ethical underpinnings of personalisation as an approach to care provision.

5.6.2 – Personalisation and Notions of 'Customer'

The term "customer" was only discussed in positive terms when beneficial to service users, i.e. "customer rights" [Service Manager 1], even where this explicitly made more work for employees. Personalisation has created a need for "customer satisfaction" [Front-Line Worker 2] to be used as a measure of performance, but interviewee testimony suggests that the positioning of service users as customers is

a challenging prospect. As the CEO noted, “we’ve had a bit of debate about that. It’s not our natural inclination to use the word ‘customer.’” Interviewees primarily considered the issue with the service user in mind, even when prompted to deliberate the impact on their own role. Some regarded it as a positive and empowering force, others as trivialising the importance of support by positioning it as a choice, rather than a necessity:

[Some service users think] “I have a right to this care, I shouldn’t be paying for it at all”. Before, they didn’t even think about paying for things because it was being paid for by the local authority, and would think “I’m just getting the care because I deserve it” [Front-Line Worker 6].

Several individuals across MHO1 objected to the word ‘customer’ with varying intensity; some felt it didn’t accurately capture the relationship between service users and the organisation, and others were offended by the perceived undervaluing of their role. It was reported that customer terminology was more likely to come up internally: “We don’t use it – we wouldn’t. Sometimes at a team meeting someone might say, ‘oh, God, it seems like they’re customers.’ Maybe in that sense, but not generally speaking,” [Assistant Service Manager]. This demonstrates a dynamic whereby service users are protected from what could be perceived as the negative aspects of a purchaser-provider relationship, such as increased responsibility and accountability, while being allowed to benefit from the positive elements, such as increased choice and discretion. When asked about what he thought of the use of the term, one interviewee asserted that he had “been in too long [...] I find it hard to use the word customer,” implying that the shift in direction towards customer-oriented norms and terminology is too great a change for him to acclimatise to.

By positioning the service user as “customer”, interviewees perceived an implication that they are being “sold to” which poses a challenge to ideological components of the psychological contract. While in discussions about how to “sell” the service at a team meeting, one participant commented “I remember thinking, ‘what have I got into here [...] you need to *sell*?’ and I was like ‘Is this sales or is it care? What are we doing?’” [Assistant Service Manager]. This demonstrates a level

of confusion and exasperation that was present in many responses. Often, the prospect of “selling” to service users was perceived as being self-serving, opportunistic, and directly at odds with the process of support.

Customer sovereignty was regarded as a problematic issue in that workers could feel constrained in their ability to challenge unhealthy behaviours without potentially risking a service users “custom”. This results in a situation where the most appropriate course of action for a service user may not be followed. This conflict of interests was discussed by interviewees at all levels of promotion:

The old adage that “the customer is always right” is quite a challenging one, because part of what we are doing is working with people who have very chaotic lives, or who have become stuck in very unhelpful routines, so part of our task is actually to challenge and confront people, but if you challenge and confront too much, as a customer they might just say “to hell with this – I’m going to go down the road to someone else who’s not going to give me such a challenging time” [CEO].

Another interviewee noted:

The majority of work we do here, it’s long term stuff. Some have had mental health problems for 40 years, it’s not as simple as that to fix it. This customer thing – “come on over here for six months and I’ll do this for you, I’ll fix it” – [we can’t]” [Front-Line Worker 4].

In other words, the emphasis on short term contracts may be at odds with the long term work required of some service users, and the promises required to attract customers may give service users unrealistic expectations with regards to outcomes. It is of significant note that, despite the increase in choice, the majority of service users continue the service provision which existed prior to personalisation’s introduction. These findings indicate that the variable caused by personalisation is the “threat of withdrawal” which previously has been documented in relation to

block or local authority funding, and can now be seen to extend to personalisation service users.

Several interviewees expressed concern regarding when classifying vulnerable people as customers went wrong. One example concerned an ARBD service user mismanaging their budget, and eventually being hospitalised. The interviewee was adamant that this would not have taken place had the service user not been in charge of their own budget, or if control for the budget had been revoked when early signs that the service user was not coping emerged.

5.6.3 – The Threat of Mission Drift

Issues of waning commitment and mission drift tended to relate to ongoing external funding issues, and the corresponding pressures of having to become more customer-oriented and business-like. One interviewee stated:

[It] might change how people see MHO1. They might start to see the company as more business-like than a charity [...] so people who've been here a long time might think MHO1's selling out [...] I don't really like the idea of having to sell either [...] the two things shouldn't really go together but they're kind of having to [...] I don't think it would really sit well for a lot of people who came into it to do one job thinking it was this kind of company, and now 8, 10 years later, it's not [Assistant Service Manager].

Besides mission drift being created by a reaction to negative external pressures, MHO1's desire to improve and "innovate" may also contribute towards the dynamic. Several interviewees made reference to the organisation's decision to cease paying for care-home membership with a registered body, in favour of using locations exclusively for personalisation service provision. Employees recognised that changes were a reaction to external pressures rather a deliberate change in mission, which mediated the extent of ideological breaches to the psychological contract for many,

but for some these issues were too great to incorporate. MHO1's position as a "front-runner" in relation to personalisation may also have fostered unrealistic expectations among employees, making breach more likely. It was reported by some that colleagues had left MHO1 in consequence, and others were considering doing so.

5.6.4 – Introduction of 'Recovery Practitioner' Role

The introduction of the Recovery Practitioner role was identified as an issue by a number of interviewees, largely as it involved a reduction in salary for many existing employees. Area Manager 1 stated:

New entrants wouldn't be affected at all in any way, shape or form [...] it's not a cost saving exercise, it's about looking at more opportunity and a smarter way of working [...] we obviously can't sustain everybody at the top level of the pay scale, and because the retention rate's so good we've got a high percentage of our staff at the top of the scale.

In contrast to the above statement, front-line employees regarded the measure as a cost-cutting imperative, specifically facilitating management delayering. This incongruence created a pronounced transactional and ideological breach in psychological contract for many employees and for some, outright and explicit violation. This issue speaks to transactional factors, in that wages and hours were affected, but also relational, in that hierarchies and teamworking were impacted, and crucially, also ideological elements, via perceptions of fairness and ethical treatment of employees.

The most controversial issue was the removal of the top salary scale-points for existing front-line staff to fund the measure. This effectively meant there was a significantly lower earning potential for some, and for others an actual salary reduction.

Of the front-line participants interviewed, responses ranged from indifferent to strongly opposed. The changes in responsibilities were regarded as fairly inconsequential, but the financial challenge was not. Employees' objection to the new role hinged on two main points: firstly, that they weren't consulted, and secondly, that the change seemed to be driven primarily by financial concerns. Indeed, several interviewees said that the change would have no impact on service users or care provision, and that it was purely an issue of cutting costs.

The proposed changes point towards a prioritising of new workers over longstanding staff in several ways. Most obviously, longstanding un-promoted staff's wages were being lowered to fund the new role. Those further up the salary scale-points due to long service already earn more than the starting wage for the new role, and so have no financial incentive for applying. This may reflect growing issues in recruitment, and a need to offer more competitive opportunities for prospective candidates. In doing so, however, this may create a lack of recognition for existing and potentially more experienced staff, and the problems which could accompany losing them.

These changes could be perceived as problematic in relation to the psychological contract for a number of reasons. Employees felt that the proposed wage structure does not match the effort required to do the job, and as such could cause transactional breach or violation. The perceived unfairness to certain groups challenges the conceptualisation of the organisation as an ethical employer, and could cause ideological breach or violation. If the reputation of MHO1 is compromised (in terms of being unethical or uncompetitive in relation to terms and conditions), then so too is the social capital associated with being an employee, and so relational breach and violation could also occur.

There was confusion from some interviewees over whether those who fill this role will be sourced internally or recruited from outside the organisation. Some individuals felt that the process was a means of having new Recovery Practitioners fulfil the role previously occupied by team leaders, managers or assistant managers, but for a lower wage. Front-Line Worker 4 stated:

If there wasn't a financial penalty I think it would go smoothly. I said to my previous manager, "I'd like some more responsibilities." I think I'm underemployed here to a certain extent – but not to the detriment of my colleagues wages, because the way this is working is, the money they're taking off the staff, that's going to fund the increase in these wages for these other posts [...] I wouldn't go for it on principle.

This employee – with ten years length of service and educated to a degree level – is the type of candidate the role was designed for, but feels he cannot apply because it directly and publically reduces the wage of non-promoted care providing staff.

It is intriguing that, while management stated explicitly that the proposal is not a cost cutting exercise, they simultaneously note that high levels of retention make the top salary scale-point a considerable cost. The decision to reduce this could be described as another example of how the needs of long-term staff are not prioritised. As one assistant manager stated, for front-line workers it is "deemed as a step up, but it's a wage bracket down." The impact of these changes is clearly having an effect on perceptions of fairness, with one interviewee noting "I would have said [my commitment] was quite high until they started going on about these new Recovery Practitioner roles [...] I can see that being a huge impact because people feel undervalued," [Assistant Service Manager].

When the case study began, the proposed introduction of the Recovery Practitioner role had been piloted, and was set for widespread implementation. Some employees who disliked the fact that a scale-point was being removed from front-line worker's salary, questioned senior management about the involvement of their union in negotiating the change, and were told that an agreement had been put in place. On investigating this, these employees found that no formal paperwork existed, and the only agreement was a verbal one. In consequence, the introduction of the role was postponed until further notice.

The interview for Front-Line Worker 5 took place after this point, and as such, its insights are of particular relevance. This interviewee views the explanation of the Recovery Practitioner role as being prompted by a desire to improve progression as false, and potentially a manipulation of the employee satisfaction survey's results.

This has clear and pronounced implications with regards to perceptions of fairness and of being valued by the employer, which may make ideological breach and violation of the psychological contract considerably more likely. The interviewee also expressed dissatisfaction at feeling like his own opinion was being ignored:

We had round-the-country presentations, the roll-out type thing, in January. I was at one in Glasgow. They told us what they were planning and some workers like myself spoke up and said “That’s fine, but we don’t want the pay cuts. Can you give us any counter proposals?” So they said they’d go away and think about that, they’d take it on board and they were going to come back and review it all, but two weeks later they came back and said they were still going ahead with it. So that caused a few problems, got a few people’s backs up [Front-Line Worker 5].

5.6.5 – Use of New Technology

At the time research was conducted, the organisation had begun issuing staff iPad tablets as part of a pilot study, with the intention of making paperwork more efficient and accurate. This was reported as being a response to staff suggestions that paperwork was becoming too time-consuming. Alongside reducing travel time between individual service locations and central offices, the use of iPads would also mean that information currently stored on paper in service user homes and service locations will be stored electronically and accessible anywhere, meaning it would be more secure and could be audited more regularly.

One interviewee was part of this pilot study, and was very enthusiastic about it. However, they revealed that before or after shifts, or between split-shifts, they would often sit in the car park of a local garden centre in order to use their wi-fi signal so they could complete paperwork. This is interesting in relation to the notion of reconfiguring working time and space, and has severe implications for the over-spilling of work-time into free-time. It could be inferred that, due to an increased

need for reactivity prompted by customer demands, non-customer facing elements of the role are being informalised. This may encourage workers to leave paperwork to do in their free time, when they don't have the demands of service users to contend with, and potentially legitimises long periods of travel time between shifts. Additionally, reducing the need to visit central offices in person may contribute towards feelings of isolation. As this has not yet been rolled out fully within the organisation, it may represent a future tension in the social order.

5.7 – Responses to Breach and Violation of the Psychological Contract

5.7.1 – Trade Unionism and Collective Action

The influence of trade unionism was limited, with membership and mobilisation low. At the outset of the case study it was reported that, even though MHO1 allows for up to eight shop stewards at any one time, they have never had more than three, and at the time had just one. This was described as problematic by management, who said that when a union representative is needed for things such as disciplinaries, they had no choice but to wait for a paid union representative to attend, which causes cumbersome time delays and makes scheduling even more problematic. Low union involvement was explained by an increased reluctance of individuals to negatively impact their employability, or an averseness to taking on additional responsibility in an already intensified working environment. Several interviewees stated they had been union members previously when working in different sectors (for example, education and nursing), but were not members now due to a perception that social care unions were less powerful, and due to low wages making the prospect less feasible financially.

Managers exclusively interpreted questions about trade unions to be about their role as a manager of people, rather than as employees and potential members themselves. When asked if the union was discussed, they replied workers broached

the subject “like it’s supposed to frighten me,” [Service Manager 1]. The implication here clearly is that the union is a threat to management, rather than a partner.

There was a widespread lack of knowledge about who union representatives were, which union the organisation recognised, and even whether MHO1 recognised one at all. This was at least partially explained by poor visibility or communication on the part of the union:

No. Well, if we do have a union rep – I’ve never really asked – it would be wrong of me to say they don’t have any if I don’t know, but I think that if we did, they’d have made themselves known by now, don’t you think? [Front-Line Worker 6].

This was accompanied by a general feeling that membership was not beneficial. It may be the case that, as was mentioned previously, employees recognise that degradation is a result of external funding and not MHO1 itself, little can be done through trade unions to remedy this. If so, the ‘resilience’ to breach and violation of the psychological contract which results may also be accompanied by a resignation to the degradation which causes them.

Following the issues surrounding the Recovery Practitioner role, union membership was reported to be rising among employees, and an additional three workers volunteered to be union representatives. This brought the total to four, which was the highest in the organisation’s history. Out-with formal union channels, there was also greater involvement in consultation meetings with management about the issue, and also in more general employee forum meetings.

5.7.2 – Withdrawal of Goodwill

In relation to Front-Line Worker 5, it is particularly striking that the interviewee reports that his commitment to the organisation was not adversely affected. It may be the case that continuing to work for the organisation while simultaneously

admitting that his commitment has suffered is too difficult a contradiction to recognise, and may pose severe challenges to the psychological contract and sensemaking. This individual spoke of running a music programme for service users which was well-attended and well-received. He stated that, until the Recovery Practitioner issue was resolved, he would not deliver this, and would effectively be working-to-contract and not beyond. In relation to whether or not he will continue to work in the voluntary sector, this interviewee replied:

“I still enjoy the work [...] Obviously, because of this dispute, it might affect the outcome of what I do. I would walk away from the whole profession if there wasn't a favourable outcome. That's disappointing for me to say that, [but] a lot of people feel like that. I don't know about changing profession but certainly changing from this workplace.”

The fact that this interviewee reports that, provided the Recovery Practitioner issue is adequately resolved, he will stay with the organisation, but simultaneously notes that if not, he will leave not only the organisation, but potentially the profession, is particularly striking – violation of his psychological contract hinges solely on this issue. The depth of the impact of this dispute is clear, and based on this individual's testimonies and others, seems to centre squarely on perceptions of being treated unfairly, not being consulted, and having their contribution to the provision of care undervalued. As one participant explained:

“Nobody wants to work for 20 years and get a drop in salary, that's understandable. If they stick to that more people will probably just walk out. We've been told now that it won't happen, that it will stay the same, except it will be capped until everyone else catches up, which is equally bad,” [Front-Line Worker 6].

Further to perceptions of the overall undervaluing of work and challenges to fairness, the proposal may have particularly negative impact on part-time or sessional staff, as the new role is full-time only. This disproportionate penalty for

non-full-time staff could pose a significant challenge to the notion that flexible benefits are prioritised. It is interesting to note that unpaid overtime and donative labour were not explicitly impacted by the majority of participants.

5.7.3 – Intentions to Quit and Turnover

Whereas the majority of interviewees at all levels tended to predict that they would still work with MHO1 or within the sector in the future, those who did not gave particularly striking answers: “I’m not looking elsewhere but I don’t think I’ll last. I’m maybe last ‘til the end of next year and that’ll be me. Need to try and find something else,” [Front-Line Worker 4]. Issues of stress and burnout were raised by workers, but in relation to the sector at large rather than the organisation specifically: “I’ve thought about working [out-with care]. I have felt a bit burnt out a couple of times in the last few years, and that’s not about pay, that’s about the general conditions within the sector,” [Front-Line Worker 3]. Similarly, the same interviewee described feeling undervalued, but by not by the organisation specifically, and more in relation to the sector generally:

Being undervalued by the other professional agencies you work with [is an issue]. You’re seen as just the lowly support worker – “they don’t know anything about anything” – whereas actually you see the person a lot more than they ever do. I find that very frustrating, [especially] coming from a background where I’ve done other things. Your experience and contribution can be really underappreciated. I think there’s quite a bit of that in the sector at the moment, with people being over-qualified, bumping up against these feelings. I’ve certainly felt that. [At] the project where I worked previously, a lot of the support staff had been to university for four or five years, and weren’t getting gainful employment for the skills they’d worked hard at. It’s a shame, because it’s adding to people going out of the sector who could make a really valuable contribution [Front-Line Worker 3].

So, not only does intensification make work harder, the dynamic contributes towards perceptions of low skill which devalues work and demotivates workers.

Austerity was identified as a chief source of difficulty, and was regarded by many as a challenge out-with the organisations control. The availability of alternative jobs was a consideration; several intimated that they would consider leaving the organisation for better terms and conditions, but not the sector.

Alternative sources of employment were perceived to be more realistic outcomes with incremental economic recovery affecting some sectors disproportionately, and alternative means of employment becoming available elsewhere. Turnover, therefore, became an increasing issue for MHO1. Individuals who felt that issues such as the Recovery Practitioner role cannot be resolved stated plainly that they would seek employment elsewhere when something suitable became available. Jobs out-with the service sector, particularly in call centres, retail outlets and supermarkets, provide worrying competition – they tended to involve benefits such as higher starting salaries, bonuses and stability, and do not carry with them the same potential for stress, burnout and unsociable hours which are inherent to social care jobs. There is also a ‘brain drain’ dynamic whereby voluntary sector staff are being lost to local authority employers:

We’re losing people to local authorities [...] we’ve trained them, we’ve given them the opportunity to complete an SVQ, and the local authority come along [with] the same job, but offering two to three thousand pounds better starting salary and that doesn’t feel very partnership-esque to me. That’s a bit of a challenge for us just now [CEO].

Here, MHO1 loses expertise, tacit skill and the economic investment in upskilling staff, while simultaneously bearing the cost of further recruitment. This could suggest that it is not cost effective to prioritise training and fund qualifications, which is a particularly worrying predicament.

It is highly noteworthy that one service manager reported that they have had no need to recruit for their service for upwards of two years [Service Manager 3]. It

could be the case that, because turnover was down due to a lack of alternative jobs elsewhere, they are “out-of-practice” with regards to effective recruitment processes. It may be no surprise that MHO1 has difficulties filling particular roles, and “just aren’t getting the right calibre of candidate” [Service Manager 2] in that their recruitment processes may not be aligned towards achieving this.

5.8 – Chapter Conclusions

This chapter has presented findings from the first case study, which took place in a mental health organisation. It began by explaining both the impact of austerity and personalisation on service provision, organisational strategy and operational decision making. It then illustrated the corresponding changes which took place to the employment experience, through factors such as terms and conditions of employment and work intensification. The final sections focussed on the workforce response to these changes, detailing the impacts of change at individual level through the voluntary sector psychological contract, and collectively through emerging tensions in the social order.

The influence of austerity is observable in all features of the employment relationship. MHO1’s senior management was keen to explain that they had not allowed terms and conditions to suffer, but inflation, cost-of-living raises and the pressure to join the Scottish Living Wage meant that transactional benefits such as wages, pension and sick pay were no longer competitive.

While the influence of the customer is significant, it was far from absolute, and the result for the organisation can only be described as a partial-COB. Several interviewees described feeling ill at ease with the notion of “selling” to service users, and often avoided discussing this with them where possible. Senior management reported wanting to spend more money on initiatives that enhanced customer choice, but were unable to do so due to financial constraints caused by austerity. It can be inferred plainly here that austerity directly undermines personalisation’s goal of service user empowerment.

The influence of the customer is particularly pronounced in areas such as work organisation. Due to the introduction of new technology, employees are expected to fulfil non customer-facing work in their own time, in order to free up time with service users. This was part of a wider pattern of intensification which was present throughout work organisation, and in the delivery of factors such as sickness, absence and holiday entitlement. The increase of customer-oriented norms without direct input from customers may demonstrate organisations use of the notion of customer service to justify wider cost-cutting measures necessitated by the pressures of austerity, and increasingly constraining funding contracts.

Tensions in the social order emerged, particularly in relation to the prioritising of new workers over existing staff. This can also be seen in the prioritising of recruitment over retention, benefits for new workers over those for long-serving staff, and the repetition of core-training packages over more varied or bespoke programmes. This was a key source of breach of the psychological contract, but violations were rarer, and typically involved a particular issue or incident. A noteworthy example of this is the Recovery Practitioner role, which was purportedly intended to mediate issues associated with management delayering, and additionally to provide greater opportunities for career progression. The top salary scale-points for existing front-line workers were being removed in order to fund it, which meant there was a significantly lower earning potential for some, and for others an actual salary reduction. Again, this represents a prioritising of new workers over longer-serving staff. The fallout was characterised by transactional breaches and violations in the psychological contract due to the wage implications, and also ideological breaches and violations, due to the perception that the employer was not acting fairly, and had not consulted employees. In consequence, union intervention was sought, only to find that the agreement in place was verbal, and no formal paperwork existed. This compounded issues concerning fairness and ideological breach and violation.

These tensions in the social order were met with individual and collective responses. A significant increase in union membership and activity took place, which a number of interviewees attested directly correlated to the Recovery Practitioner issue. As the new role was still at the stage of pilot study, the disruption to service

users was limited. Also observable was a withdrawal of goodwill in relation to activities out-with care competencies, but general unpaid overtime and donative labour remained unaffected. Turnover was also seen to increase, which low pay and the lack of wage increases cited as the antecedent. Organisational responses to turnover chiefly involved attempts to improve recruitment rather than retention, which again, relates to the prioritising of new workers over existing staff.

CHAPTER 6 – FINDINGS FROM CASE STUDY 2

Children's Organisation

6.1 – Introduction

This chapter presents findings from the second of four case studies, and follows the same format as the previous findings chapter.

6.2 – Profile of CO1

This case study was conducted in a large children's services organisation, which operates as the Scottish wing of a charity founded in England, employing 900 staff and 1,000 volunteers. They are registered separately as a charity in Scotland, but the majority of senior management and executive decision making originates from England. From this point onwards it will be referred to as "CO1".

CO1 was founded in 1866, and provides more than 122 community based services, working with over 26,500 children and young people. The organisation's espoused purpose is the prevention and relief of poverty, and the advancement of health and education, among disadvantaged or at-risk children and young people. Their service user group includes children and young people who have physical disabilities, learning difficulties, mental health issues, addiction, and disadvantaged backgrounds. Current services include family support, child mental health, domestic abuse, fostering and adoption, residential care, housing and homelessness, advocacy and participation, employability skills, and vocational training.

CO1 positions itself as a campaigning organisation, with a strong involvement in issues including care leavers, child sexual exploitation, and child homelessness. They also have a continued involvement in consultation and parliamentary briefings. A prominent avenue which the organisation uses to raise funds and awareness is

their nationwide chain of high-street charity shops. They also encourage corporate involvement via cause-related marketing, sponsorship packages and corporate donations.

6.3 – The Impacts of Austerity and Personalisation

6.3.1 – The Impacts of Austerity

CO1 experienced increasing financial constraint as a direct result of austerity, and reported having no option but to strategically refocus in order to accommodate these new pressures. The Head of Business Development noted that “CO1 is going through a massive change process over the last 3 years, so all of our jobs have went through a consultation process – we’ve got priorities we didn’t have before.” This process of change included within it a shift towards aligning service delivery with localised funding opportunities:

CO1 also did an internal restructure to look at a different model of delivery which is a locality model, and that was part of a more business orientated structure on how to build within that. What you’ve potentially got is targets that are set for the locality in terms of income generation and voluntary funds required, and those targets and reductions are then passed down to children’s service managers [Service Manager 2].

Senior managers reported that further change was to be expected to accommodate forecast cuts: “There’s always this thing about cuts, and we’re really feeling that now. Things will get worse, and I think that will be part of the reason for further change,” [Head of Business Development]. The following information is taken from OSCR:

Figure 6.1 – Income and Expenditure Graph, 2011-2016.

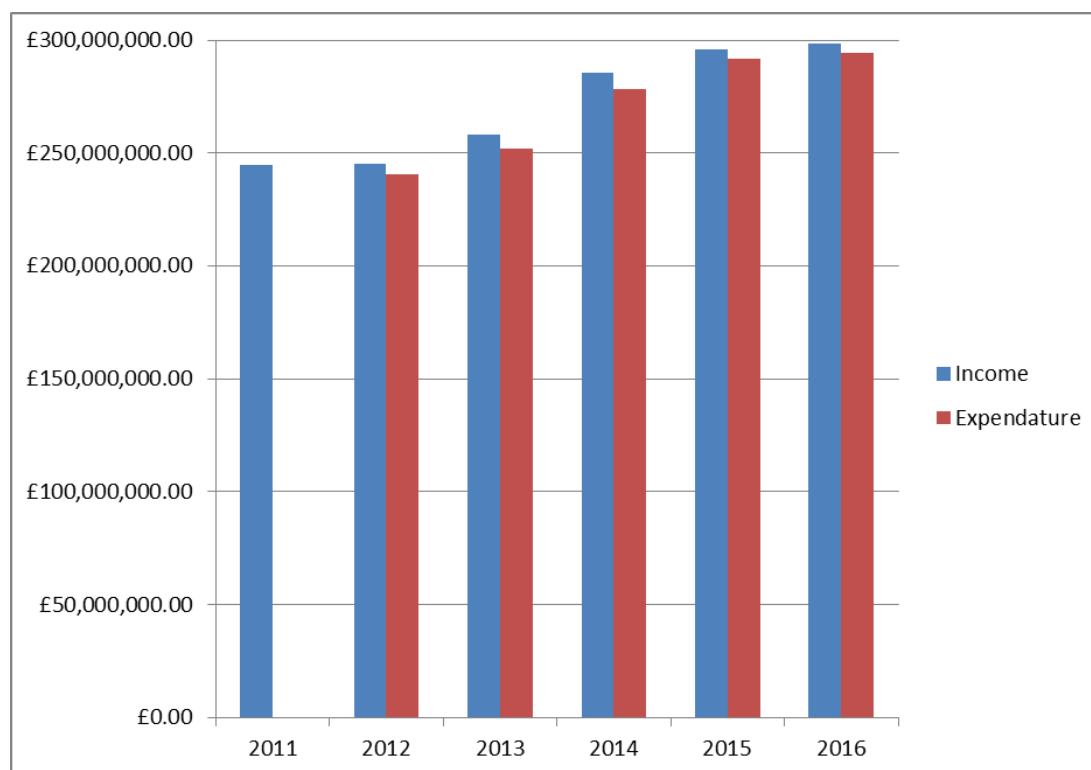


Table 6.1 – Income and Expenditure Table, 2011-2016.

Year	Income	Expenditure
2011	£244,984,000	Info not available
2012	£245,182,000	£240,589,000
2013	£258,112,000	£251,922,000
2014	£285,774,000	£278,422,000
2015	£295,965,000	£291,593,000
2016	£298,660,000	£294,193,000

Between 2011 to 2016, income overall rose by £53,676,000 (21.91%). A healthy differential has been maintained between income and expenditure, and this has

increased annually (£4,395,000 in 2012; £6,120,000 in 2013; £7,332,000 in 2014; £4,372,000 in 2015; £4,467,000 in 2016).

While the above figures may paint a picture of relative security and even growth, service managers and team leaders reported concern over the security of individual services, rather than the security of the organisation as a whole. Operational managers noted having to “be a bit frugal and manage budgets very tightly,” [Service Manager 1]. The adoption of more ‘business-like’ tactics, many of which were new to the organisation and perceived to be new to the sector, were reported by managerial staff and front line workers.

6.3.1.1 – Local Authority Funding

Funding relationships with local authorities were described as problematic, in large part due to poor communication and lack of opportunity to discuss issues:

Meetings with local authorities are too infrequent. Since the introduction of SDS there’s been one meeting, in January 2013, and there hasn’t been one since. We’re left foundering. It feels like the connection between ourselves and the local authority have completely disintegrated [Service Manager 2].

It was reported that, while it was easier to renew existing contracts than win new ones, this was no guarantee of continual funding:

Just because we’ve been delivering and the council have always given us positive feedback about how we deliver those services, it doesn’t give us carte blanche to be complacent that we will automatically get a place in that framework, you just don’t know [Service Manager 1].

It was also highlighted that, in order to adjust to accommodate to preferred-provider lists in different local authorities, there was no standard approach to pricing for

particular forms of support package. This created friction as some projects delivered similar services to others, but with significantly less funding.

From CO1's perspective, there existed a lack of strategy from local authorities with regards to what particular funding grants were intended to achieve. The notion of partnership was also called into question, in relation to local authorities offering service provision themselves, and effectively operating in competition to CO1:

There is a theme across Scotland, around local authorities taking more and more services "in-house", in the belief that they can provide the service cheaper, but it also means that they can set the prices. That means that it's an unrealistic price setting, which we wouldn't be able to match. If you like, what they're doing is they're recycling their own money, because they're giving it out, and then they're taking it back in [Service Manager 2].

This results in ambiguous funding contracts which may artificially drive down the prices that voluntary sector organisations must accommodate in order to remain competitive. This creates a precarious situation for CO1, and potentially also other organisations within the sector:

I've asked other voluntary organisations who are in the same boat, and there's no contracts in place, it's all year-to-year funding, it all feels very temporary, it doesn't feel safe for anybody. I think that it leaves you feeling quite vulnerable as a service, to whatever the local authority decide [Service Manager 2].

One interviewee described joining CO1 from a competitor, along with a number of colleagues, because CO1 won a tender which their previous funder had lost; in other words, they effectively following the funding. This is extremely telling in relation to the aforementioned notion of local authority's "recycling" their own funds, as it depicts a scenario whereby local authorities are able to maintain continuity and quality via individual employees, while driving down cost via the organisations which employ them.

6.3.1.2 – Expanding Service Provision to Increase Funding Eligibility

In order to increase the types of funding contract they are eligible to apply for, CO1 have diversified the type of service they provide. Whereas previously they catered exclusively to children (i.e. under 16s), they now also provide services for young adults (under 25s). While this does open up a new market for CO1, some employees were concerned that it was a more competitive one. Additionally, the organisation has no history of providing to this new group, and so will have to do considerable work to accommodate new service users, and reach a standard from which they can compete with existing providers. Those above 16 years of age may not be in full-time education, and as a result will need support during the day, something which CO1 has not previously had to cater for.

6.3.1.3 – Reliance on Voluntary Funds

Whereas local authority funding is not necessarily dependable, it was noted that children's organisations generally receive higher voluntary donations from the public:

CO1 receives charitable donations via a whole range of areas, from that box in the corner of the shopping centre, to legacies left by members of the public. We also have shops and fundraising teams, so there's a whole raft of areas that CO1 gets funding from [...] but that can't last forever. [...] CO1 can't continue to fund [services] on voluntary funds, so we are looking quite seriously to find other additional funding, but it's been a very challenging process [Service Manager 1].

In consequence, CO1 has come to rely on an income that is not guaranteed, and are potentially less likely because of austerity. This was reported as a cause for concern which CO1 recognised:

I would say there's been a more recent pressure from CO1 in relation to bringing [use of] voluntary funds down. CO1 has shifted how it does its business and I feel pressure from that [regarding] what income are you bringing in, and how are you bringing it in [Service Manager 2].

Operational managers are discouraged from using voluntary funds to fund core services, but due to increasingly unstable local authority funding, are often unable to avoid doing so.

6.3.1.4 – Changes in Organisational Structure

Service closures took place in March 2014, after many years of bearing the burden of austerity-driven financial pressure. Many interviewees were worried by the prospect that the worst may still be to come:

I worry, and even more so now after the election. They're looking at £12 billion [worth of cuts]. They're just breath-taking. Some of them mean that vulnerable people will suffer, but also they're talking about statutory maternity pay being cut, which means employers inevitably won't take women on, there will be equality issues [Head of Business Development].

It was reported that, where managers left the organisation, they were often not replaced. Where they are, permanent posts tend to be replaced with temporary ones. There were also individual incidences of a lack of cover for sickness or maternity leave were causing a pronounced intensification for team leaders and service managers. Several interviewees held two jobs, often at different services (for

example, managing two teams, or having a support work contract and an administrator contract). An increased reliance on bank-staff and ZHCs was noted, whom CO1 refers to as “as-and-when” contracts.

6.3.2 – The Impacts of Personalisation and Self-Directed Support

Testimonies depict the availability of personalisation to be an important part of the organisations approach to service provision, but in practice, uptake is low. The Head of Business Development noted that “we’ve got two or three services who are starting to embrace it now, but we’ve got a very small way, not in the way it’s intended.” This was confirmed by staff at all levels within CO1: “At the moment we only have seven families on their own budgets, and around 30-33 on the traditional model” [Service Manager 1]. Team Managers reiterated this notion:

It’s still being rolled out and everyone’s a bit unsure of where it’s going, but we have started to take on some work through SDS. It comes in dribs and drabs [...] At the moment at least 90% don’t [use SDS] [Team Manager 2].

Front-Line Workers noted that contact with SDS was limited at best, with Front-Line Worker 7 asserting “it’s not something I come across all that often. It’s not something that’s been a big thing for us, not to say it won’t be in the future, but it’s not come to anything for our people yet.” A variety of reasons were given for low uptake, the most prominent being that SDS options were not appropriate in a children’s service context:

Applying it to children’s and families – I know it works differently in adult services – but what they’ve done is they’ve took an adult model, and tried to just copy-and-paste it into a children’s service, and it’s not the same. It just

isn't. I think it's been one of the biggest mistakes in social work in my time working in the field [Team Leader 1].

Emphasis on communicating personalisation as premised on service user choice were felt to be at odds with long-term work, with little thought for continuity of service, or service user wellbeing. Some interviewees expressed hesitance to recommend SDS options, as they were perceived as being too new and unpredictable. Others described it as appearing to offer a level of control which did not exist in practice:

I think if they're more honest with families at the beginning, then yeah, it could work. If people are told that "you may have a bit more choice, but you don't have carte blanche, complete freedom." [...] I'd say [to service users] "delay this – don't be one of the first families up there to take this budget, because it isn't going to work for you. It will bring added issues, added stress. It's a complication you don't need. Certainly in the early stages, don't take that sort of 'bank account' approach, where you take all the money and keep receipts and invoices, until it's all settled down." I thought by now it would all have calmed down, but I still don't get the feeling that it's functioning better [Team Leader 1].

It was suggested by Service Manager 2 that the stress of bringing up a child with disability exacerbates issues for parents (who often are in charge of money directly) such as stress, burnout, mental health issues, alcoholism and drug addiction. As many of the issues faced by children whom the organisation support were caused by poverty, a number of parents are themselves service users elsewhere.

Communicating SDS options to service users effectively was regarded as crucial to financial stability. Service Manager 1 stated, "at this point in time I'm developing a brochure about what we do and how we do it, because to survive – and that's where we're at now – to survive, I have to let people know." This interviewee explained that the emphasis was on quality rather than cost, and that their legitimacy and experience was their unique selling point.

6.3.1.1 – The Dual Imperative of Personalisation – A Guise for Hiding Cuts?

A number of interviewees directly asserted that personalisation was a guise for hiding cuts. Some felt this to be its intention, while others perceived it as a corruption of its true purpose:

My cynical head will always say “this is about reducing budgets,” because families are not getting the level of budget that they might have done in the past. I think the Scottish Government have done this with the best of intentions [but] my sense is that it could be used by local authorities to reduce budgets, and to reduce their overall costs. That’s around the credit crunch and the austerity measures I think. They’re having to do this, and that bit I’m uncomfortable with [it]. I absolutely believe in the personalisation agenda and the SDS legislation that gives people and families choice, however there’s potential for this to be used in a slightly different way [Service Manager 1].

While some interviewees perceived the balancing of cost versus quality as a dual imperative, of personalisation, others regarded cost-cutting as its primary function:

Everybody’s been sold a dummy. I think people would probably have respected it more had the powers-that-be come out and said “this is a cost cutting exercise – we cannot afford to maintain what we’ve provided as social work going into the future, and this is ultimately a way of cutting costs, but at the same time giving you *bit* more choice.” It’s being sold as this wonderful utopia of services and amazing developments for families, and “the world’s your oyster – oh my god, what you can do!” [laughs] It’s absolute garbage. Some parents are probably in that system now who shouldn’t have been anywhere near it [Team Leader 1].

The prospects of decreasing costs while also increasing quality were felt to be directly at odds with one another by many interviewees. Low funding for personalisation was felt to obstruct organisations' ability to promote options available to service users:

I do agree with it, and I think the values that underpin it, I think if it were funded more generously, and if organisations were enabled to embrace it, then I would be more supportive of it. What it's done is it's created problems for some organisations that are insurmountable, so they'll not be able to engage with it [Head of Business Development].

6.4 – Organisational Responses to Impacts of Austerity and Personalisation

The following section will present organisational impacts of the aforementioned pressures, focusing firstly on changes pertaining to policies and procedures, secondly terms and conditions, and thirdly work organisation, as summarised on the following table:

Table 6.2 – Influence of the Customer and Austerity on CO1.

		Influence of Customer:	Influence of Austerity:
Policies and Procedures:	Recruitment and Selection	No	Yes
	Appraisal and Supervision	Yes	Yes
	Training	Yes	Yes
	Induction	No	Yes
Terms and Conditions:	Wages	No	Yes
	Pension	No	Yes
	Sickness, Absence and Holiday Entitlement	Yes	Yes
	Travel and Travelling Allowances	Yes	Yes
Work Organisation:	Working Time	Yes	Yes
	Working Beyond Contract	Yes	Yes
	Intensification	Yes	Yes
	Relief Staff and Zero-Hour Contracts	Yes	Yes
	Self-Managed Teams	Yes	Yes
	Administrative Issues Concerning Personalisation	Yes	Yes

As can be seen, the organisation does not fit the description of a COB. Cost cutting is evident, but the direct influence of the customer is only present in particular

features of the employment relationship, and tends to be mild where it appears. For example, customer feedback was gathered for appraisal and supervision purposes, but was not used for target-setting. In other areas, such as working time and working beyond contract, the impact of the customer was limited, in that employees tendency to work significant additional hours long predating the introduction of personalisation.

The influence of the customer was in part mediated here because in this case study, 'customer' and 'service user' are not synonymous – the service user is the child, and the customer their parent or guardian. Possibly for this reason, the organisation does less to promote customer-oriented norms than other case studies. Additionally, hours of support must be tailored around school hours and holidays, which limits the scope for customer choice. While SDS uptake is limited, customer-oriented norms are still present, chiefly as a means of demonstrating productivity and satisfaction to local authority funders. This is particularly visible in work organisation, and features of terms and conditions such as sickness, absence and holiday entitlement, and a pronounced increase in bureaucracy and paperwork. As can be seen, austerity impacts every aspect of the employment relationship, and has a particular influence over transactional factors such as pay and benefits, and in policies and procedures such as recruitment.

6.4.1 – Changes to HR Policies and Procedures

In the area of recruitment, there was no evidence of customer influence in processes and procedures of selecting staff. As with MHO1, however, CO1 experienced significant problems in recruitment and selection in comparison to the other case study organisations. The availability of alternative entry-level employment driven by partial financial recover from the recession, particularly in supermarkets and call-centres, was a significant challenge. Several testimonies stated that the standard of new recruits was lower than in previous years:

We've been recruiting recently and the applications that we're getting are really poor. If you think about a few years ago, the people we would get applying, qualified, experienced, now the applications we're getting, you think "I can't even interview these people", or if you do, you think "I can't give any of these people a job" because their experience is so limited they're just not going to be any good. I don't know if people have just moved out of social care to where there's more money to be made [Team Leader 2].

The organisation had little in the way of a formal solution to this problem. It was extremely rare for front-line staff to be recruited without having worked on the "as-and-when" register first, which was used officially as a means of accommodating a need for flexibility necessitated by personalisation, but also kept employment costs low. Where they existed, permanent roles were given to those who had previously worked on temporary contracts. This ensured consummate skill levels for core roles and functions, but increased inexperience in relation to evening, weekend or rearranged shifts, via concentrated use of less experienced "as-and-when" workers who are used to accommodate flexibility.

As a means of accommodating the continual recruitment of "as-and-when" workers necessitated by personalisation, core training programmes were repeated at the expense of introducing more diverse or bespoke skills. One interviewee made reference to CO1 having previously had a dedicated Learning and Development department, but that this had been removed in an attempt to cut-costs resulting from austerity. Scheduling time for training sessions was described as problematic, and often sessions were cancelled at the last minute due to short-notice changes to shifts resulting from customer preferences, and covering shifts left vacant by turnover. The associated cost of training was also felt to be constraining:

There used to be quite a big training budget, and we would close the unit one or two days a year to do staff training, and now there's not the budget for that – training's a luxury rather than a necessity [Team Leader 2].

Ongoing training was particularly difficult to schedule for “as-and-when” workers, whose hours were less predictable due to the need to provide flexibility to service users.

There was a degree of influence from personalisation on supervision and appraisal. One of the key functions of supervision was to provide a platform for discussion of professional practice, and was described as giving workers piece of mind:

It lets you know you’re doing things right. ‘Cause sometimes you do come back and think “was that the right thing to do”? Or if there’s been an incident and you have to report it, with appraisal there’s always someone to say “you’ve done your job”. It gives you confidence that that what you did was right [Team Leader 1].

The use of customer feedback in appraisal and supervision was new, but increasing. Due to service users age, and potentially limited cognitive ability, written and verbal communication skills, the information gathered was often very basic; the most commonly used tool was a 1-5 scale of ‘smiley’ and ‘frowny’ emoticons. Managers said that while positive feedback was regarded as good, negative feedback was not perceived to be indicative of poor performance. While concern was expressed for service user wellbeing, there was little consideration for the impact on workers.

Workers’ targets related to factors such as gaining professional accreditations, and to specific service user outcomes (e.g. supporting a service user to take up a new hobby, or stop smoking). Team Leader 2 described this as a new occurrence, noting that “appraisals have become more targeted on meeting specific SMART goals, and making sure they’re related to CO1 values, whereas in previous years they weren’t.”

Appraisal and supervision was described as high priority, and was an important KPI in relation to funding applications. When asked if meetings always took place when scheduled, the Head of Business Development replied “Absolutely, you have to do that – it’s all measured [...] You don’t have ample time to do anything, you have to make time. You prioritise.” In practice, however, appraisals

often took place only on paper. Service managers and line managers were keen to point out that, while formal supervision and appraisal processes were tokenistic, support was always available on an informal basis:

We kind of have to do appraisal. There probably have been points where people have struggled to get dates in the diary, and that's probably things like cancellations, or compulsory meetings, but we do try to keep to that. Yes, it does slide in the formal way, but I think we're very good at the informal, where nobody feels like they're out on a limb and they don't have supervision on a regular basis, you can come to anybody at any time and share a concern or have a received support, or guidance on anything like that. So I think we've got a good balance of the formal and the informal [Service Manager 1].

It was reported, however, that "as-and-when" staff did not receive supervision as regularly as their permanent counterparts. This can be due to a number of factors, such as difficulties scheduling meetings due to short-notice changes in service user preferences, higher levels of turnover among "as-and-when" staff, and workers having contracts with multiple employers.

6.4.2 – Changes to Terms and Conditions

Wages were felt by management to be adequate, and average for the sector:

I think our core team are probably on par with other providers, maybe slightly higher I think, certainly I know that in terms of our sessional staff, I think we pay above average, [...] Some organisations are paying minimum wage. We pay our staff £8.30 an hour, which is a bit above average, and that has increased in the last couple of years in line with inflation. [...] I do

acknowledge it's probably not the best, but it's probably also not the worst [Service Manager 1].

Due to differences in local authority funding, "as-and-when" staff were often paid different rates in different areas. Where wages were regarded to be poor, this was rationalised as indicative of the sector, and the impact of austerity was clear:

CO1 pay quite well in comparison to other organisations. I think front-line workers are paid better than a lot of front-line workers elsewhere, but pay increases don't really happen anymore, and I think we're getting a tiny one this year, maybe. I think the level of pay generally is pretty poor when you consider the level of expectation that's put on you when you compare it to other sectors, but within the sector I think CO1 pays quite well [Team Leader 2].

With regards to the wage rise mentioned above, interviewees gave conflicting accounts of how much it was to be, and whether it had taken place already or was forthcoming. The Head of Business Development also mentioned that all pay rises were previously frozen, making this the first rise in four years.

The pension scheme was described as fair, although front-line and managerial interviewees alike struggled to provide information on it. Very few were members, and several interviewees described a distrust of pensions in general, rather than merely being dissatisfied with that which CO1 offered.

For permanent workers, sickness entitlement comes into effect after the initial probation period, and consists of six months full-pay followed by six months half-pay. "As-and-when" workers accrued sickness entitlement on an hour-by-hour basis. Largely, workers were unaware of their specific allowances. Sickness reporting was managed strictly, and cover arranged informally at a service location level. Staff were encouraged to stay at home if the illness in question was contagious, or would prevent them from undertaking their scheduled work; out-with this, it was generally felt that workers should attend. Often, work would be adapted so that more

strenuous aspects, such as service user facing tasks, were reallocated to other workers.

Holiday entitlement for permanent workers is 25 days annually, plus eight public holidays, and increases incrementally with specific length-of-service anniversaries. “As-and-when” workers accrue holidays on an hour-by-hour basis. Again, this was regarded as standard for the sector. Holidays were booked a considerable amount in advance – typically at the start of each year, covering the following twelve months. As only a set number of workers can be absent at any one time, scheduling holidays was reported to be a complicated task. Both managers and workers reported considering the needs of the service before booking a particular date, noting that their absence at key points such as summer, Christmas and Easter school holidays would intensify work for their colleagues, and also create a backlog for them to deal with on returning:

My holidays are fairly structured throughout the year [...] I do consider the service and my role in the service, and actually by taking these holidays at [busy] times, am I only going to make my return to work ridiculously hard, stressful, and waste the holiday I’ve had? Is the build-up going to be that intense that it’s going to take me half my holidays to wind down? So I try to balance it so that it suits me and the service [Team Leader 1].

In this regard, customer-norms have been embedded in work organisation long before the onset of austerity, but have been considerably intensified by its influence.

The growing prevalence of split-shifts and part-time work driven by austerity and personalisation has significantly increased travel time and cost. Workers received travel expenses based on mileage:

“We get travel expenses as well which is good because it’s mostly outreach work we do. Travel expenses really help, especially considering petrol is really expensive, and obviously keeping up your car and stuff. The only thing I would like is a maintenance cost for your car, because you’re doing a high

amount of miles, so your cars going to end up running into difficulties at some point, because you're using it so much.," [Front-Line Worker 7].

There was no information detailing how the costs for mileage were arrived at, or whether they kept pace with inflation. No interviewees utilised or knew of travel expenses relating to public transport. Other benefits such as staff discounts were mentioned by some employees, for attractions such as Alton Towers and Edinburgh Zoo, which are applicable for workers and their families. Despite being knowledgeable about them, none of the interviewees had ever used these benefits. One noted:

"We get discounts for the zoo, but I've only ever used that in relation to taking service users," [Front-Line Worker 9].

CO1 also has a Stress Therapist, whom workers are allowed to book appointments with if the appointments are not already allocated to service users, which speaks to an attempt to appeal to voluntary sector workers greater proclivity for non-monetary reward and prioritising of caring competencies.

6.4.3 – Changes to Work Organisation

Working hours were dictated largely by school hours, term times and holidays. Whereas other case study organisations experience an "hourglass model" of service provision, with greater need for support around getting up and going to bed on a daily basis, in the majority of cases CO1 saw greater need after school on weekdays, and at all times over weekends. Working before and after shifts was commonplace. Often parents or guardians wanted to "debrief" with front-line workers after their shift had ended, which was reported to be more common since the introduction of personalisation.

A TOIL system was in place which managers and non-support providing staff could use, but this was not available for front-line workers. TOIL was managed tightly, as described by Service Manager 2:

I think for my staff team I will always pursue that with them, and it's a standing agenda item in their supervision [...] because it can easily get out of control. I've done it myself, and I've lost loads of hours in the past because there was simply no way I could take it. But, in saying that, I don't practice what I preach [laughs]. As a manager I probably have dispensed with a lot of hours that I've never been able to take back [Service Manager 1].

When asked if they used a TOIL system, one interviewee responded:

Technically yes, but I never bother claiming for TOIL because I never get a chance to use it. [It is] probably 8-10 hours per month. And I never take breaks, I never take lunch breaks, plus I also work from home so it's actually probably more than that. My lovely little phone that I get emails from means I'm constantly replying to emails, and I never switch it off [Team Leader 2].

Where front-line workers go over their contracted hours for a specific issue, they are encouraged to include this on their timesheet so that they can claim it on the usual hourly rate. Due to the sanctioning of benefits, unpaid overtime has taken become much more unpredictable and demanding:

I do a lot of mandatory reconsiderations because some of our young people get sanctioned, or there's maybe been ESA's or things like that, and if I don't capture that, if say, there sanction's on the 1st of next month, and I don't catch it 'til the 28th of this month, I've only got three days to get an appeal in, or they're going to miss their window. I don't do it loads but it is a regular occurrence [Front-Line Worker 7].

Split shifts are available, and were met with mixed perceptions from workers and managers alike. Short breaks between shifts were generally regarded as good because they represented the availability of adequate hours, and additionally, meant workers could travel between different locations in the time designated for breaks, and which they were paid for. Longer breaks were regarded as problematic, but any mention of this led respondents to reiterate that the purpose was to suit the service user, and while it did inconvenience them, workers were not the priority. Managers posited that long breaks could be a benefit (for example, allowing workers to do personal errands and shopping during the day), but this was not borne out in front-line workers testimonies.

Intensification was reported in pace of work, paperwork and form-filling, working hours and stress levels. Increasing variety in service user preferences has made work more diverse, but continual performance indicators and criteria necessary to secure local authority funding limit the discretion in performing it. Cutbacks in skill were evident in the reduction of different types of training available, the reduction in opportunities for training due to scheduling issues, and the continual repetition of basic training courses to accommodate increasing numbers of new workers caused by growing turnover.

Intensification for managerial staff took a distinctly different tone. A considerable increase in paperwork was reported as a result of invoicing and providing receipts for SDS, and increasing turnover meant recruitment was continual. Form-filling also presented an issue in that particular decisions and activities have different level of “sign-off”, and so often involve more than one individual manager. In order to accommodate these new demands, remote working was a persistent issue:

You couldn't do the job otherwise. The email traffic alone is difficult. You get back-to-back meetings, no time to think, so you have to do your thinking between meetings. In saying that, there are times when you simply can't address [...] You can't be everywhere [Head of Business Development].

Managers felt compelled demonstrate that they can balance their workload, and so often have to do this additional work out-with the gaze of their team:

You have to also look after yourself, and your colleagues as well. I believe that you should lead by example. I've got a team of workers, and if it looks like I'm knocking my pan in, that's not a particularly good message [...] if you've to work late, the weekend, you just do it. That goes with the territory [Head of Business Development].

The increased emphasis on customer service which accompanies SDS has significantly increased the day-to-day work associated with catering to service users. Some will "question every minute of service delivery, questioned my integrity, and my honesty, in terms of what we deliver, and how much that costs. That's been very hard to take," [Service Manager 1]. The new emphasis on customer-oriented norms highlighted a dearth in business-like skills amongst staff, which one manager felt compelled to remedy in their own time, and at their own expense:

We talk now about 'unit costs' and 'economy of scale' – I was never trained to do *any* of that [...] we're being asked to think in a *very* different way. I don't feel at the moment that CO1 are able to give me the support I need to be able to do that. I put myself on a free "set-up-your-own-business" course a year and a half ago. It's evening classes, and it talked about income generation and marketing and all the things I need to be doing, to try and help me with that. I do think there's a gap in CO1 in relation to that [Service Manager 2].

Fundamentally, managers describe a situation whereby they bear ultimate responsibility for the financial viability of their service:

When our funding was secure in terms of the traditional model, that was less [common], but [now] I have to chasing up unpaid bills, unpaid invoices, all things like that. That shouldn't be my role, but nobody has actually identified

whose role that is. Given that it's my budget, I'm responsible for it [Service Manager 1].

Aside from traditional managerial responsibilities, it was also reported that some managers would provide front-line support if they were unable to arrange short-notice cover from elsewhere.

Despite increasing demands for flexibility which accompany austerity and personalisation, senior managers stated they do not use more ZHC staff than previously. The use of ZHC staff was high and historical. ZHC staff was comprised of part-time workers, students, and people supplementing another wage, but also workers for whom their ZHC was their main source of employment. Many interviewees rejected to the term ZHC, instead preferring the organisations own terminology – “as-and-when” workers. The Head of Business Development was keen to make the distinction:

We've always used “as-and-when” staff. The principle of bank staff is that they're brought in when people are sick, but “as-and-when” staff aren't, they're brought in to do the job. They are the meat, they are people at the heart of service delivery, so it's not the same thing.

Front-line Managers and Team Leaders disputed senior management's claims that ZHCs were not on the increase. Service Managers reported instituting their own self-imposed cut-off, at which ZHC staff were moved on to guaranteed-hours contracts. These were usually temporary rolling contracts:

[I'm] monitoring their hours, so if someone is working an average of 15 hours a week, I'll give them a contract for 15 hours a week, for maybe 6 months. I've got 2 staff like that at the moment – one on 37 hours a week, one on 30. We've got about 25-30 sessional staff, and what I need to get better at is having a mechanism in place with the operational manager so that she's monitoring the hours, so that we're putting out contracts as a matter of course for workers who are doing regular hours [Service Manager 2].

Concern was expressed that ZHC staff may not be trained to the same standard as permanent workers, and also that they may hold ZHCs or other contracts with competitor providers, and so may not represent the quality or values of CO1.

Ambiguity over the responsibilities which accompany SDS was reported by several interviewees:

The staff team in general are still fairly unsure what SDS is all about. I've just done appraisals and a few staff have said "I'd really like more training in SDS", because they're starting to hear about it more, but they're not really clear on what it is or what it means for them [Team Leader 2].

6.5 – Employee Perspectives on Change and the Psychological Contract

6.5.1 – Why People Join CO1

As discussed, the psychological contract between employee and employer is initially established when an individual first enters an organisation. Workers entered employment at CO1 through a variety of routes. Two interviewees had previously volunteered at CO1, citing the organisation's good reputation and tendency to put staff through professional accreditation, as their reason for approaching the organisation. Having worked informally as a carer for a relative or friend was commonplace. Two interviewees had completed a placement with CO1 as part of a college course and later secured contracts. One worker reported doing sessional work while studying at university, later became a support worker, and was then promoted to a managerial role. Several interviewees volunteered at CO1 or another provider before entering paid work, particularly those who began working between the 1980s and 1990s. The vast majority of interviewees did not know any other employees socially prior to joining the organisation.

Some workers had previously worked in other capacities of the social care process, including as social workers and advocates. Several worked for organisations who are CO1's competitors. A small number had previous careers outside care, and two males previously worked heavy industry and were displaced by deindustrialisation. Several had studied psychology, sociology and social policy. Many workers lived in the same area as the service for which they worked, and cited contributing to their community as an important factor, alongside reduced travel time and familiarity with service user's backgrounds. Front-Line Worker 7 stated:

I'm proud to work for CO1. It's my local community, I'm close to home, I like where I'm working. I know the people, I've grown up with them, I know their turn of phrases, all those kind of things, it just feels as if you're giving something back to the community you live in [...] It's one of the most deprived areas in the whole of Scotland. I've lived here, grew up here, seen people I went to school with and lived beside. There's a lot of things [that make me feel] like I'm fighting for a cause.

The most commonly identified drivers of motivation were "service user group," "opportunity to skills," and "service quality provided by the organisation." A desire to improve the quality of life for vulnerable or deprived individuals was a prominent explanation of the rationale for working in the voluntary sector. Many workers were keen to point out which aspects of the psychological contract were less important, particularly transactional aspects such as "pay and rewards" and "work-life balance." Front-Line Worker 2 noted: "I took a £10,000 cut in salary to come here, so it wasn't to do with pay or financial gain, it was to do with making a difference in someone's life." Several members of staff had been with the organisation for over twenty years. Managers tended to have been promoted from within rather than recruited externally. The majority of workers had either worked at a different CO1 services, or currently held positions at more than one service.

A number of interviewees noted that being a parent endowed them with skills they used daily to deal with service users, the majority of whom are children.

Very few workers had young children, but several had grown-up children which freed up time and allows for greater flexibility.

The reputation and size of CO1 was identified by many as central to their decision to seek employment there. Front-Line Worker 3 noted:

Someone I used to work with in my previous role, in [another organisation], I remember she left to go and work for CO1, and I remember thinking “how did she get into CO1?” [laughs].

Another stated that CO1 “really are ambassadors for vulnerable people,” and went on to discuss the value of being employed by them:

Because CO1 is a charity – and a pretty well established charity, and an established brand name – it’s a privilege to work here. If I were to put together a CV, and people read that I’d worked with CO1 for thirty years, they would say, “wow, that’s a great pedigree!” [Front-Line Worker 4].

Individual’s reasons for working at a care-providing organisation was in part underpinned by perceptions of fairness, and a belief that notions of caring were reciprocal. One interviewee spoke of having mental health issues, and the organisation making changes to workload and working-hours to accommodate this. Another worker experienced this in relation to family commitments, and greatly valued the consideration.

6.5.3 – Responses to Changes in HR Policies and Procedures

Workers felt austerity was having an impact on the organisation’s ability to recruit the type of worker required to deliver services effectively. Front-line workers echoed

management's concern that CO1 was unable to recruit skilled candidates. Workers similarly discussed how this impacted work, and the organisation's reputation:

When we got taken on there was quite a high calibre of staff – nurses, mental health nurses, I'd been at uni before that, so people that were quite well qualified, and it was a job they wanted to do. From there it started to be people without qualifications, or very little experience, seemed to be getting in, and that changed the dynamics of how people perceived the people who we were caring for. I didn't think the standards were as good [Front-Line Worker 3].

This interviewee continued to describe how some new workers were ill-equipped to handle challenging behaviour, and were unable or unwilling to challenge service users when it was in their best interests to do so:

It kind of changed the dynamics because people didn't want to put in the work to make the right [choices]. It's easy to give in to somebody with autism because that's the easy way [...] The easy ride is to just say yes to everything, so you won't get any tantrums or any drama, but the hardest part is sticking to your guns for a couple of months, and that's better for them in the long term. A lot of people didn't see that, so that caused a bit of conflict [...] The way some people worked was to the detriment of other [workers] [Front-Line Worker 3].

The above issues demonstrate that workers' concerns was not driven by financial factors, but rather by the possibility that service quality would suffer, and in consequence, the organisations reputation. This created ideological breaches in the psychological contract for those who could not reconcile poor quality service with their perceptions of an ethically-minded employer.

Induction was described as comprehensive and useful, and interviewees were complimentary of the fact that senior management, including the company director, were involved in in the process. Induction and training were felt to be

particularly beneficial as a means of socialising new workers and establishing strong relational elements of the psychological contract. However, inconsistencies exist with regards to under what circumstances induction should take place. When workers moved between services, for example, inductions were conducted briefly if at all:

No, I don't need to get inducted. If I've already been inducted to CO1, many moons ago [laughs], they don't send me. They did send me an induction package, but I'm known well through CO1 because I've been up and down the ranks, so I don't have to do a new induction when I move job. If I went somewhere outside of Edinburgh, I might have to [Front-Line Worker 4].

This dynamic also extended from transitioning from volunteer to paid worker, with one interviewee noting:

"I volunteered before, so I did training already. When I went on sessional I only needed a wee update," [Front-Line Worker 6].

However, Front-Line Worker 5 reported getting a full induction when going from sessional to permanent contract. Such inconsistencies were commonplace, and individual services tended to have their own way of doing things.

With regard to employee perceptions of training, it was notable that several workers were particularly enthusiastic, praising quality, variety and the emphasis on progression suggesting limited impact of austerity:

For me, one of the biggest benefits of working for CO1 is the training we get – the push for personal and professional development. Where I worked before, in 13 years I only did the very basic training. I did my HNC which I did myself. We get training for other CO1 projects, like autism, for example. Our manager's really supportive, and that's really nice, having someone say "you go away and do that", that's a big benefit I think, more so than the money [Front-Line Worker 3].

Findings repeatedly demonstrated that training was regarded as improving the quality of work, rather than boosting employability. Workers reported valuing the input they had on determining what training they received:

To be honest with you, the manager was quite happy for the staff to shape a lot of it. Don't get me wrong, we never turned round and said "we're doing it this way," but they have a weekly meeting where all the staff sit round the table and they're quite open to suggestion [Front-Line Worker 8].

In practice, induction and training seemed to be geared towards organisational norms and "how things are done here" rather than specific skills or competencies. Another worker stated:

I think they looked at my life experience and just went "yeah, you're pretty much ready to go", and then it was just all e-learning. I don't know how I felt about the e-learning [...] You just did really basic stuff and pressed a button and sat a wee exam, sometimes multiple choice. It was pretty boring but it had to be done [Front-Line Worker 2].

Where induction or training was omitted, this was regarded by front-line workers as a commendation on their pre-existing skills, rather than a benefit they were denied. Some interviewees also expressed frustration at having to periodically repeat core training. Finding time to resource training was described as problematic, with several interviewees positioning time allocated to training as time denied to service users.

Customer-oriented norms were recognised as a component of supervision and appraisal by front-line staff. This was regarded as beneficial to service users. The focus again was on service user outcomes, and "success stories" were reported to be used in the organisations newsletter, annual reports and funding applications. The effect of customer-oriented norms was considered primarily in relation to service users, and barely at all in relation to workers. No incidences of breach or violation of

the psychological contract were reported in relation to content of supervision, which could be explained by the prioritising of ideological motivations over transactional ones, but may also be a result of the lack of discussion surrounding how customer-oriented norms influences work; it could be that interviewees are unable to object to intensification which they did not perceive.

Employees concurred with management's perception that supervision was adequate, and noted that managers were always available on an informal basis. The process was described as consisting of target setting which was often based on service user outcomes. Appraisal, however, was regarded as less constructive:

Supervision I find helpful, and I suppose it's just an opportunity to see generally how things are going and what you can do to develop. I don't know about appraisals, I kind of feel like it's a box to tick [...] I don't really see a massive point in them. [...] I do see why they have to be done, but I've just finished my probation, so I had outcomes that I had to achieve whilst I was doing that, and then also a monthly appraisal – I just felt like “what's the point?” [Front-Line Worker 10].

Supervision for non front-line staff was described as being less frequent due to resourcing issues:

The higher up you get, the less often you get supervised [...] I supervise two different teams, so I'm supervised by two different managers. That makes things complicated. There's a bit of division about who's actually supposed to provide my supervision at the moment. Even if one of my managers provides supervision, I need to meet with the other one to provide feedback. If I have an issue I'll just approach a manager there and then, but I work between three different bases, so it depends which manager I need to talk to [Team Leader 2].

Again, while difficulty in scheduling formal supervision is problematic, the informal open-door approach is felt to compensate for this:

Supervision is good, but what I really value is the open-door policy. If something happens at 10pm at night, you know you can go to your manager the next morning and say “this needs to be sorted”, and get in and have that conversation, then it gets sorted. I think supervision works, but having that freedom to speak to your manager, and just walk in and say “this needs to change” or “I need your advice”, that’s a lot better than having to wait a month [Front-Line Worker 5].

The purpose of supervision was described primarily as being a means of ensuring quality of service and adequate workload management, than encouraging staff development or progression. In consequence, frequency of formal supervision was not a cause of breach or violation of the psychological contract by any participants. Employees did express discomfort at “signing-off” that supervision and appraisal had taken place when it had not, but felt compelled to do so in order to meet the NPM-style targets necessary to satisfy funding contracts. This suggests ideological breach of the psychological contract, but was not a focal point for any interviewees.

6.5.4 – Responses to Changes in Terms and Conditions

There were mixed views regarding the value of CO1 compensation package, with some acknowledgement that austerity had an impact. Wages were described as “probably above average” [Team Leader 1] and “better than most charity workers get” [Front-Line Worker 6]. Interviewees labelled their wages as higher than average for the sector, but low in comparison to out-with: “Because of the work we do, we’re never going to be highly paid. As a society, wages are based on competition, and I’m not sure that, as a society, we value what charities do,” [Head of Business Development]. Another interviewee indicated that if they had the same job at a local authority employer, they would have a higher wage, but lower discretion and autonomy:

I'm probably on slightly less than somebody doing a similar job in a council position. Pay's not the most important part for me, I'd rather be doing a job that I'm interested in, and that gives me the kind of flexibility. [If I had] a position in a council, I'm not going to have this level of engagement with people. I would be better paid though [Front-Line Worker 7].

Many were keen to point out that, as money was not their primary motivator, low wages were not a defining concern. The biggest variables in perceptions of wage was the age and length of service of interviewees:

For all my years' service I'm not on a great wage. A lot of the younger people here will make a lot more money than me. I don't make any more now than I did 10, 15 years ago. I won't make any more 'til I retire, so every year I have to tighten my belt [...] Realistically, for what I do I get paid very well. I'm very content because I'm older [Front-Line Worker 4].

Similarly, another interviewee in this age bracket noted:

It's tighter than it's ever been. I'm paying my bills. I've got boys who've grown up and left home. My husband works, and that helps. However, some colleagues that I have who live themselves are probably working two jobs, probably doing their full time work plus some sessional work on top to make ends meet. That would never have been the case [before austerity]. I notice myself the increase in cost-of-living, not having any kind of significant pay-rise over the last say, three or four years, really has had a big impact, because everything else is going up but in bigger terms we're going down [Front-Line Worker 9].

Given the lack of wage rises in line with inflation, intensification in workload, and general degradation which can be seen to take place, testimonies such as this support the notion that voluntary sector social care workers' tendency to prioritise

ideological elements of the psychological contract over transitional ones may limit voluntary sector workers ability to object to degradation for fear of appearing unethical. In consequence, incidence of transactional violation were rare, and breaches where present were mediated by relational or ideological factors.

Very few staff were knowledgeable about the pension or had any strong opinion of it. Some described themselves as members by habit or default: "I'm in the pension scheme, and to be honest I've never really thought about it," [Front-Line Worker 3]. Others used the same rationale for not joining. One worker articulated how lack of job security as prevented the type of long-term planning which pension provision involved:

I never join a pension when I join a workplace straight away, because you never quite know, and it's quite complicated with transferring it about, so I always give it a bit of time [...] I was uncertain about how long [I would be here], or how happy I was in this particular role [Team Leader 1].

Workers with longer length-of-service described fear for the security of pension funds as a reason for not participating:

To be truthful, the pension bit I try to ignore, because it's only ever went down. I'd say in the last 10 years I've topped it up twice with extra funds, and the next one I've chosen to retire later rather than put more in [...] I still pay it but I'm never quite sure if when I come to retire, it'll do [Front-Line Worker 9].

This sentiment was echoed by promoted staff:

The thing that annoys me is that we've invested in a pension over the years, and I feel like that's daylight robbery, but that's a government thing as much as it is our organisation, and they're just not protected [Head of Business Development].

The above examples pertain to the prevalence of temporariness and precariousness which characterises voluntary sector work in the current context, and demonstrate how low expectations of terms and conditions lead to low incidences of breach and violation in the psychological contract.

Several interviewees were concerned that inflation will nullify their pension contributions, but rationalised these fears by noting that others, specifically service users, were much worse off:

Bear in mind that when I retire, I chicken will cost you £50! The pension is a safety net, my focus is what I can do now. Across the board there are people much worse off. Even some of our families are way below the poverty line. We shouldn't have food banks, we shouldn't have children that lose weight over the summer holidays 'cause they miss their school dinners. That shouldn't be happening in our time, but statistically it's creeping up [Front-Line Worker 4].

From the above it can be seen that austerity casts a long shadow with regards to employees' expectations for their future, and the future of their service users.

There was evidence of customer-oriented norms being present in how workers experienced the management of sickness absence and holiday entitlement. At the same time, it was claimed that these practices pre-dated the current era of both austerity and personalisation.

Sickness entitlement was regarded by workers as standard for the sector. Several interviewees noted having never had to use it, and so were largely unaware how much time or level of payment they were due. Interviewees reported avoiding sickness absence where possible as it intensified work for their colleagues. Only illnesses that were contagious, or physical ailments which would prevent them supporting service users were regarded as serious enough to warrant time off:

You wouldn't want to be passing anything on to [service users]. It could be potentially quite dangerous. It depends on what you've got – if you've hurt

your wrist you might be ok, if you've got the flu, definitely not [Front-Line Worker 10].

Workers reported feeling pressured to come to work while ill, but asserted that this pressure was not caused by the organisation directly, but rather a sense of obligation to service users:

I think you always feel pressured because you're working with families and you've made an arrangement to see them. It's not just the organisation that would have to cope without you that day, it's families too, and sometimes you might be the only bit of positive contact they have that week. I think you're always pressured as in "oh I don't want to let that family down" or "they're not doing so well just now." Y'know, you've made the arrangement and that's a loss to them if you don't stick to it. It's not from the organisation who says "you better get there," it's your own morals or motivation [Front-Line Worker 9].

There were instances of work being "re-resourced" so that staff who felt ill could do paperwork or back-office tasks, rather than service user-facing responsibilities. This was regarded positively by staff:

There have been times where, like last week, I had massive toothache, and I came in and my boss just said "you can't work if you're in pain, you really do need to go home," and I said "I'm physically fit to work, it's just that I'm in pain" so she arranged for me to work from home for the day. They're really understanding of your circumstances. I could still physically do my work, it's just the fact that I couldn't drive cause I'd taken painkillers, that meant I couldn't do my outreach work, but I had paperwork I could do, so we just arranged for me to work from home for the day [Front-Line Worker 7].

Similarly, holiday entitlement was described as standard and adequate. It was, however, difficult to arrange due to the organisation's policy of scheduling time

off at the beginning of the financial year for the following 12 months, on a “first-come-first-served” basis. Short-notice booking is discouraged, and where necessary, workers are required to arrange cover themselves:

It’s not very flexible really, because you have to do it a year in advance, which is not ideal. At the start of the financial year we have to request our holidays ‘til March. The deal is “if you want to have last minute annual leave, you have to get it covered yourself”. If you can find the relief staff to cover it you can have it, otherwise you can’t [...] When things come up, you think “I might not be able to go,” because who’s going to cover a 10 hour back shift on a Friday night? [Front-Line Worker 10].

Responsibility for arranging short-notice holidays and absences is downloaded onto workers themselves, and the ability to do so successfully is accredited to good relationships between colleagues, and strong relational aspects of the psychological contract.

Service and service user needs played a significant part in holiday booking. As a result of accommodating the school calendar, which largely defines when most service users need support, certain times of the year were more difficult to reserve than others: “I wouldn’t really take holidays over the summer – over the six weeks of summer – because that’s the busiest time. I personally wouldn’t take holidays then [and] I probably wouldn’t take anything at Easter,” [Front-Line Worker 2]. This was particularly demanding for workers with children of their own, which individuals tried to accommodate within teams:

If somebody’s got young children, I would be thinking “you need holidays over the summer, whereas I don’t now.” I would have got that consideration when I did. There’s an element of working together as a team and trying to sort out holidays, and if we are going on holiday, who would cover our work [Front-Line Worker 9].

6.5.5 – Responses to Changes in Work Organisation

Front-Line Workers reported feeling pressured to work additional hours. Concern for service user wellbeing was given as the primary reason for this: “I just do it because I would like to see a family lose a service or go into crisis just because [I’m not there],” [Front-Line Worker 6]. Due to their implications for wellbeing, customer-oriented norms were regarded as ‘needs’ rather than ‘wants’. As can be seen, the pressure emanates not only from the organisation, but from service users and their families directly:

[Management] try and keep it close to the hours. A lot of parents will want to talk to the staff. We need to explain that to the families because we don’t have a lot of room to manoeuvre with wages and things. We get basically paid for direct time [Front-Line Worker 3].

Several workers reported not claiming back hours accrued in this way because they did not want to upset service users or their families, or cause arguments or conflicts that would make performing their role difficult or awkward. Interviewees were keen to point out their work not only dictated the need for additional hours, but also when these took place:

Doing different types of work requires you to do different types of hours. If we’re doing group-work at different times of day, and it lasts three to four hours, you might need to provide lunch, so you’re at the supermarket buying food for 8.30am. By the time you get back, finish your group-work, try to do your recordings, that’s a really long day. It’s not a 9-5 job [Front-Line Worker 9].

In other words, working beyond contract was not merely an additional few minutes at the beginning or end of a shift, but a continual dynamic which was structured around pre-defined tasks, and was in-built into the working day. Furthermore, the

unpredictability of service users and the potential for crisis-point issues means that shifts scheduled for 2-3 hours could often stretch to 6 hours or more.

Workers reported being able to take TOIL, and often did so in lieu of holidays, sick leave or medical appointments: “I’m extremely guilty of eating my lunch at my desk [...] I’ve not had my lunch today but I’ve asked to go to the doctors, so I’m using it that way,” [Front-Line Worker 2]. Furthermore, while employees can claim TOIL, they can only do so at particular times:

You’ve got to take it when there aren’t any children about, so not on a Friday night or a Saturday. I’m not allowed to take it at the weekend, which would obviously be better for me, but that’s just the way it is [Front-Line Worker 10].

Rules such as this one often made it difficult for workers to claim TOIL, leading to situations where additional hours were to be taken at the discretion of the organisation, rather than the worker:

I try not to do over the hours because TOIL can be a difficult thing to get. If we have groups arranged on a Saturday, and some of the young people don’t turn up, we say amongst ourselves, ‘Who’s got the most TOIL? Would you like to take some time back?’ So there’s a flexibility there that I like. You don’t want to accrue loads of TOIL that you can’t get back, ‘cause that’s not good time management [Front-Line Worker 4].

In this instance, the interviewee describes a situation where workers lose a paid shift at short notice, and this is justified under the guise of ‘flexibility’ via their claiming of TOIL hours. As can be seen, accruing significant TOIL, and being unable to claim it, was perceived to be a failure on the part of the worker rather than the organisation.

Austerity was recognised as a causal factor by those on the receiving end of fragmented and precarious work. ZHC use had grown in recent years, in part due to the fact that where contracted front-line employees left the organisation, they were often not replaced. Widespread use of ZHCs has effectively created a two-tier system

of terms and conditions. In some instances, ZHC workers resented the stability afforded to contracted-hours staff; in others, contracted-hours staff felt that ZHC workers ability to refuse shifts caused instability for service provision:

We still have [a ZHC worker] who has been here six years, those staff can't get the same conditions that we get. It has a knock on effect for the service, because they can just say "I'm not available that day", and that's it, you're scuppered. We don't really have control. It has a big knock on effect on us trying to provide consistency and outcomes [Front-Line Worker 3].

Some contracted-hours staff reported that ZHC workers were not trained to the same standard. This inequity caused social tension and even animosity. Workers on ZHCs were reported not to identify their contractual status as a cause of transactional breach or violation of the psychological contract, as this could damage their chances of securing regular hours, or the possibility of a fixed-term or permanent contract in future. Breaches exist, but were not vocalised to management, and so remain unaddressed.

6.6 – Emerging Tensions in the Social Order

The previous section explained how the changes to terms and conditions have impacted the psychological contracts of employees at an individual level. Where breach or violation of the psychological contract took place for a significant proportion of employees based on specific issues, this collectively created tensions in the social order. This section will discuss the causes of these issues.

6.6.1 – Intensification

The pressure to attract customers intensified work both generally in relation to individual service users, and also with regards to enumerating care for local authority funding applications, which manifests itself through increased paperwork, form-filling and bureaucracy. The customer relationship was felt to limit the extent to which workers could challenge unhealthy behaviours, which has implications for autonomy and professional discretion.

While the most commonly deliberated cause of this intensification was SDS, austerity was also identified as a source, but was not discussed in-depth. The majority of interviewees spoke of austerity in relation to wider trends out-with the voluntary sector specifically, and regarded it as too large to challenge.

Particular aspects of the employment relationship demonstrated a pattern of informalisation, with competencies such as sickness and holiday booking devolved to workers themselves. For some this caused relational breach of the psychological contract due to the potential for damaging relationships with colleagues.

Target setting was increasing in relation to volume and pace of work, relating to specific service users and outcomes:

At the Tuesday [team] meeting it's "how many service users have you got? Have you got space for one more?" If you're at capacity that's fine. Some people say, "well I've got him for four hours, but he's not been meeting with me, so we can cut him down to two hours and I can take another [service user]." You're not inundated with it, as in, "here's your cases, just get on with it," you're kept within a limit of hours [Front-Line Worker 8].

As can be seen, workers are pressured to increase productivity, accommodate more service users, and reduce the potential for cancelled shifts where possible based on service users previous attendance record. Increasing service provision type means a greater variety of tasks and accountability processes, and therefore also less time saved based on familiarity. Workers also reported that greater numbers of service

users for shorter support sessions led to greater travelling time between appointments.

Workers described feeling stressed, and cited increased accountability processes and paperwork as a key cause. One interviewee noted:

Sometimes I feel stressed. It's mostly paperwork [...] Stats for North Lanarkshire Council – every three months there's big stuff so you've got more to do for that. In the end you just make time for it. The manager is aware of that. We all sit down at the team meeting and she'll say "has everybody got their stats done? No? Right, get them in for Tuesday coming," [Front-Line Worker 8].

So, despite not being identified as such by workers, these findings demonstrate that austerity is a key cause of degradation, by virtue of the NPM-style target setting it makes necessary for organisations to secure funding with local authorities.

6.6.2 – Personalisation and Notions of 'Customer'

Customer terminology was prevalent at an internal level, but was rarely used in front of service users. Several interviewees expressed a distaste for this, and the word 'customer' in particular, noting: "It's not a word you want to use when you're working with people in care. It sounds a bit crude," [Front-Line Worker 4]. The perceived implications of customer terminology on relationships with service users were negative, and were also regarded as devaluing workers' role:

You're "touting" for business, they're "buying" your services. They are technically a 'customer', but I wouldn't like to hear that word used, and I don't think our parents would like to hear that word used about their child either. Just becomes "someone can do it a bit cheaper", it kind of devalues your skills and what you do [Front-Line Worker 5].

Customer terminology was also felt to be too transactional, and positioned the service user as opportunistic: “I don’t think I’d like it, it sounds like you’re just coming and going, like they just come and get what they want and then leave” [Front-Line Worker 6]. The idea that service users were “using” or “depleting” a service without in some way contributing to it undermined notions of the service user as co-producer of care. Several interviewees felt that the word ‘customer’ implied a level of control that does not exist. This was regarded as making service users more demanding, while not necessarily improving the quality of service. Concern was also expressed that positioning service users as customers changed the nature of the relationship, and raised questions with regards to the extent to which they could challenge service users for fear of risking their custom, and also who responsibility ultimately rested with. This was felt to impinge upon professional discretion.

A number of workers made reference to having to “sell ourselves” as an organisation, and notions of competition made workers concerned for their job security: “We’re obviously going to be in competition with other services, and if there’s seen as presenting a better service, is our job at risk,” [Front-Line Worker 10]. Team Leaders also experienced this, noting that sales competencies were expected: “That SDS event I was at a few weeks ago, there was a list of prices and services, saying “this is what you get if you pay this” – that couldn’t be more like a shop if you tried,” [Team Leader 2]. Furthermore, this was felt to be at odds with voluntary sector ways of working: “You’re almost becoming a salesman, trying to sell or maintain a level of product, and that’s not really what I see as my role here, and it shouldn’t be my role,” [Team Leader 1].

The idea that business-like practices were being imported wholesale into the voluntary sector without any consideration for the impact on organisations or individuals caused a great deal of confusion, and was difficult for interviewees to reconcile with ideological elements of the psychological contract. This resulted in ideological breaches and violations of the psychological contract for many participants. Several interviewees gave analogies from a non-care setting to rationalise this:

If you think of it like fairy cakes – you can go in the shop and buy those, but if you want a bespoke cake, and individualised wedding cake, that costs a lot, it takes time, and it takes expertise. I know that sounds bad, but it's my 'cake shop' analogy [laughs]. It helps me grasp some of the things that are happening [Service Manager 2].

Another interviewee commented:

If I was a parent, and I took my child to an amusement park, and it only had 3 rides and cost £20, and next door there's an amusement park with 300 rides that costs £30, I'm going to spend the extra tenner. Maybe that's not a great analogy, but for service users it comes down to options and informed choices [Front-Line Worker 4].

This demonstrates the pressure associated with a need to communicate complicated information to service users, which workers may be more comfortable doing in relation to hypothetical, non-care examples.

6.6.3 – Perceived Lack of Professional Status

Increased contact between CO1 employees and social work resulting from SDS created a level of tension between the two. Interviewees felt that social workers were not knowledgeable enough to effectively communicate options to service users, and did not share voluntary sector values: "They don't seem to care enough, they make false promises, and I don't think they have the ability to see the impacts of their mistakes. The choices they make in their role impacts people beyond their office," [Team Leader 1]. Interviewees reported feeling condescended to by social workers, who they perceived as not affording them the appropriate professional status and respect. This was exacerbated by the lack of defined boundaries with

regards the roles involved in the process, potentially leading towards untenable professional relationships:

There's an element of us being bottom of the rung, the voluntary sector. Health, education, social work – we're often holding more info about a family than all these other parties, but we're the last to know certain things and were the last to be asked certain things. That can be quite difficult. Your expertise is sometimes overlooked. That's been my experience, not with every social worker – some social workers will say "I'm new, you give me the info" so you do get a bit of respect, but at the end of the day I feel like they say "oh, we're social work and you're the voluntary sector so you do what we tell you to do [Front-Line Worker 3].

This perceived lack of professional status provoked strong reactions, especially in light of the informalisation of skill which has taken place as a means of enumerating care for NPM-style recording of productivity for local authority funding contracts. Several employees were felt that social work prioritised cost over skill: "I've heard stories of social workers in Glasgow saying "you can't have CO1, they're too expensive," [Service Manager 2]. While the above claim is obviously conjecture, it clearly highlights a perception of a divide between social care and social work, which positions social work as complicit in the driving down of standards which results from austerity-driven reductions in funding.

6.7 – Responses to Breach and Violation of the Psychological Contract

6.7.1 – Trade Unionism and Collective Action

Union membership was reported to be low, but was in fact higher than in other case studies. The majority of interviewees were aware that CO1 recognised a union, knew

which one, and who individual union representatives were, yet mobilisation remained minimal. When asked if they were aware of the union's role in employment relations, one interviewee responded:

No, not really. I know it's UNISON, and I know when you join CO1 you get leaflets and things. I think I've been to an induction day when somebody from UNISON came in and gave a talk, but that was quite a while ago [...] I'm aware of union involvement, but it's not something that's at the forefront of my mind [Front-Line Worker 3].

The above highlights that, while union membership is a prominent feature of induction, workers who choose not to join at this juncture have very little subsequent contact with them.

The majority of front-line workers interpreted union membership as a protective force for individuals who underperform or have disciplinary concerns: "Not for me, I keep my nose clean. There's never been anything that I've thought [it was necessary] – I've been treated fairly," [Front-Line Worker 3]. This statement also highlights that workers feel union membership is useful if they are treated unfairly, and so by proxy, membership may be taken as an admission that the organisation may not be fair, which has implications for intrinsic reward premised on contributing to an ideological cause.

Younger staff were less knowledgeable about what the union actually did, and in some instances had misconceptions about the union's role. When asked if she knew what the union did, one interviewee replied:

Not really. I asked my mum and she said that doesn't really matter. That's me being honest! She said it's a personal choice. I know they help you if you're in a situation or anything, but I was under the impression they have to help you either way, whether you're a part of the union or not. I don't know. I should probably be part of it [Front-Line Worker 6].

Older workers were more likely to be union members, and interestingly, recognised this as an influence: “I joined way back before my contemporaries. I think the young ones aren’t. I came from that background,” [Front-Line Worker 4]. This suggests that certain ideological aspects of the psychological contract are informed by a socialisation process which pre-dates voluntary sector employment.

Union membership was also influenced by the specific role and professional status of employees:

I’m not a member of UNISON, I’m a member of the RCN [Royal College of Nursing] because I’m still a registered nurse. I joined when I was a student [...] as a part of my registration I need to stay involved. There were always arguments between the RCN and UNISON when we were students [Front-Line Worker 5].

This serves to further fragment the potential for collective action.

Out-with formal trade union membership, workers discussed issues at their own officially sanctioned employee forum meetings. Most who participated felt this was adequate:

We’ve got our own place where we can vent, and let off steam, and we have got a basic agenda, like how can things improve, is there any participation ideas, that kind of thing. It works really well. There’s not a massive divide between workers and management, but you’ve got a place to air [issues]. It lightens the load for management, and it makes you feel like you’ve got more responsibilities, and you’re valued [Front-Line Worker 7].

The prevalence of these employee forum style meetings, which often took place at individual service level and so were convenient with regards to location and scheduling requirements, can be seen to undermine union membership. When asked if they had ever considered volunteering as union representative, most said they lacked the knowledge or time to participate.

6.7.2 – Intentions to Quit and Turnover

Intentions to quit were evident among some respondents for several reasons. The intensification in working time caused transactional breaches in the psychological contract, and ideological breaches where workers' sense of fairness had been undermined. Conversely, it also provided the opportunity for workers to go "above-and-beyond", which in a sense strengthened ideological elements of the psychological contract. However, what constituted "above-and-beyond" was continually increasing. While some employees consented to this change in working hours as part of the norm in the sector, several interviewees described having considered seeking employment elsewhere as a direct result of such changes.

Turnover was increasing throughout the organisation, particularly among front-line workers, which significantly exacerbated recruitment problems. This can be ascribed to factors such as greater availability of jobs elsewhere, but is also reflecting transactional violations caused by a growing dissatisfaction with terms and conditions within the organisation. When asked about intentions to stay or leave CO1, front-line and managerial interviewees tended to express a desire to stay, but acknowledged that this was dependent on contextual factors specific to the organisation, the sector, and their own personal circumstances.

Some particular service locations reported higher turnover rates than others. One interviewee noted that: "I know there are staff here who have worked for CO1 for decades, so they have obviously that background and things, but at [this service] we're all quite new I would say," [Front-Line Worker 10]. This essentially describes a situation where all workers at the service have been hired since the onset of austerity. In another more extreme example, an interviewee noted:

Our team's changed a lot in the last year. We've had a few different managers. A few of our managers left, a few of our team leaders left, a few of our seniors left. We've brought in front-line assistants. Our sessional staff change regularly, so our team is changing regularly [Front-Line Worker 5].

In both the aforementioned scenarios, the workforce would have no frame of comparison for how the organisation operated prior to the recession, and the only experience of CO1 they have is one of intensification and degraded terms and conditions.

6.8 – Chapter Conclusions

This chapter has presented findings from the second case study, which took place in a children's services organisation. It began by explaining both the impact of austerity and personalisation on service provision, organisational strategy and operational decision making. It then illustrated the corresponding changes which took place to the employment experience, through factors such as terms and conditions of employment and work intensification. The final sections focussed on the workforce response to these changes, detailing the impacts of change at individual level through the voluntary sector psychological contract, and collectively through emerging tensions in the social order.

As can be seen, the organisation does not fit the description of a strong COB, as the direct influence of the customer is only present in particular features of the employment relationship, and tends to be mild where it appears. However, in order to operate within constraining funding contracts, the organisation is compelled to use the notion of the customer to justify cost-cutting measures. Despite its size and reputation, CO1 has had to take steps to secure income and cut costs. They have expanded service provision from under 16 year olds to under 25 year olds, compromising the area of expertise which many interviewees regarded as CO1's unique selling point. They rely more heavily on ZHCs, which has effectively created a two-tier system of terms and conditions. "As-and-when" staff accrue sickness and holiday entitlement hourly, have less access to induction, training, appraisal and supervision, and some individuals have worked at CO1 for years without making the transition to a temporary or permanent contract. An elongated pay freeze was also in effect, as was what was regarded as an uncompetitive pension scheme. In

consequence, transactional and ideological breaches of the psychological contract were common.

A particular strain has evolved for managers, including remote work as a necessity for day-to-day operations, lack of training which results in their having to fund their own qualifications, and having to work support shifts themselves when they are unable to arrange cover. They also face new responsibilities associated with dealing with customers, such as chasing unpaid bills, which are often late due to service users' experiences of austerity and benefit sanctions.

Tensions in the social order emerged chiefly due to transactional and ideological breaches of the psychological contract. Customer-oriented norms had a significant impact on work organisation, which was said to pre-date both austerity and personalisation, but was intensified by their influence. A particular cause of tension for workers was the requirement to "sell" to service users, and to avoid challenging unhealthy behaviours for fear of displeasing a "customer". Also problematic was a perceived lack of personal status caused in part by intensification, and was exacerbated significantly by increased contact with social work resulting from SDS, whom interviewees described as condescending and dismissive.

Employee reactions to these tensions were visible primarily through turnover. Due to the growing availability of jobs elsewhere, this was increasing across all levels, which significantly exacerbated recruitment problems. Where contracted front-line employees left, they were often not replaced, and their work given to ZHC workers. In consequence, where team leaders and managers left, their roles could not be filled via promoting from within, and there were fewer contracted and experienced support workers to choose from. Trade union participation remained relatively unchanged at a constant low, with younger workers significantly less aware of which union the organisation recognised, whether they recognised one at all, and in some instances even what a trade union did. As responses tended to be individual (e.g. via turnover) rather than collective (e.g. via union membership or activity), the disorder and disruption which resulted was limited.

CHAPTER 7 – FINDINGS FROM CASE STUDY 3

Physical Disability Organisation

7.1 – Introduction

This chapter presents findings from the third of four case studies, follows the same format as the previous findings chapters.

7.2 – Profile of PDO1

The third case study was conducted in a large Scottish-based disability charity, employing over 300 staff, which from this point onwards will be referred to as “PDO1.”

Founded in 1944, PDO1’s original purpose was caring for veterans and ex-servicemen, and now caters more broadly to general disability and related health conditions. Its objectives are to provide support to people with physical and learning disabilities, long-term health conditions, poverty or other disadvantage, prevent and provide relief for ill-health, and facilitate individuals in leading fulfilled lives.

The organisations official press releases and online material make repeated references to prioritising choice, control, and participation. Support workers are chosen specifically so that the interests and personal qualities can be matched with appropriate service user, and the organisation also “guarantee[s] you familiar faces.” The organisation emphasises health and wellbeing, and has an on-site gym staffed by specially trained support workers, which runs exercise classes such as Tia Chi and Pilates, and also operates walking groups in the local area. Feedback is encouraged through an independently run forum for service user and their families.

PDO1’s promotional literature makes repeated references to being “pioneering” and “boundary-pushing”, going “the extra mile” and “above-and-

beyond”, and purposefully involving service user in the provision of their care “right from the start”. They hold a number of accreditations and affiliations with other providers, and also delivers training and consultancy within the sector on subjects including person-centred approaches to care, solution focussed therapy, long-term conditions, and helping veterans adjust to civilian life.

7.3 – The Impacts of Austerity and Personalisation

7.3.1 – The Impacts of Austerity

It was reported that PDO1 had suffered significantly following the 2008 recession, but at the time this research was conducted, was said to have made the necessary adaptations to survive the new funding landscape. The following information is taken from OSCR:

Figure 7.1 – Income and Expenditure Graph, 2011-2016.

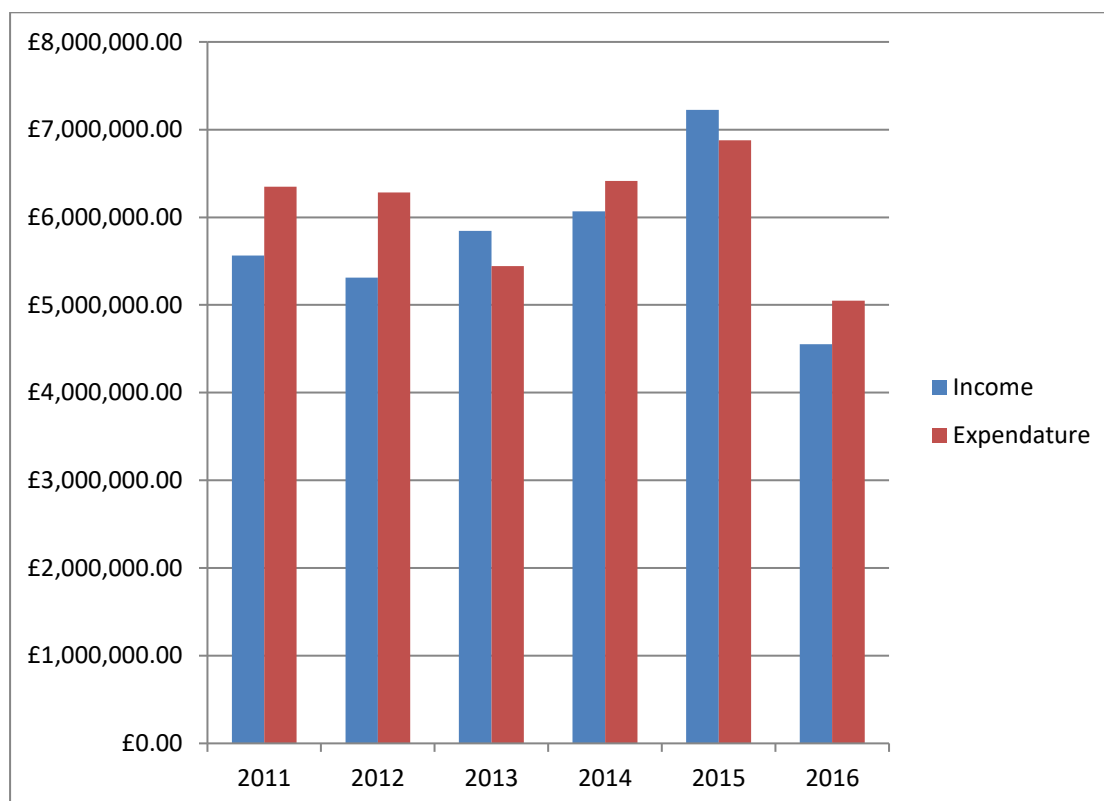


Table 7.1 – Income and Expenditure Table, 2011-2016.

Year	Income	Expenditure
2011	£5,563,994	£6,347,011
2012	£5,312,559	£6,284,007
2013	£5,844,364	£5,444,959
2014	£6,067,411	£6,412,797
2015	£7,225,266	£6,877,825
2016	£4,553,655	£5,048,046

As can be seen, PDO1’s expenditure has exceeded its income for four of the six years which the data covers. In 2015, the year the case study took place, income rose dramatically from the previous year by £1,157,855 (19.08%), but then dropped by a

much larger margin of £2,671,611 in 2016 (36.98%). While expenditure also dropped, it was still significantly higher than income.

7.3.1.1 – Local Authority Funding

Funding relationships with local authorities were reported to have become more strained as a result of austerity, but senior management was keen to point out that increasing budgetary cuts were a phenomenon that predated the recession:

I would say that even before looking at the list that the cuts started in Edinburgh before then [...] Every year when I was a manager so that was from 2006, we were cut every year [...] There was pressure from the council to make a saving from us as an organisation every year. Then that happened and I suppose it got tighter and tighter [Health and Wellbeing Manager 1].

Due to changes in public policy, and what type of approach is regarded as attractive to funders, PDO1 reported having to alter projects, and how they are presented. The Health and Wellbeing Director described the Scottish government's withdrawal of funding for a long-standing programme for service users with long-term conditions:

What they're saying is we can no longer fund this work, we need you to seek and secure funding through the new integrated partnerships, the Health and Social Care Partnerships. But those are only just getting set up right now, and if you take Edinburgh as an example, there's a huge deficit there. They're in no position to be able to fund that work right now. So again we put a proposal this year for a three year funding package to the Scottish Government, and they came back and said we can't fund it, it's no longer a new project. We can only fund new projects, we can only fund new, innovative work, but [this project] no longer [is] [Health and Wellbeing Director].

The need to appear innovative, and to fit with the changing public sector landscape, has caused great disruption for PDO1 in that, not only is it at odds with the long-term work which continual care is based upon, new partnerships are in their infancy, and uptake has been sporadic, so the stability of previous funding relationships is absent.

7.3.1.2 – Changes in Organisational Structure

The organisation has a newly established Health and Wellbeing department, which is comprised of one of the three company directors and two Health and Wellbeing Managers, whom individual service managers report to. Health and Wellbeing Manager 1 was promoted from within, while Health and Wellbeing Manager 2 was recruited externally. The Health and Wellbeing Manager who was promoted from within noted that they still performed aspects of their previous service manager role, as a replacement had yet to be hired, which meant his focus was currently split.

Previously, the functions of HR Manager and L&D Manager were fulfilled by one employee. When this individual moved on, two new employees were hired to fulfil each role separately. It was stated that this was due to the workload being described as overwhelming, as opposed to any particular failings or incidents. These new employees started within a week of one another, and work together closely.

7.3.1.3 – Self-Managing Teams

In the 18-24 months leading up to the case study, the organisation introduced SMTs. This involved removing team leaders, which left service managers to take on a significant portion of their responsibilities, supported by the newly created Health and Wellbeing Department. The more procedural elements were now left to front-line workers. Scheduling factors such as ROTAs, holidays, sickness and absence, were

then negotiated between front-line workers, and managers only intervened to settle disputes, which was a rarity:

The expectation is that staff will cover for each other and that the manager shouldn't need to get involved in that, and probably 85-90% of the time that works well [Director of Health and Wellbeing].

The HR Manager agreed that this was largely successful, and described the practicalities in greater detail:

If somebody's phoning in sick they have to phone round their colleagues to see if there's somebody that can cover for them before they would speak to a manager to say, okay, we've got nobody to cover for so-and-so. We also say to them as well, if it is a front-line worker, to let us know as well in advance as possible about the fact that they're not going to manage in. If they know on a Sunday night, for instance, they've had food poisoning, they've got upset tummy or whatever, they're not going to manage the Monday, then they need to be making those phone calls on Sunday night [...] They have that responsibility for doing that. I don't know if people feel it's managed more strictly, I think just everybody's aware that they need to [HR Manager].

Despite mixed reactions to a pilot scheme, SMTs was rolled out to the entire organisation. Service Manager 3, who was extremely positive about the initiative, explained:

We had a pilot team who did it, but they weren't [ready]. Team leaders left for different reasons, it got down to only a few of us that were left, [and] I think it could have probably been handled [better]. We weren't ready with IT, staff didn't get training.

In relation to the newly established Health and Wellbeing Department, the externally recruited Health and Wellbeing Manager explained:

It was a restructure. I don't know the ins and outs because I wasn't around. It was round about the same time that there were heavy cuts across the city – well, kind of everywhere. I've been told that it wasn't really to do with that. Self-management is talked about a lot. Some teams and services do that better, because there's people that naturally fit into negotiating, [and] a service leader could have many different teams.

7.3.2 – The Impacts of Personalisation and Self-Directed Support

Since personalisation options became more widely discussed within PDO1, short-notice changes to schedules and ROTAs have been noted to increase. Interestingly, this does not only apply to those who utilise SDS options. Instead, the increasing customer focus which it necessitates has fostered a culture which permeates all service user relationships:

My HR Officer who does all the admin stuff for the team has a big whiteboard in the office, and each month all the staff changes are noted on that. This month particularly she's had to add sheets of paper on the bottom, because there are so many staff changes [HR Manager].

The threat of withdrawal from individual service users, or their guardians, is constant:

A slight negative of it is that I've definitely had things held over your head -- and this is particularly with guardians. If things aren't done the way that they necessarily want, they could withdraw the person from the support [...] it can sometimes feel like it's getting in the way of being able to be fully person-centred because you have to please parents as well [Service Manager 1].

Uptake and saturation of personalisation differ from one local authority to another:

I don't think there's been too many done in Renfrewshire. From my experience I think North Lanarkshire quite forward and councils are moving on with it, and then there's other ones that are little more hesitant, like Glasgow [Front-Line Worker 3].

Senior managers who were in a position to compare the situation across multiple service users were able to contrast the success with which SDS options were implemented:

Glasgow City Council absolutely were not ready to roll this out, I don't think they realised how much it entailed. It was very much based on outcomes, but to me it was paperwork, it was ticking boxes, and although [the service user] was on direct payments, there's been nothing to help him to look at his service differently apart from hours [Service Manager 3].

This interviewee went on to describe poor communication between the local authorities and PDO1 with regards to how SDS should be managed in a broader, organisation-wide sense:

I don't think the authorities were prepared to roll this out, and I don't know if at that time [with] our internal systems, like the integrated IT system that we use, just didn't fit, because it's all traditional hours based, and we were starting to see the movement of that from being hours based to outcome focused [Service Manager 3].

PDO1 ran pilot schemes in several local authorities to gauge how SDS will affect them with regards to service provision and funding relationships. While this may mean that the organisation is looking to increase SDS uptake, at present it remains comparatively low:

[We have] quite a small number. At this moment in time we're in discussion with local authority to pilot a number of the people that we support to access that. But it's been a slower process and a longer conversation for that to happen, probably at the moment about 5 out of 25 [service users] [Health and Wellbeing Manager 2].

Where SDS options were utilised, this tended to relate to smaller contracts, rather than individuals who require a large number of hours' worth of support. While the number of service users who control elements of their budgets may be low, those who have some say in how their hours are spent is high. PDO1 has made considerable changes in order to best provide for individuals who want a degree of control over their service provision, to the extent that they now struggle to cater to those who desire a more 'traditional' service provision:

If they say to us actually I just want you to provide me with a traditional service then we would say PDO1's probably not the place for you to get your service. Although some people would still want to come to PDO1 and we do have people who want a traditional service and that can be a bit of a challenge for us [Health and Wellbeing Director].

7.3.2.1 – The Dual Imperative of Personalisation – A Guise for Hiding Cuts?

While all interviewees agreed with the notion of increasing service user choice and control, many felt that personalisation was also driven by a desire to cut costs. Some went so far as to say this was the defining imperative of SDS, and that this was to the detriment of service users:

The local authority should have been very open and transparent, because obviously they had to cut their budgets and we get that, but I think it was the hidden agenda [...] If they'd have been more open and honest with the people we support and their families, then I think it might not have been as quite a difficult period. I'm not saying people would have still been happy, but it could have been done differently. It could have been done without a timescale, so that people didn't feel under pressure, and families didn't feel that they had been duped [Service Manager 3].

In some instances, workers kept daily diaries of service users expenditure in order to identify areas where money could be saved if the individual's budget was cut. Concern was also expressed in relation to reducing service users hours, in that it could cause individuals to go into crisis, after which they would need considerably more support. In this eventuality, not only is reducing funding directly at odds with service users best interests, it actively costs more:

I know one of the individuals I support she needs 24/7 support and for some reason the council, when they were working how much they thought she would need, they decided that they would give her everything except for two hours a week. There's no explanation as to why she doesn't need them [...] I think it's very irregular how much financial support people get, and you'll have some people who seem to have a lot of funding, which is great, but then you have other people who have very similar needs who don't have the same level of funding and it does seem to be quite random. I mean the two hours seems to be just a little bit petty almost, as if we're not going to give you everything just because [funding has been reduced by two hours] [Service Manager 1].

This example demonstrates that no explanation for funding cuts is given, and no criteria on which the decision is based. Furthermore, it is implied that funding was reduced by the local authority in order to put the onus to pick up the shortfall onto the organisation.

7.4 – Organisational Responses to Impacts of Austerity and Personalisation

The following section will present organisational impacts of the aforementioned pressures, focusing firstly on changes pertaining to policies and procedures, secondly terms and conditions, and thirdly work organisation, as summarised on the following table:

Table 7.2 – Influence of the Customer and Austerity on PDO1.

		Influence of Customer:	Influence of Austerity:
Policies and Procedures:	Recruitment and Selection	Yes	Yes
	Appraisal and Supervision	Yes	Yes
	Training	No	Yes
	Induction	No	Yes
Terms and Conditions:	Wages	No	Yes
	Pension	No	Yes
	Sickness, Absence and Holiday Entitlement	Yes	Yes
	Travel and Travelling Allowances	Yes	Yes
Work Organisation:	Working Time	Yes	Yes
	Working Beyond Contract	No	Yes
	Intensification	Yes	Yes
	Relief Staff and Zero-Hour Contracts	Yes	Yes
	Self-Managed Teams	Yes	Yes
	Administrative Issues Concerning Personalisation	Yes	Yes

As mentioned in the introduction, the organisation is not an absolute COB, as the influence of the customer is only present in certain features of the employment

relationship, and tends to be indirect via the organisation, as opposed to from service users directly. The influence of the customer still has a pronounced effect in a number of areas, particularly in relation to work organisation. This can in part be explained by variations in service user ability, which constrains the use of customer feedback in areas such as recruitment and selection, and appraisal and supervision. However, preparing for SDS has created a culture based on customer-oriented norms which has impacted a variety of areas of work. The need to tailor service to customer-oriented norms puts particular strain on working time, through features such as split-shifts and sleepovers, increased travel time and travelling costs. As can be seen, austerity impacts every aspect of the employment relationship, and constrains the environment in which personalisation is delivered.

7.4.1 – Changes to HR Policies and Procedures

Personalisation can be seen to have some impact on areas such as recruitment. Service users were occasionally used in recruitment, specifically the interviewing process rather reviewing applications or shortlisting candidates, which was largely at the discretion of the service manager in question. Senior managers tended to say service users were very involved in recruitment, whereas service-level workers were more likely to describe their involvement as less common and less impactful. Service users were reported rarely to have the final decision with regards to who was successful, although their taking a dislike to a candidate was felt to be an indicator that there was a poor “person-to-person match”:

People can be involved as much or as little [as they like] in the recruitment process. Some people we support would be involved in the interviews. Some people might choose not to be or some people might say you recruit and then I'll see them for the final time just before you make the decision. Some people will say actually I'd like the person to come and do a couple of shifts

with me and see how it goes before we make a decision. Everybody's recruitment process is individualised [Health and Wellbeing Director].

Very little concern was expressed with regards to how service user involvement impacted applicants, who may have to moderate the answers they give to competency based questions, and avoid triggering terms (for example 'self-harm'; 'abuse'; 'drugs'; 'suicide') and so may be unable to give an accurate account of their skills or suitability for the role.

Catering to service user preferences has in particular instances created difficulty in the recruitment process, and has resulted in swift turnover:

Having personalised services, a lot of people also interpret that as, "well, if I wake up one day and I realise I don't actually like this person any more I can just get rid of them." That's a tension as well or for any other reason - they've found something out about them, for example, they've found out they're gay [...] We do have people who have said to us "I don't want that person because they're Polish" [Health and Wellbeing Director].

While PDO1 does not act on these requests, it creates tensions amongst the workforce who will avoid being redeployed to particular service users, and do not recommend vacancies to friends or colleagues.

Recruitment was also clearly affected by austerity. Uncompetitive remuneration packages and a dearth of permanent contracts had created difficulties in relation to attracting suitable candidates. This problem was magnified by recent higher-than-average turnover:

Recruitment is a big issue at the moment for us, we've gone through a period of needing quite a lot of new staff. We've been discussing it quite a lot, how we can attract the best staff, and I think the front-line workers are starting to get aware of the fact that we're not paying the same sleepover rate [...] because of various factors that are out of our control. That also affects our

ability to then advertise, or get good staff in, if we're not able to offer the same rates [Service Manager 1].

The predominance of ZHCs means candidates who are hired tend to keep applying for jobs elsewhere as a means of obtaining a more secure role, and so often new staff do not stay with PDO1 for long. The organisation has seen comparatively little redundancy, potentially due to high levels of turnover deeming this unnecessary.

PDO1 has experienced increasing turnover among front-line workers, which has necessitated almost continual recruitment. Attracting the right candidates was reported as difficult, but where no alternative is available, individuals who are perceived to be the 'wrong fit' were hired as a means of keeping up volume: "People come and they're not as committed. I think they could go to Tesco, Aldi and get eight pounds odd eventually. Do we pay that? No, we don't, but yet we expect them to do so much more," [Service Manager 3].

PDO1's Health and Wellbeing Manager explained that they have more work available than workers to do it, and cited competition from other entry-level employers as the principal deterrent:

In [Edinburgh] we've got a local authority which, because of the lack of capacity in the labour market, [there's] round about 4,000 hours of care they're unable to provide because they don't have enough staff. At PDO1, we've got about 450 hours which we can't fill or we're struggling to fill. It's because we've got full employment in Edinburgh. I think it's also because it's low paid, also because it's a tough job, and because people are moving around the labour market easily. You come to work at PDO1, that's fine but then you see that there's a job with another provider for an extra 50p an hour so I'll go and work there [Health and Wellbeing Manager].

The HR Manager described having made significant changes to recruitment since being appointed, including having all applications submitted online. This was explained as a cost-cutting imperative designed to save money spent on printing application packs, envelopes and postage, and time taken to write, print and mail.

The HR Manager also explained that PDO1 no longer send out unsuccessful letters for the same reasons. While this may save money and time, it may also exclude applicants who are not computer-literate, and in consequence limit the job pool PDO1 has to select from.

Personalisation's impact on training was limited. Training in relation to personalisation-based service provision took place, but was reported to be difficult to resource due to issues concerning economy of scale, price, time, and number of workers:

I think it's a tricky one, and something that people only really tend to get a grip of when they have to deal with it. There is no "one-size-fits-all". That's the nature of personalisation, it's supposed to be bespoke, so it's hard to train in it as an area overall [Service Manager 1].

In practice, this typically took place informally, involving activities such as observations, buddying and shadow-shifts.

Induction and training were reported to be a growing priority for PDO1, with both falling under the remit of a dedicated L&D department. Induction was said to have grown significantly in duration and content, and as can be seen, is focussed more on organisational socialisation and a sense of "how things are done here" than the teaching of specific skills or competencies:

We've really ramped up induction in terms of what we're doing with staff now and, again, specifically for front-line workers we've got this whole induction process now [...] They're getting taken to different parts of the organisation that we work in. If we've got guys in Edinburgh they might come through here to Renfrew for the day or vice versa, just to see what goes on in the other half of the organisation [HR Manager].

Changes relating to training are characterised by a desire to formalise employees' skills in relation to external qualification boards and regulators. This process was described to an extent as formalising skills which workers already held:

The aspiration is to move much towards a more professionalised workforce [...] If it's somebody fairly young and inexperienced, then it's [about] upskilling them, but I think for the existing workforce it's probably validating and accrediting the skills that they already have. The skill base that we have here is tremendous and for them to go and do an SVQ is really just accrediting what they already do [Health and Wellbeing Director].

Appraisal and supervision were reported to be largely unaffected by recent budget cuts, and were predominantly informal. One manager stated:

I do them every eight weeks unless people want more. If they want more, if they're finding something particularly hard or they just need a bit more support for something, then it's better to have a supervision than to just carry on until eight weeks down the road [Service Manager 1].

Bi-monthly supervision was regarded as more important than annual appraisals, as this aids short term planning in terms of training and resourcing, and also provides a means of monitoring for unsafe practice:

The important thing is that every member of staff has regular supervision sessions with their line manager. So from that point of view although an annual appraisal hasn't necessarily happened, they're having regular updates with their manager, so their work can be talked about and they can look at training needs and things that way [HR Manager].

Due to their often working across different locations, senior managers said that appraisal can often take place via phone or video-conferencing. Customer feedback was collected, but was not currently used as a KPI to quantify performance.

7.4.2 – Changes to Terms and Conditions

The impact of austerity on terms and conditions was clear. PDO1 delivered a 1% pay increase in April 2014, which due to funding cuts was the first in four years. The HR Manager expressed regret that this had not been more regular, but rationalised that financial pressures constrained this. Other senior managers echoed this sentiment:

I would like to be able to increase the amount of money people are earning. We're kind of middle of the road in terms of what we pay, we're not at the top end but we're not at the bottom end of what people might be paid in this sector. We have an aspiration at PDO1 to pay the living wage, non-statutory living wage, but reaching that point is very difficult based on what we're currently paid by the local authorities. We have this interesting situation where we talk to the local authorities and we ask them what their policy on the living wage is and they'll say, "well, we pay our own staff the living wage, and we want you to pay the living wage", but they can't pay us the amount of money that they need to do it [Health and Wellbeing Director].

Service managers also expressed concern that they were unable to pay a living wage: "[Front-Line workers] have to work a lot of overtime in order to get enough money to do anything other than pay their bills," [Service Manager 1]. Comparing wages to competitor organisations was discussed regularly by senior and service managers, most of whom could quote the starting wage of £7.60. As noted above in relation to recruitment, PDO1's inability to pay competitive wages cited as a reason for not attracting adequate candidates.

Like wages, pension was described as largely adequate, but stagnant. The HR Manager explained that auto-enrolment had been a challenge in relation to its administration, but ultimately the vast majority of workers "opted out", and so the change had little financial impact on the organisation.

Workers received no travel allowance for public transport or petrol reimbursement. They were entitled to a discounted membership at the on-site gym,

but as it was located in the Edinburgh head office, many employees were unable to utilise this. Some local shops and cafes gave discounts to PDO1 workers, which was dependant largely on the geographical area in question.

When asked if workers are compelled to attend work when ill, service managers answers tended to discuss personal attributes of the person, rather than the organisational context, or the move towards SMTs:

It depends on the person, I think, it depends on their attitude [Service Manager 4].

Often, workers were encouraged to use holiday entitlement rather than sickness leave. Where sickness does occur, it is being managed much more strictly than in previous years, at the behest of the newly appointed HR Manager:

I've got managers doing return to work interviews now and being quite sticky with folk. We've noticed a pattern of absence. "Did you really need to be off last Friday? Is there any way you could have come in?" I remember when I told [service managers] that it's okay to ask these questions, [they said] "Oh, I don't ask that," and I'm like, "No, you can do that, you're a manager." There probably is a very genuine reason why somebody's been off sick but if you just have that conversation and say to them, "Did you really need to be off? You let your colleagues down, we had to bring in cover." All that kind of stuff might just make them think about it in future [HR Manager].

This dynamic also extended to long-term sickness:

When I first came to PDO1 I said "Tell me about your sickness absence" and [service manager] said "Well, it's not bad". I said "Do you get any long term sickness?" She said, "Aye, we've got a few people, we've got maybe three or four people that have been off for over a year." I said, "Oh, gosh, that's quite a few, tell me about OHS, what's OHS saying about them?" [and she replied] "I've never had them do OHS. I was like, "Why would that be?" [and she

replied] “Well, because they're really quite ill so we thought it was probably best not to.” I was like “We're going to change that.” I said “As soon as somebody hits four weeks in future they're going to OHS whether or not we think it's a good idea or not.” We need to be on top of stuff like that. We need to be thinking about managing people out of the organisation if we need to [HR Manager].

7.4.3 – Changes to Work Organisation

Working time was affected by a combination of austerity and increased customer demands, with the organisation moving from a 37 hour to 39 hour week. The growing predominance of split-shifts means that employees effectively have double the travel time. Austerity and personalisation have necessitated a more business-like focus into service user attitudes, which has resulted in their being more demanding with regards to expectations of flexibility, and more frugal with regards to funds:

The lady I used to work with, she tried to keep you as long as you could. She would say, “Oh, could you not just say an extra wee 15 minutes?” and then she would try not to give you it back [Front-Line Worker 2].

While the organisation recognised this as a cause of tension among workers, they felt unable to challenge this for fear of losing custom.

PDO1 used ZHCs, but objected to the terminology, preferring the description “pool” or “relief staff”. General rhetoric around ZHCs was felt to be misleading, and was described by senior management as vital for service provision which is both flexible and dependable:

PDO1 does have some ZHCs but I don't regard that as exploiting because those people have chosen to join us and join the part of our workforce that we refer to as “the pool.” They do that because it suits their circumstances.

It might be students who are looking for a bit of work but they don't want to be tied to a contract. It could be somebody who just wants to do some hours now and again. It gives us flexibility but it also gives them the flexibility they're looking for [Health and Wellbeing Director].

The most common ZHCs were 35 hours per week, and roughly half of those who held ZHCs did so to supplement another wage. Interestingly, this interviewee identified a link between the increase in low paid workers, and increasing incidence of fraud perpetrated by employees in the sector against service users:

I think we might see more discipline issues as a result. I was talking to one of the Care Inspectorate recently and he was saying that they've seen a rise in the number of low paid workers working in this sector who have financially harmed people they've worked with. So they've stolen money from them or they've exploited them financially in some way and I think we might see some more of that type of thing [Health and Wellbeing Director].

Intensification was present in virtually all areas of work, due to the compulsion to provide more-for-less as a means of ensuring a competitive edge over other organisations. Service users utilising their newly found preference for less hours in the evenings intensified the work to be done during sleepovers, resulting in workers being unable to sleep, and additionally, working harder during shifts for which the hourly rate was lower.

7.5 – Employee Perspectives on Change and the Psychological Contract

7.5.1 – Why People Join PDO1

Several interviewees knew people who worked at PDO1 and were recommended to apply. This dynamic was more prevalent among front-line workers. Many interviewees were educated to degree level, including front-line workers, in subjects such as psychology, social work and occupational therapy. Several managers joined as front-line workers, citing PDO1's reputation for progression as a reason for applying. Indeed, Service Manager 4, who had been a manager at a competitor organisation and left due to her family relocating, joined PDO1 as a front-line worker and was promoted to her current role within six months. The scope for progression was regarded as a key motivator, and the reasons given for this ranged from having a more comprehensive understanding the role, being known to individual service users, and to having demonstrated a sense of fairness and having 'earned' the rank.

Experience of other care-related roles was common, such as community nursing. The majority of interviewees had worked out-with social care at some point in their career, in areas such as the Blood Transfusion Service, hospices, retail and manufacturing. Participants who had worked in care elsewhere had always done so for a charity, rather than a private provider. Some individuals stated that this was intentional from the outset, others became socialised into a voluntary sector way of working, and all stated that they would not consider working for a private provider in future. A disproportionately high number of interviewees came from NHS or health backgrounds in comparison to other case studies.

Personal experiences and family background were repeatedly referenced as a key reason for working in the sector at large; some had parents who were service users, some care workers. Service Manager 3 worked in retail, and decided to move to a social care role after witnessing a relative die from a heart attack, and she did not know CPR. Another had worked in a commercial office role for 20 years, and moved to PDO1 after her granddaughter died from a brain tumour.

The most commonly cited reasons for working at PDO1 were “service user group” and “opportunity to use skills.” The former was described in relation to ideological motivations, while the latter related to intrinsic motivations, satisfaction and employability. Several were keen to make the distinction between personal beliefs and religious beliefs: “Definitely personal beliefs, not actually religion. I suppose it's more my values and my perception of things,” [Service Manager 4].

“Service quality” and “perception of the organisation” was also mentioned by several interviewees. Several front-line workers identified being a parent as endowing them with skills beneficial to their role. One described being a parent as “a really useful experience” [Front-Line Worker 1], while another stated: “I've had kids – personal care doesn't really bother me,” [Front Line Worker 2].

Commitment was variable and expressed in a variety of ways. Several participants made reference to the organisation's mission being ideologically relatable, but its delivery less so. One interviewee expressed having low commitment to the organisation, but that other factors maintained their overall engagement:

I don't really feel a commitment to the organisation because I've just been mucked about so much. Really my commitment is personally to that person I support basically, and my fellow colleagues. I'm into working in teams so I'm always conscientious [Front-Line Worker 1].

Descriptions of relationships between workers and service users often displayed a blurring of professional and personal boundaries. A minority of participants lived and worked in the same area, and described this as beneficial as they were familiar with geographical areas, local amenities, ways of speaking, and occasionally had friends or acquaintances in common with service users. Despite this, some workers demonstrated a reticence to become too close with service users: “They're not friends, we do remind them that we are paid staff but do we want to remind them of that all the time,” [Front-Line Worker 2].

7.5.3 – Responses to Changes in HR Policies and Procedures

For two reasons, responses to changes in recruitment and selection are difficult to gauge. Firstly, customer-oriented norms are largely present only the recruitment of new employees; those who are redeployed from elsewhere do not go through this process, which is predominantly geared towards establishing a person-organisation fit. Secondly, high turnover, particularly among recently recruited staff, means that those chiefly affected by customer-oriented norms are no longer present, and so cannot be asked about the experience.

PDO1's induction programme was described as being less about particular skills (e.g. moving and handling, epilepsy training etc.) and more about organisational socialisation. In practice, this was often achieved by working alongside existing staff members for an initial period, and then moving into regular shifts shortly after. Front-line workers described the process as fragmented, and noted that they often did not complete formal aspects. In some instances, workers were not entirely sure what their induction entailed, or whether it had taken place:

In terms of an actual induction, I'm not really sure. I know I've been inducted but I'm not really sure if it's over. I don't know what exactly I was supposed to get. There's lots of things I should have got and I haven't actually got [...] it was just due to lack of time I think, and I don't know whether the service leaders weren't properly informed that they had to do them [Front-Line Worker 1].

This interviewee also alluded to confusion caused by ambiguity concerning what responsibilities were held by management, and what was devolved to workers via SMTs. In consequence, certain formal features of the employment relationship such as induction, training, appraisal and supervision often fell between the cracks. Workers in rural or remote areas felt this to be particularly challenging:

It took me over a year to do my induction because I was out in the sticks [...] if somebody doesn't turn up you're then called to go in, it doesn't matter if it's your day off or not [...] I couldn't get away. I couldn't go to any of the training sessions, so I felt isolated the first year [Front Line Worker 2].

For those who could attend training, travel was identified as problematic: "The only difficulty here is that all the training is done in Edinburgh. It's quite a commute! Especially to get here for 9 o'clock. It's a long day so you're not the freshest," [Front-Line Worker 5]. While it was described by full-time staff as regular and rarely subject to cancellation, part-time staff experienced it as irregular due to resourcing issues:

It's been difficult for me because I was working here a couple of days a week and I working as a chef on the side – I had to put a roof over my head [...] So some of my training was probably a little bit delayed [...] The training is good but once you're on the job you're left to get on with it [Front-Line Worker 3].

Many interviewees commented that they have little say in what training they receive, but interestingly none identified this as problematic: "You just get your training that you need, that they decide that you need," [Front-Line Worker 1]. Missed opportunities for training rarely resulted in breaches or violations of the psychological contract, primarily because employees seldom knew their entitlement. Where it did take place, training was described as thorough and comprehensive, but opportunities were becoming scarcer, and staff attributed this to financial constraints:

We don't really have that many training opportunities now, it's just really the induction. If someone you're working with has mental health issues you might get a day or two. That's because the organisation doesn't have the same income it used to have, you can't put people on training as much because you don't have the funds. If someone goes through induction and leaves, you've wasted all that money [Front-Line Worker 5].

Interviewees noted that, where a lack of training opportunity existed, it did so due to circumstances out-with the organisations control. This recognition largely mediated the potential for breach and violation of the psychological contract.

Front-line workers described appraisal and supervision as adequate and useful. Where it did not take place, workers seemed relieved that it was one less demand on their time. The continual option of informal supervision left workers secure in the knowledge that any issues would be addressed. This does not only apply to front-line workers, but also extends to managerial staff:

Our manager's really great and she's basically available any time of the day [...] She's away today but she's sent a message saying 'if you need me I'm on the end of the phone'. You can phone her on a Sunday and you'd get her. On the flip side, she does also then phone you in the evening or on a Sunday if she needs you, but she doesn't do that very regularly [Service Manager 1].

As can be seen, informal access to managers exists as part of a perceived reciprocity, in that workers are required to be flexible in consequence of benefiting from the flexibility of others.

Some interviewees identified appraisal and supervision as being non-standardised. Again, the introduction of SMTs created ambiguity over whose responsibility formal aspects of the employment relationship was. Individuals gave contradictory answers regarding whether appraisal was managers responsibility to enforce, or workers to request.

Customer feedback was gathered from service users, but workers had been told little formally about the process, and reported that it was rarely used in appraisal or supervision:

I do know that the service leaders in the past have gone down and check in with [Richard – service user]. We have a rota meeting every month but Richard might sit in every second and I know that there's lots of chats and there'd be a phone call to Richard. It's my impression is that they – well, my experience – is that they have checked in with Richard [Front-Line Worker 3].

The idea that service users' feedback could be outwardly perceived as token, due to the limited ability of service users:

It's difficult with [Service User] because her verbal skills are really limited, really limited but I'm pretty sure [my manager] would ask her if she was happy with the staff [...] I'd assume she does and I'd be very surprised if she doesn't but I don't know for sure [Front-Line Worker 1].

This information was gathered initially as a means of designing and defining service provision, rather than in an ongoing capacity to quantify service delivery. If service users raised a concern, this could be discussed at appraisal, but was not a key performance indicator. Workers described how feedback from service users' families was occasionally used in annual supervision, but even that was unusual.

So, while not currently a factor in appraisals, the apparatus needed to gather relevant customer feedback is in place. One senior manager made reference to the possibility of using customer feedback in appraisal in future, discussing perceived problems with the appraisal system which service-level staff did not identify:

[Feedback is gathered] informally, but as yet we've not done anything formal in terms of them contributing to an appraisal. Now we're currently reviewing our appraisal system. It hasn't been working well [...] It's too cumbersome and there's too much paperwork [...] We're looking at how we can make it easier to use. I think going forward what we'll probably be looking to do is to get a contribution from the people that we support or family members to appraise the person's performance [...] I think that it is something that we need to make part of a formal process and it needs to be more consistent [Health and Wellbeing Director].

As customer feedback was not being used as a KPI, it did not cause breach or violation of the psychological contract for any interviewees. Front-line employees often felt appraisal and supervision to be obstructive to the daily duties on which

they are monitored, and so incidences of relational breach due to their absence was scarce.

7.5.4 – Responses to Changes in Terms and Conditions

As with other case studies, interviewees recognised that low wages were reflective of the sector at large and caused by austerity. Where dissatisfaction with wages was expressed, it was often rationalised in relation to other, non-monetary, benefits. With regards to her salary, one respondent stated:

It's okay. I mean, when I left an office I was on £22,500 and here you're on £15,400. You wouldn't come here for the pay and the benefits. What I do like is the holidays, although you've got to work Christmas Day and New Year's Day, and you've got to work public holidays, but it means that you can actually have maybe a five or seven day holiday without using your holidays [Front-Line Worker 2].

Several testimonies reflected this 'resilience' to transactional breach of the psychological contract via a strengthened emphasis on relational and ideological elements. The lack of a wage increase for several years was discussed by interviewees, as was the lack of a travel allowance:

We've not had a pay rise in the last four years. The level of pay isn't the best, especially if you're using your car to get about. Petrol's increasing all the time. It's quite challenging to work and live on my salary. If I had to depend on my salary I would lead a very different life, if I didn't have the support of my husband I'd need to take on a second job just to make ends meet. I don't think the level of pay here's good at all, and I think that's across the board [Front-Line Worker 5].

This issue was particularly prominent for long-serving workers, who had the largest scope to compare the impact of such changes. One interviewee who was originally from Australia, and worked in care-providing roles there, felt that the Scottish wage was low in contrast:

To me, coming from Australia where all our pay would be two-thirds on top of anything here – it's a bit of a shock. People in this industry are paid a pittance. I think you should be paying people their worth, and I think you also will attract people that are developing a profession around it. I don't know if there's any sort of bodies, like a support workers association or anything like that [...] I think they actually pay a little bit more [at PDO1] than just the base rate, I mean £6.50 or £7.20 – you lose one hour of pay getting to work on the bus [Front-Line Worker 3].

Managers who were promoted from within were sympathetic to front-line workers' plight:

I think as a service manager this is the first time that I've ever been paid an amount that I think is okay. For front-line workers [...] you'd have to work a lot of overtime in order to get enough money to do anything other than pay your bills. Obviously that's not good at all because you wear yourself out. So I now feel comfortable with the amount that I earn, but for a management role it's still a lot less than other places [Service Manager 1].

Workers knew little about the pension scheme, and very few were members. Even those who were members were not knowledgeable: "I should really know but I'm afraid I don't. But I know that I pay into it," [Front-Line Worker 1]. Several interviewees who weren't members of the pension cited financial constraints as the key reason. When asked if they paid into PDO1's pension scheme, one interviewee replied:

No, I'm putting money into a [different] pension. I know I was offered to put into a higher pension but I haven't thought about that yet. If I was being clever and forward planning I probably would think about putting into a higher pension but then that would cut away from the money that I've got at the moment. I've already got taxes and student loans coming off [Service Manager 1].

While employees were not complimentary about the pension scheme, equally they were not especially critical. Incidences of transactional breach could have been exacerbated by the pension, in that while the pension itself is relatively good, employees were often unable to afford to participate due to low wages. This did not take place, however, as the majority of interviewees were largely unknowledgeable about their pension entitlements.

Sickness entitlement and the ability to take sick days were described as adequate and easy to arrange. A number of interviewees described contagious illnesses as the most worthy of a sick day:

If it was like flu obviously you wouldn't come in, because you don't want to spread it, but probably if you've got a cold it's because you've picked it up from somebody that you're working with [...] There is a lot of absences because folk are getting burnt out [Front Line Worker 2].

SMTs and the notion of negotiating with colleagues to resource time off was said to be key to the functioning of sickness and absence:

There's a process. You need to try and cover your shift yourself so I would phone [colleagues] and say "I'm off today, can you cover me?" Then if he said no, you'd go through to the on-call. They say, "I can cover a couple of hours and then that buys us some time," and then you'd let your line manager and they'd say, "Yes, no worries." I think the system seems to be all right [...] Personally, I also have a couple of forms of arthritis. Sometimes the bout

comes on and I feel really shitty and not too well. Have I come in probably when I would have rather stayed at home? Yes [Front-Line Worker 3].

Negotiating between colleagues exerted an additional pressure on workers, in that they felt a level of guilt for intensifying colleagues work in their absence, or contributing to a colleague having to work overtime or losing a holiday. In consequence, employees regularly came to work while ill:

You just felt guilty for not going in and it was so difficult to get staff to cover. Yes, I've been in when I've not been 100%. It's like a vicious circle. It's obvious to me that if you come in and you're exhausting yourself with extra hours then you're just going to think, "stuff this, I'm looking for another job" which is what I did say on one occasion. I think I was pushed to my limit. I didn't want to but, it's like I say, I've got the experience of life in jobs where I've had proper working conditions, and I just thought this is absolutely ridiculous. But at the same time you've got that commitment to the person that you care about who you look after so it's so difficult. I never envisaged how difficult that aspect of it would be [Front-Line Worker 1].

As can be seen, being unable to take sick days contributes to stress and burnout, and is a clear source of transactional breach and violation of the psychological contract. A responsibility to both service users and colleagues can be observed, which compels employees to work the additional hours needed to ensure adequate service provision, but in doing so has a damaging impact on the psychological contract in relation to their inability to claim transactional rewards. Simultaneously, feeling underappreciated challenges employees sense of their employer as fair, which limits the scope for ideological reward.

This dynamic can also be observed in relation to holiday entitlement. Several interviewees described having difficulty booking holidays:

Because we were so short-staffed I didn't have much time to take holidays. So I didn't actually end up taking all my holidays and because of the special

circumstances they worked something out where I got paid but I didn't get my holidays obviously. That was just a unique situation as far as I know [Front-Line Worker 1].

The "special circumstances" in question was the resignation of three successive team leaders within a year, before the eventual elimination of the role due to the introduction of SMTs.

The element of cooperation required to make holiday scheduling work was purported by management as something which strengthened team bonds, and so improving relational aspects of the psychological contract. However, employees suggested that lack of cooperation was regarded as a demonstration an insufficiently ideological psychological contract. One interviewee spoke about several interviewees who did not fit this criteria, and so left the organisation:

It is around personalities. There's been a few people in and out of the team in the last 15 months and it's been okay. But I think it could be tricky if you were in another team and there was some strong personalities [Front-Line Worker 3].

Due to the prevalence of short-hours contracts, interviewees found themselves working in more than one SMT. In this scenario, resourcing in one team often had an unintentional impact on the other:

I found myself split into two teams, so managing holidays can be quite difficult. I think different teams have a different way of doing it. One team had a 'first-come-first-served' system. And that also affects your team-mates. You can have one team where your team-mate is away, so the rest of you have to work extra to cover his hours. The rule is when one team-mate is away, you can't take holidays. So when you're working in that team, your second team suddenly notices you're away more, so they're not going on holiday either. So those holidays have to sync across two different teams. Two people who might not even know each other [Front-Line Worker 4].

The ambiguity which results from this overlapping created relational breaches in the psychological contract for many interviewees, and was a source of ongoing friction between colleagues. Booking holidays was also an issue for managers:

What we have is a buddy system that's in place, so I'm basically buddied with another service leader. As long as us two aren't off at the same time, so that when I'm on holiday obviously my buddy will oversee my services while I'm away and vice-versa. That's something that we sort out between each other, basically [Service Manager 4].

Managers noted that this was difficult, but did not identify it as a relational breach of their psychological contract. This could suggest that by securing a managerial position and therefore an elevated transactional element of the psychological contract, certain concessions are required in other areas, such as increased resilience to relational breaches.

Workers receive no travel allowance for public transport or petrol reimbursement, which for some employees caused transactional breach of the psychological contract, but by others as not an expectation. Front-Line Worker 2 outlined how costly this could be, in that split-shifts meant workers effectively travel to work twice, and so pay double the travel cost.

Workers were entitled to discounted gym membership, but as this was located in Edinburgh, many employees were unable to utilise this benefit. For those who were, the gym operated between 9am-6pm, making it difficult to resource time around working hours. For those who did not live in Edinburgh, this was near impossible:

It's really reasonable, really cheap [...] but because I live far away [I can't use it]. If I'm on shift it's always shut by the time I finish a shift or it's too early and it's not open before I start. It might be great for people that might work a few hours in the morning and then have a break and then go back. I'm sure a lot of people do take advantage of that, but I can't [Front-Line Worker 1].

For some, the associated travel costs were so great that any financial benefit to be reaped from the discount was voided via travel cost and loss of time. Regardless, interviewees still appreciated the gesture, and did not perceive this as a breach of the psychological contract.

7.5.5 – Responses to Changes in Work Organisation

PDO1's move towards SMTs has significantly affected work organisation, and employee responses were characterised by apprehension. In particular, the loss of expertise which resulted from removing team leader roles was identified as a particular problem:

The biggest change I've seen since I've been here is they've abolished team leaders. Every team used to have one, they were usually the most experienced people who knew the service well. That was changed for two reasons – one, to give people development to expand and do those jobs themselves, and two, there were financial incentives. Some teams need a team leader [Front-Line Worker 4].

It is noteworthy that this interviewee identified part of the rationale for SMTs as to provide development for un-promoted workers via an increase in responsibility, given that other workers felt the removal of the team leader role hampered progression. Several interviewees alluded to the fact that, with the team leader role gone, there were no suitable promoted roles to apply for, and no means whatsoever of attaining management status:

It's very hard. Especially just now, when the levels of management have changed. We've went from the pyramid, to the downsized [model], where we're a SMT. Although you get opportunities within your team, and shared

responsibility, I don't think there's that much for career opportunities, to go upwards. You can maybe do wee sidesteps and dip your toe in the water, but not for promotion. I think it's very limited [Front-Line Worker 5].

Team leaders were effectively demoted to the role of senior support workers, and yet informally were expected to continue to work in a team leader capacity: "In the services I worked in, nothing changed – they still did the same work, they just didn't get paid a team leader wage for it. It's frustrating," [Front-Line Worker 4]. The trend of working across a number of SMTs is problematic because it confuses notions of reciprocity and perceptions of mutuality, which in turn caused relational breaches of the psychological contract:

People are working over so many teams that it does feel a bit stretched. We're all working together – if I can come in and support this person on a Sunday, why can't you? One of my colleagues said recently, "I'm going on holiday next week" and I thought "Oh, are you? Ok, I'll not study that week then." There were only 2 of us working in that team, so I said "I'll support the person, then I'll go and support my other service user at night." By the end of the week I really was shattered. Then when it came to my holidays, I didn't ask for two weeks, just one, and it was a nightmare to get cover. The other person kept saying "Oh I can't do this, I can't do that" and I ended up saying "If I could do this for you, why can't you do that for me?" It felt a little bit childish, but there has to be compromise [Front-Line Worker 5].

As has been discussed, PDO1 have made a strategic choice to take on a greater number of service users who have a comparatively small number of hours, rather than a smaller number of large-hour contracts, as a means of diversifying their sources of income. While this may serve to improve organisational stability in some respects by limiting the impact that losing a contract may have, catering to more service users has resulted in a significant increase in travel time for workers, who now have to make journeys between different service users. Due to daily

requirements of 2-3 hours for some service users, workers may be required to travel between up to four service users per day.

Problems associated with catering to multiple service users are magnified by the introduction of SMTs. Workers in this position effectively become members of multiple SMTs, and as such, they have to self-manage sickness and holiday entitlement across a number of different colleague groups. These workers reported that it was extremely difficult to negotiate time that suited all the services they worked at, and with no team leaders to refer to, they often were unable to use their entitlement.

The resourcing issues associated with multiple teams also manifests themselves in relation to other factors, such as unsociable hours. One interviewee who was currently working their resignation notice identified this as a direct transactional violation of their psychological contract:

I've not got a work-life balance at that moment, that's why I'm leaving. [...] These are unsociable hours that you work. I do two services, one gets two hours in the morning, two hours in the evening, except for a Tuesday she has four hours in the morning, four hours in the evening. Friday she'll have four hours in the morning and then six hours at night. You leave the house at 8.30am, go back probably about 1.30pm, and then you've got to leave about 4.30pm to come back out and then you're not back in until 11.30pm. You've got no life. [...] You're out for loads of time and you're only getting five hours wage [Front-Line Worker 2].

Another interviewee described how a colleague has decided to leave PDO1 for this reason, and rationalised that the decision demonstrated an insufficiently ideological psychological contract:

I was talking to someone yesterday, and she said that part of the reason she was leaving was the very small shifts. I said "If you think about it, it's what the service user requires, it's not what you require." If that person only wants 2.5 hours in the morning, and then 2.5 hours at night, it's not for you to turn

around and say “I want you to have support 9-5”, because in a way you’d be taking that person’s independence away. That person, if you were there, would become dependent on you. [...] If that person is making an issue of that [service user’s] lifestyle, I would question whether that person was suitable¹ [Front-Line Worker 5].

Particular resourcing issues pertaining to multiple service users also presented themselves in relation to split-shifts with individual service users. Split-shifts were regarded as problematic, but ultimately necessary if requested by service users:

Ideally, what I'd rather do is a seven hour straight shift, but I'm employed to work for Richard and Richard wants a split-shift. I live locally so for me it's not so bad. I'd have to pay for a bus fare anywhere if I was outside of [local area]. Would it matter if you had to go home for three hours and come back? Yes, maybe, but Richard's my boss [Front-Line Worker 3].

Those who don't live close to service users often go central offices and use this time to do paperwork.

In justifying working unpaid overtime, interviewees often referred explicitly to ideological elements of the psychological contract, and a compulsion to ensure adequate standards of care for service users. One employee even spoke of a situation whereby, due to the working tax credit system, working paid overtime was de-incentivised, and yet she continued to do it anyway:

I do a lot of overtime but I'm in this situation of having a private rented flat which means any overtime I do, I get money taken off for tax credits, or I get money taken off the help that I get with my rent, because my rent's quite

¹ It is worth noting that Front-Line Worker 2 and Front-Line Worker 5 did not work at the same service, so there is no reason to assume that the former is referring to the latter, although the similarity in circumstance is striking.

high and I can't get a council house. That's a real issue for me, but I still do all the hours even though they don't benefit me financially. Up until recently I was doing almost full-time hours because we were short-staffed and people kept leaving, ringing to come in. But because I felt a commitment to Isabelle I did all these extra hours that really are financially not benefiting me at all in my circumstances [...] It's a bit tricky psychologically because you just feel I'm doing all these hours but I'm not benefiting from them. But I feel I should do them and I have to do them because I can't bear to think of Isabelle left with somebody that she doesn't know [...] I feel a responsibility to her to be there [Front-Line Worker 1].

Another cause of transactional breach of the psychological contract was sleepover shifts. Several interviewees were keen to dispel the misconception that the prospect of sleep during their shift was an option:

The issues of not sleeping became problematic. One client was always awake all night, making a lot of noise. On occasion I could do a 10 hour shift and not sleep. That was an on-going problem, it lasted a year. The only way to solve the problem was to drop the hours [and client] [Front-Line Worker 4].

As discussed, PDO1 has a significantly higher proportion of ex-NHS staff than other case study organisations. For some, the differences relating to working time were stark:

Quite often sleepover hours don't get paid for, you don't really get a break as such, which for me is a bit different because I used to work for the NHS, and I got really good working conditions in that respect. I'm used to good working conditions, breaks and other sort of things but it's not really the same here, there's more of a goodwill aspect to things [Front-Line Worker 1].

Work-life balance was also a cause for concern among managers. The use of technology was cited as a means of blurring the boundaries of work and non-work time:

I would get phoned quite a lot on my days off to see if I could come in, and even actually just getting a phone call would be really [stressful]. Even if I couldn't do it [...] it would piss me off a because that's your day off, and you feel guilty because actually, people need the support and if nobody else can cover it and you can, you have to do it [Service Manager 1].

Managers also reported doing support shifts themselves when they were unable to find cover. Typically they would be paid a support-worker rate for doing so, or could be allowed to take the time as TOIL. This was regarded as the result of their inability to find cover, and yet was not identified as a source of psychological contract breach, due to the enhanced status they enjoyed as managers.

The use of ZHCs was commonplace, and often involved employees working across two or more teams. Responses to this were characterised by two main themes. Firstly, some workers commented that negotiating between multiple teams and service users made resourcing difficult, and as they did not have contracted hours, they were expected to be the most flexible. Others felt being a member of multiple teams diversified the hours available to them:

Sometimes I work 50 hours a week, sometimes I only work 28. That's part and parcel of the job. A lot of people do struggle with it long term, and I have recently due to my studies. You have to cram a lot in, and you have to have a life outside work. That can be a challenge. I'm very lucky to be a part of two community teams [Front-Line Worker 5].

All interviewees who were on ZHCs reported doing so to supplement a permanent contract, either with PDO1 or elsewhere. The extent to which this created breaches in the psychological contract was dependent on the individual interviewee's

expectations; many felt that tolerating instability and unpredictability was part of their role.

7.6 – Emerging Tensions in the Social Order

The previous section explained how the changes to terms and conditions have impacted on the psychological contracts of employees at an individual level. Where breach or violation of the psychological contract took place for a significant proportion of employees based on specific issues, this collectively created tensions in the social order. This section will discuss the causes of these issues.

7.6.1 – Intensification

As a result of financial pressures caused by austerity, and PDO1's response to this through factors such as SMTs, intensification was significant. Equally important to this dynamic is the increasing expectations of service users via amplified control resulting from SDS, and austerity driven frugality on the part of service users as a result of cost of living increases, inflation and individual budget cuts. One interviewee spoke about a dilemma surrounding increasing demands from two service users who were husband and wife:

Last week she says I've got ironing to do and I said all right. So I picked it out and I separated it and I did his ironing and she's going -- I just put her ironing back in and she said you've got ironing to do, and I said when's your PA back so he can do it when he comes in. She was not chuffed about that but I mean I was only in as relief, I was only doing his. When I was in her service I probably would have done it but I'm not going in and doing everybody's work [Front Line Worker 2].

While two service users being married to one another is fairly unique, these problems could equally have arisen in one of the many group homes in which PDO1 operates. Now paying for their care, service users were more involved in what form their service provision took across the board, and were keen to maximise value for money, which significantly intensified work.

Intensification was particularly prominent among managerial testimonies, who were taking on more team-leader responsibilities due to the introduction of SMTs. For some, working support shifts themselves had become a regular occurrence:

At the moment it's at least once a week but that's because I'm short-staffed. I'm in the process of employing more people and I hope that I won't have to do shifts although I enjoy them. It's not very good because I tend to have to do shifts at the weekends [Service Manager 1].

Another service manager described a similar experience of greater staff shortages at weekends, and the ethical obligation to work shift if cover could not be arranged:

I need to step in at the weekend to support somebody [...] it's part and parcel with the role really. You don't like to do it [but] at the end of the day, that person depends on you, so you have to [Service Manager 4].

Team size, direct reports and support requirements varied considerably, and due to changes in service user preference, was in a constant state of flux:

We have a very strange imbalance of how many teams each of us have. Because I'm new I've only got three and they're three ones that have got full-time support, whereas other people have got a team where one person might have just three hours of support a week. So the hours might be similar, the amount of hours that we have but actually if you have more teams that also means you've got more things to do. I am going to get more

teams as I've done a few more months and things and that should settle, things for the other people as well [Service Manager 1].

As can be seen, catering to a large number of service users, rather than the previous model of low numbers of service users with higher hours, removes the economy of scale element of management, and creates a greater number of individual tasks to be completed. This intensification is visible to support staff, who are dissuaded from seeking progression in consequence:

The job of service leader has come up and I've just thought no way could I do it. Before I started this job I was aware that it was possible to progress and maybe you're going to come to that later, progress and get a better job. Now I realise that that wouldn't be possible for me. The reality of the job is they seem to just have enormous workloads and are effectively on-call seven days a week. If they can't get staff it falls to them to do it ultimately and so if there's not the right network in place and not enough staff. I've just seen what they've all gone through and no way would I do it [Front-Line Worker 1].

7.6.2 – Self-Managing Teams

SMTs have resulted in intensification through factors such as sickness absence, holiday entitlement and day-to-day scheduling. Whereas previously these responsibilities were held by team-leaders, employees are now expected to manage these tasks themselves, and have received little or no guidance with regards to how to do so. Several front-line workers complained that, with the team leader role gone, there was very little scope for progression for front-line workers. Front-line workers expressed confusion with regards to why SMTs had been introduced, or what this entailed:

We were told we were a SMT which I was immediately sceptical about but nobody told us exactly what was involved and what we were supposed to manage. It was just like “you are a SMT, there's no longer a team leader.” Basically you got on with it kind but you weren't really told, and that was one of my big bug bears [Front-Line Worker 1].

The resulting tension has created a gulf between the front-line and management. Due to high turnover among managers, the majority who are currently in post have no experience of PDO1 before SMTs were in place. Some front-line workers felt this was intentional on the part of the organisation as a means of ensuring there was no return to the previous system.

7.6.3 – Personalisation and Notions of ‘Customer’

Personalisation has intensified pressures associated with front-line and service management level roles, and notions of service users as ‘customers’ was key to this. Classifying individual service users as customers, and therefore endowing them with more discretion over service provision, was regarded by some as a means of identifying them as the cause of increased workloads. Interviewees who had been in the sector longer objected to the change in terminology not just because they felt it was inaccurate, but because they were familiar with a pattern of reclassifying service users. Most participants preferred the expression “people we support”, which was the official terminology used by PDO1:

PDO1 is very, very particular about how we refer to the folk that PDO1 support. We don't talk about service users, customers, patients, or anything like that. Anyone who gets service from us is referred to as a person we support, and that is drummed into people from the first day they're in PDO1. Service user has a connotation that they're “using” PDO1, and it was decided a long time ago that they didn't want that inference. “Customer” would

probably be viewed in a very similar way, it's just like they're buying something from us, whereas we don't look at it that way [HR Manager].

This quote demonstrates how important service user terminology is regarded, and how pervasive the objection to customer-terminology have become. Front-Line Worker 2 went so far as to say, "we're not allowed to use words like customer." A number of participants, spanning a number of locations and levels of promotion, expressed concern that the more often business-like language used, the more extensively business-like practices would permeate the day-to-day support work.

Several interviewees depicted a scenario where catering to 'customer' demands restricted their ability to act in service users best interests, such as challenging unhealthy behaviours relating to alcohol, drugs, or gambling. Front-Line Worker 4 described a healthy eating initiative which he piloted with two service users, with the intention of rolling out to a wider audience if successful, which ultimately was abandoned due to the fear that service users would be resistant, and would potentially be deterred from using PDO1 as a service provider. Additionally, PDO1 has a significant number of service users who are non-verbal, and so may be less capable of articulating preferences relating to such a complex prospect. In consequence, a great number of interviewees expressed concern that customer elements of SDS could be, or appear to be, tokenistic.

7.7 – Responses to Breach and Violation of the Psychological Contract

7.7.1 – Trade Unionism and Collective Action

Union membership and mobilisation remained low. Many individuals claimed that they were not members of the union because they hadn't given the issue much consideration, felt it to be an admission of wrong-doing, or an inability to resolve issues themselves:

To be honest with you I've not thought about it. If I've got an issue I just take it to my manager and have a conversation about it, adult to adult. That, to me, is the best way to resolve things. When I worked in the office, someone did bring their union rep in to speak on their behalf, but it's not something I've really looked into, or had the time to look into. I just go about my business. It's not something people talk about. I know some of my colleagues are union members, but I've never followed up on it [Front-Line Worker 5].

A number of participants gave similar responses, often citing a lack of information or point of contact to the union. Equally, having time to do so was commonly identified as a factor. Those who had worked out-with the voluntary sector felt this to be at odds with their previous experience:

I'm not in this job, and I'm quite ashamed to admit that but I've not even had time to think about it really. Previously with the NHS I was and I need to look into that, you've reminded me. I don't know anybody here that's in a union or never heard any speaking about it at all. I don't know even what union they're in [Front-Line Worker 1].

Service Manager 1 echoed this sentiment:

I think it's difficult because of the physical fragmented nature of work, people in different places and moving around a lot. It's often a tricky one. In some ways I feel for unions because they can't really get people together in the one space to talk to [Service Manager 1].

PDO1 did not recognise a union; several interviewees said they were unsure if PDO1 did so, and two incorrectly stated they did. Front-Line Worker 2 said they wouldn't consider being a member of a union because "I think I might be seen as a troublemaker." Several interviewees went to great lengths to convey being unknowledgeable about trade unionism, and furthermore, having no need to be.

Often interviewees would position being a union member as prioritising their own needs over that of their service users, which could diminish the potential for ethical reward, and unbalance ideological elements of the psychological contract. PDO1's HR Manager discussed the possibility of running "worker forum" style meetings, but this was not yet active during the time the case study took place.

7.7.2 – Withdrawal of Goodwill

While allusions were made to the possibility of a withdrawal of goodwill, no incidences were reported to have actually impacted work. The reason most commonly given was that employees' commitment was primarily to their service users, service user group, or colleagues, and to cease OCB, unpaid overtime and donative labour would negatively impact these parties considerably. Furthermore, many of the issues which prompted this discussion were felt to be out-with the organisation's control, and as such, they could not be persuaded to make amends by action of this nature.

7.7.3 – Intentions to Quit and Turnover

Turnover has been steadily increasing within PDO1, which has significantly exacerbated recruitment difficulties. Several participants had handed in their notice and were working their notice period at the time interviews took place, and several more intimated that they were considering doing the same. Two workers had already secured work out-with the voluntary sector. Front-Line Worker 4 said the "stress and responsibility," which had grown considerable during his tenure, was the primary reason for this decision. This was the case for a number of other interviewees, who identified a lack of management and a devolving of additional responsibilities to front-line workers as the main deterrent: "When I first started, the manager had just left. They brought in a new manager, and she just couldn't

cope. They don't seem to have the structure. People come and go because the people that they have are overworked," [Front Line Worker 2]. Not only had management delayering led to increasing turnover amongst front-line workers by significantly intensifying their role, it also created a situation where a lack of team-leader roles left little room for progression:

If I'm honest, I'm not intending to stay here forever because [...] I've got aspirations to do other things, and there's nowhere to go in this organisation. Much as I care about [service user] I want to do something where I've got more prospects [Front-Line Worker 1].

One interviewee spoke of a front-line colleague who had applied several times to be a manager, but ultimately due to lack of team-leader experience, was passed over for promotion:

She went for all the interviews. She went for an interview about a year ago and they said "No, we'd rather you had this qualification", so she went away and paid for the qualification herself. The position came up again and they didn't give her it, even though she'd got the qualification, [so] she left. She's doing something completely different [Front Line Worker 2].

As described above, at least two participants left not only the organisation, but the sector, as a direct result of these interconnected pressures. Two other interviewees suggested they were considering doing so, and several others gave examples of colleagues in this position.

7.8 – Chapter Conclusions

This chapter has presented findings from the third case study, which took place in physical disability organisation. It began by explaining both the impact of austerity

and personalisation on service provision, organisational strategy and operational decision making. It then illustrated the corresponding changes which took place to the employment experience, through factors such as terms and conditions of employment and work intensification. The final sections focussed on the workforce response to these changes, detailing the impacts of change at individual level through the voluntary sector psychological contract, and collectively through emerging tensions in the social order.

Despite a significantly lower proportion of service users being eligible for SDS via control of their own finances due to issues concerning ability, the organisation is still subject to the same NPM-driven intensification that is present in other case studies. The legacy of austerity persisted in constraining service provision, and in doing so, undermined personalisation's goals of choice and empowerment. In consequence, a continuing balancing of cost versus quality determined organisational strategy, which is largely ad hoc and pragmatic. This means that, while the influence of the customer was present, it is limited. Tools to capture customer feedback were in place, but were described as being a means of demonstrating personalisation to funders, rather than being driven by attempts to empower service users. That said, the apparatus to target workers via service user feedback was now firmly in place.

The organisation has undergone a restructure, premised around SMTs, which were introduced despite mixed reactions to its pilot scheme. This has resulted in responsibilities such as sickness and holiday resourcing being devolved to front-line workers. An increase in short-hours contracts over longer ones results in workers spending more time travelling to and from work, which they were not paid for, and were expected to use to complete paperwork. Due to the prevalence of short-hours contracts, many interviewees worked across a number of teams, making resourcing issues associated with SMTs particularly difficult.

At an individual level, transactional breaches in the psychological contract were evident due to a four year wage freeze, and the shift from a 37 to a 39 hour week. Missed opportunities for training, appraisal and supervision rarely resulted in breaches or violations of the psychological contract, primarily because employees seldom knew their entitlement, and regarded these as a distraction from face-to-

face care. Challenges associated with personalisation, particularly those which served to negatively impact service users, were met by repeated ideological breaches. The fact that issues pertaining to public policy and austerity were out-with the organisations control often prevented outright violation, but the perception that the organisation could not protect workers or service users from the worst excesses of financial cuts meant breaches often went unresolved. As ideological elements of the psychological contract tempered reactions to breaches, and violations were rare, the disruption experienced by service users was limited to non-existent.

These issues manifest themselves collectively as tension in the social order, particularly the persistence of customer-oriented norms, which are ill-suited to the vast majority of service users, as they are seldom in control of their own finances. Also of particular note were issues of intensification, which participants described as having predated austerity and personalisation. A reduction in organisational-citizenship behaviour and opposition to SMTs was observed, via lack of participation and willing negotiation. However, a compulsion to ensure adequate standards of care for service users meant that unpaid overtime persisted. The emphasis on ideological elements of the psychological contract can be seen to limit employees ability to outwardly object to breaches for fear of appearing unethical self-serving, which ceases to be a concern when employees leave the organisation. In consequence, the response to these tensions was overwhelmingly individual rather than collective, and is observable via increased turnover, which necessitates almost continual recruitment. There was no evidence of a withdrawal of goodwill, and no increase in trade union participation or mobilisation took place.

CHAPTER 8 – FINDINGS FROM CASE STUDY 4

Housing Organisation

8.1 – Introduction

This chapter presents findings from the fourth case study, follows the same format as the previous findings chapters.

8.2 – Profile of HO1

The fourth case study was conducted in a large Scottish housing organisation, operating across seven different local authorities and employing over 300 staff, which from this point onwards will be referred to as “HO1.”

The organisation’s business is split between housing, through which it provides homes to over 1,200 tenants, and care, through which it provides support to over 1,800 service users. It caters to include individuals and families who have learning disabilities, mental health issues, brain damage, or who are experiencing or are at risk of homelessness.

HO1’s website is explicit in stating that the majority of their business is derived from local authority funding, and makes repeated mentions of “customer focus” and “customer satisfaction”. Also available on their website are “easy-to-read” guides to personalisation and SDS, directed towards specific types of service user. Those who volunteer to assist in SDS activities are given the opportunity to review organisational policies, participate in recruitment, and share their own experiences with other service users as a means of explaining the process.

In January 2014, HO1 became part of Scotland’s leading housing, care and property-management group, referred to from this point onwards as HousingConglomerate. Including HO1, it is comprised of six Registered Social

Landlords (RSLs), a care organisation and two commercial subsidiaries, operates across 17 local authorities, and caters to 200,000 service users. HousingConglomerate stresses that the “partner organisations” which comprise the group are individually rooted in their local communities, but are better positioned to serve their “customers” due to the economy-of-scale benefits of their combined association. They operate a 24/7 customer helpline 365 days of the year, and describe themselves as “rewriting the book on customer service.” HousingConglomerate also offers an internal support service, staffed by 570 workers, who provide assistance to the group’s partner organisations.

8.3 – The Impacts of Austerity and Personalisation

8.3.1 – The Impacts of Austerity

The impacts of austerity were initially severe for HO1, eventually prompting a restructure which spanned 2012-13 and involved management delayering. This necessitated the redeployment of some individuals, and the voluntary redundancy of others. Due to income from service users via rent, HO1 had in some respects a relatively stable income, but fluctuations in care funding created instability which proved unmanageable: “The housing side was doing really, really well, but the care side was getting more and more strapped and [had] less and less money,” [L&D Manager 2]. In 2014 the organisation became a partner in HousingConglomerate, which represented a significant change in circumstance. Senior managers reported that the financial security associated with “coming under the umbrella of HousingConglomerate” has been a considerable relief [L&D Manager 1]. Service managers were keen to point out that terms and conditions and associated benefits have improved greatly, and that the organisation as a whole, and employees as individuals, have been “really fortunate” [Service Manager 2]. Some interviewees even speculated that without HousingConglomerate’s involvement, HO1 may not have survived:

I think HO1 would have been eaten up [...] We maybe would have struggled to get on the framework because we wouldn't have had that kind of backing behind us. We wouldn't have had the money to invest in the IT stuff. We've now got a training academy. Yes, HO1 had a fantastic reputation, but that'll only hold you for so long [Service Manager 3].

In consequence of HO1's new relationship with HousingConglomerate, the adverse effects of austerity have been significantly lessened from 2014 onwards. This includes a bolstering of the ability to secure funding contracts, improving HO1's position in the recruitment market, improving T&Cs for workers, and providing additional resources for areas such as training and development. L&D Manager 1 noted that: "Obviously we don't have a bottomless pit [of money], we've got to be careful and try to be creative."

HousingConglomerate's involvement has had a pronounced impact on HO1's finances, as can be seen below in figures provided by OSCR. Their financial activity is detailed in relation to their care and housing activities separately.

Figure 8.1 – Care Finances – Income and Expenditure Graph, 2012-2016.

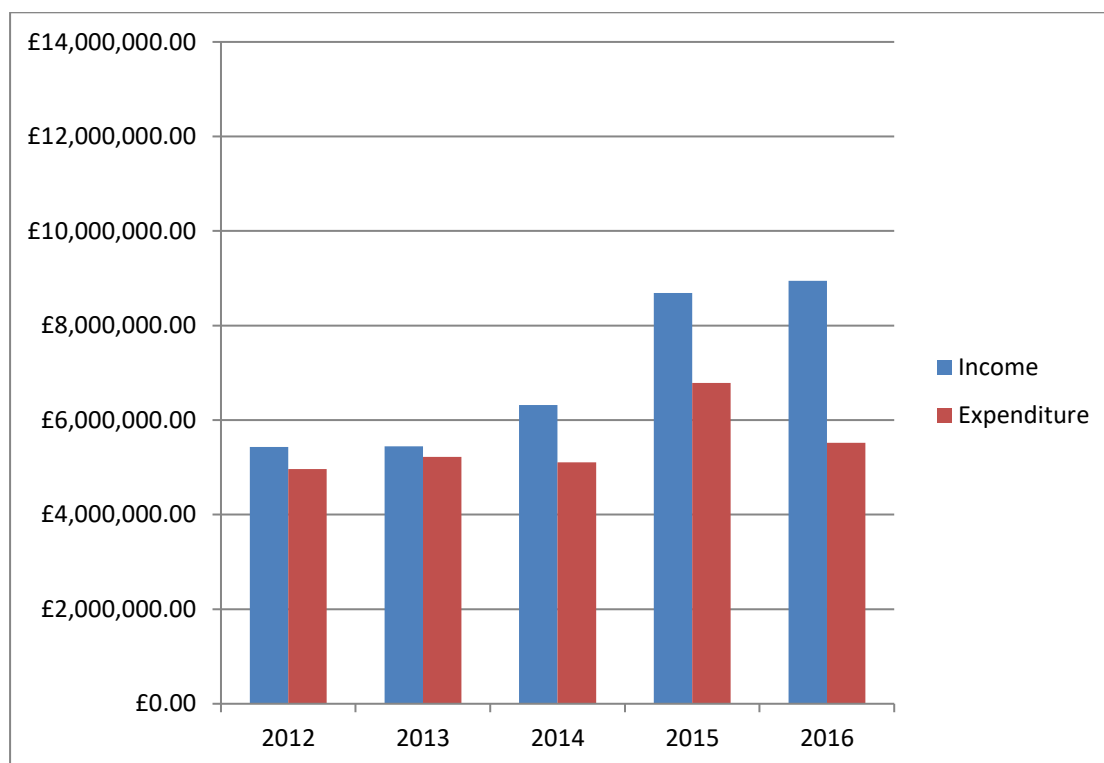


Table 8.1 – Care Finances – Income and Expenditure Table, 2012-2016.

Year	Income	Expenditure
2012	£5,432,772	£4,965,378
2013	£5,448,396	£5,222,455
2014	£6,319,000	£5,105,000
2015	£8,686,000	£6,787,000
2016	£8,948,000	£5,519,000

HO1's income was at a steady level prior to 2014, but after entering into partnership with HousingConglomerate, rose significantly in the first year by £870,604. The subsequent figures for 2015 and 2016 are particularly striking – the period from 2013's pre-HousingConglomerate figure to 2016 saw growth of £3,499,604, which is a 64.2% increase over three years.

Figure 8.2 – Housing Finances – Income and Expenditure Graph, 2012-2016.

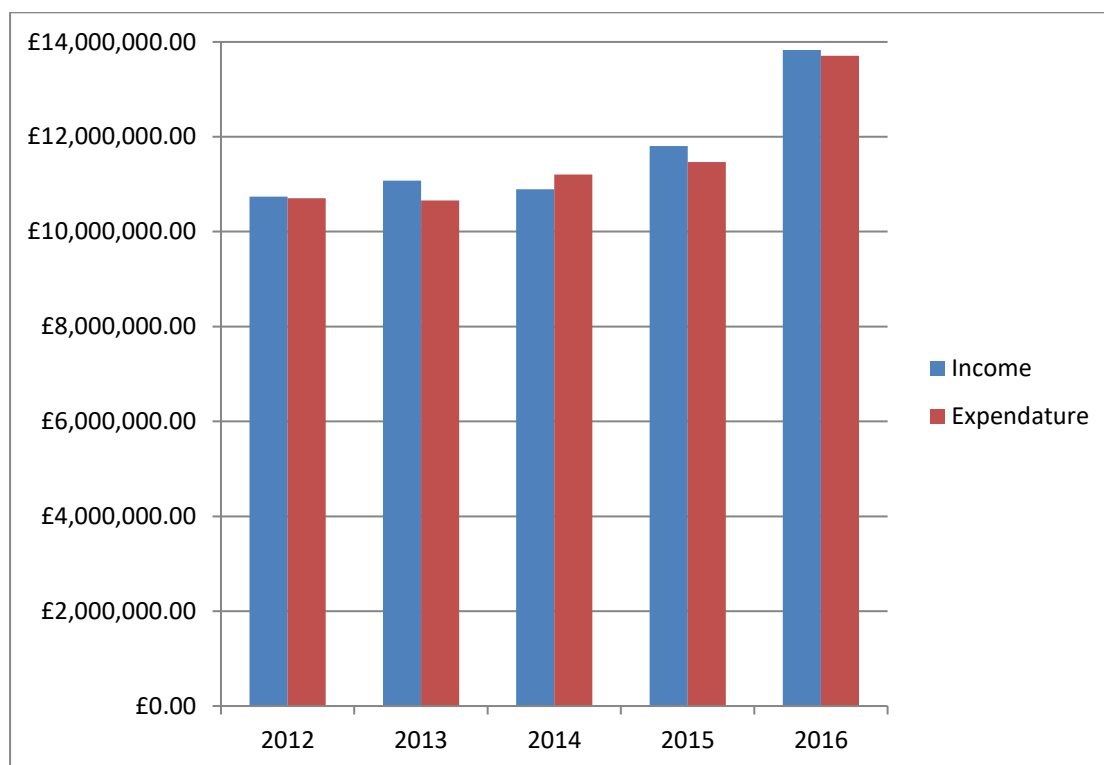


Table 8.2 – Housing Finances – Income and Expenditure Table, 2012-2016.

Year	Income	Expenditure
2012	£10,737,057	£10,702,000
2013	£11,078,240	£10,658,467
2014	£10,896,000	£11,205,000
2015	£11,802,000	£11,465,000
2016	£13,827,000	£13,710,000

As can be seen, their housing operation also saw a steady and pronounced increase upon joining HousingConglomerate. In 2014 expenditure exceeded income, but this was remedied with significantly increased funding in the two years which followed.

Becoming a partner with HousingConglomerate has resulted in a number of significant structural changes for HO1. In the 2012-3 restructure the majority of team leaders were removed, and deputy service manager roles created for services large enough to require it. The deputy service manager role was removed entirely, and a number of employees above the front-line level had to re-interview for their jobs. HO1 also adopted HousingConglomerate's internal computer systems and intranet, and merged their online and social media presence.

8.3.2 – The Impacts of Personalisation and Self-Directed Support

The intensity with which personalisation is promoted and enforced varied significantly across different local authorities, as did the extent of budget cuts. Several senior managers reported that, since joining HousingConglomerate, securing a place on local authority preferred supplier lists has been considerably easier, but financial cuts still impacted service users. One felt these changes would reach all areas eventually:

Learning disability services didn't get reassessed through SDS as quickly in this area as they did when I was at Whiteinch certainly [...] Glasgow Council were very brutal with the hours. Falkirk Council haven't been like that up until recently [...] Grangemouth on the flipside of that, we haven't had that level of scrutiny yet. It will come [Service Manager 3].

The notion that Glasgow was particularly badly affected by cuts was referenced by numerous interviewees, with one noting: "They're quite open about that, and a lot of the other local authorities have been honest about how they have learned from what Glasgow did [...] The approaches have changed now," [Personalisation Ambassador]. While SDS had been tested prior to its full roll-out, these pilot studies did not involve as large or densely populated areas, and the deep cuts introduced

were found to have unforeseen outcomes with regards to their impacts on services and service users. One interviewee described how different local authority approaches to personalisation obstruct uniformity of practice for organisations:

I've been to numerous meetings and they spent lots of time deciding that they wanted to see how other local authorities dealt with it. They wanted to pick the best of each. I'm sitting there thinking, but I'm sure it's legislation and you can't just decide what bits you want to pick and what bits you don't [Service Manager 3].

While variance within SDS's options exists, the vast majority of all service users catered for by HO1 are now on a distinct personalisation-styled provision. This shift has been gradual, as increasing demands for flexibility meant HO1 often had to refuse contracts:

Now, I would say the majority are [on SDS]. If you'd asked me that in February, it's probably been minority because here was still block funded. But now they've all been changed over to SDS [...] We had to say no for such a long time, 'cause we just didn't have the staff to do it [Service Manager 3].

HO1 have secured three years funding for the new role of Personalisation Ambassador, designed to facilitate the implementation of personalisation. The individual in this role was originally a ZHC worker while studying at university, who then went on to become a contracted support worker, before being appointed as Personalisation Ambassador. The primary function of this addition is to support senior managers who design HO1's strategic approach to personalisation by communicating options with service users. Additionally, this removes requirements for front-line staff to discuss options with service users, and avoids the pitfalls of their being compelled to offer advice.

While personalisation has brought significant challenges to HO1, several senior managers discussed personalisation as an opportunity for growth:

I just see it as a great opportunity for our organisation. They haven't looked really too much in the past about developing and growing. It's a huge market there now and it is a market and you've probably got to approach it as well, you know, how do we make ourselves ready for that market and that opportunity? That's why obviously these booklets and stuff were made up. We had [Personalisation Ambassador] in place before the SDS actually became law so they were doing bits of work already before it kicked in, so they were trying to keep ahead of the game [L&D Manager 1].

This position may be due in part to HO1's relative financial security. Whereas several years ago the combination of personalisation and austerity necessitated restructure and redundancies, since joining HousingConglomerate, a surplus of funds has allowed for significant investment in personalisation. It was also suggested by senior management that the more widespread SDS becomes within HO1, the greater the economy-of-scale savings could be made at an organisational level.

While personalisation has increased choice and control for HO1's service users, it has also coincided with an increase in fraud perpetrated against them:

What I would say though is, there is negative aspects of SDS and personalisation. [...] There has been accusations, family stealing money and all that sort of stuff. Not long after I started here, there was approaches made by a daughter to find out how much this woman was getting in benefits, and to find out if she could become this woman's carer [...] She's not got the best of relationships with her mum, but if she re-established a relationship and was coming out to visit all the time and was saying to her mum, look, I could take over this aspect of your support, I could take over that aspect of your support, all you need to do is you sign up and say that you're wanting control of your money that's provided for your support, and then you give it to me and I'll use it for that [Front-Line Worker 5].

Several interviewees made reference to another incidence in which a service user's funds were misappropriated over a period of years; the worker in question had been

dismissed, and a court case was pending. The high profile nature of these examples had clearly affected many interviewees, who were particularly cautious when discussing financial control and accountability. It was felt that the checks and balances in place were largely the responsibility of social work, and that ongoing problems could easily persist without discovery.

8.3.2.1 – The Dual Imperative of Personalisation – A Guise for Hiding Cuts?

Perceptions of personalisation were largely underpinned by an ideological agreement that increasing choice and control for service users was in their best interests, but in many instances, interviewees described the practicalities of this as being undermined by the simultaneous attempt to cut costs:

I see personalisation as a really positive move forward for individuals, especially coming from an SDS module that we provide [...] But I wish that they would back it up with the money side of it. It's quite sad to see the people's lives are about money, and about how much they cost the government [Service Manager 2].

Some interviewees, including HO1's Personalisation Ambassador, felt that personalisation's reputation of being driven by cost-cutting was down to its being introduced into the immediate aftermath of the 2008 recession:

When it was rolled out, it just coincided with a lot of the cutbacks that were coming in, so right away then people were on the back foot, looking at it with a negative perspective. That was quite challenging, because on the one hand you've got this amazing legislation saying 'choice and control' and 'a really exciting opportunity.' But then, people were connecting it with cutbacks, and 'is this the reason we're doing this?' Whereas it was just bad timing.

Interestingly, this same interviewee did go on to note that transitioning to personalisation service provision often did involve budget reductions for individual service users:

That was quite difficult initially, but there's also a lot of opportunity there, and gradually people have seen the opportunities, whether you class it as cutbacks or just different assessments, because people are realising maybe they don't need the level of support that they had [at] first.

In comparison to other case studies, fewer interviewees identified funding cuts as an immediate problem, and instead, saw it as an inevitable outcome of personalisation at policy level. The vast majority of interviewees were explicit in stating that they felt this outcome, while inevitable given the context, was unintentional.

8.4 – Organisational Responses to Impacts of Austerity and Personalisation

The following section will present organisational impacts of the aforementioned pressures, focusing firstly on changes pertaining to policies and procedures, secondly terms and conditions, and thirdly work organisation, as summarised on the following table:

Table 8.3 – Influence of the Customer and Austerity on HO1.

		Influence of Customer:	Influence of Austerity:
Policies and Procedures:	Recruitment and Selection	Yes	Yes
	Appraisal and Supervision	Yes	Yes
	Training	Yes	Yes
	Induction	Yes	Yes
Terms and Conditions:	Wages	Yes	Yes
	Pension	No	Yes
	Sickness, Absence and Holiday Entitlement	Yes	Yes
	Travel and Travelling Allowances	Yes	Yes
Work Organisation:	Working Time	Yes	Yes
	Working Beyond Contract	No	Yes
	Intensification	Yes	Yes
	Relief Staff and Zero-Hour Contracts	Yes	Yes
	Self-Managed Teams	No	No
	Administrative Issues Concerning Personalisation	Yes	Yes

As opposed to previous case studies, each influence described here has exerted itself to a greater or lesser extent at different times; HO1 felt the negative effects of

austerity prior to joining HousingConglomerate in 2014, and while it was alleviated at this point, the belt-tightening practices developed during this time persisted. Furthermore, in order to fit with HousingConglomerate's existing approach, customer-norms increased significantly. While customer-oriented norms can be observed in all but two of the above areas, they were not regarded as being as detrimental to HO1's operations as in other case studies, primarily because the security afforded by HousingConglomerate meant this did not determine organisational stability. Rather than customer influence stemming directly from service users, customer-oriented norms were adopted by the organisation as a means of demonstrating involvement with personalisation, and so HO1 cannot be described as a COB.

8.4.1 – Changes to HR Policies and Procedures

Service user involvement has become a prominent feature in HO1's recruitment process. The organisation employs a Personalisation Ambassador, whose role it was to promote personalisation among prospective and existing service users. He identified recruitment as one of the key policies adapted towards personalisation-based service, noting:

That's something we've been looking at significantly over the past couple of years, and that's so people we're working for have a real say over who is employed, not just tokenistic, but having a real influence. We've been developing and running staff workshops where people tell us who their ideal staff member is, what their qualities are. They are almost drawing their own individual person spec [and] that's used when we're short listing candidates and when they come along to interviews [...] Looking at the actual policy, the recruitment policies within HR, [we're] taking it as far as we can possibly in terms of people being involved.

Service user involvement was described primarily as a means of satisfying customer-norms associated with personalisation, but also as a means of “road-testing” relationships and ensuring an individual fit in order to avoid repeated rounds of recruitment. Service Manager 2 commented:

It’s more important, I think, than the actual recruitment process, the interview that we do [...] We’d one individual who fed back, who’s got a really, really broad Irish accent, who was [interviewing to support] somebody who had very limited English skills, and he said, how can she support me when I can’t understand her and she can’t understand me.

One manager noted that, due to poor candidates and low attendance rates for interviews, recruitment was an arduous and often fruitless process:

Recruitment and selection I think is one of the most soul destroying things we ever do. We plan, we put an advert out – you maybe get 18 people reply [...] and then people don’t turn up, and don’t phone you and tell you that [...] We actually found out that people who are out of work, as long as they’re seen to be putting application forms in, they don’t have to fulfil the whole process to still get your benefits – as long as you put an application form and seen to be looking for work, it doesn’t matter if you don’t turn up. That’s soul destroying. It’s really difficult [Service Manager 3].

This was found to be the case particularly for entry-level jobs. Whereas in previous years, use of agency workers had been relatively common, it is now sporadic if present at all.

HO1’s induction process has remained largely unchanged, but now has an additional component explaining HousingConglomerate’s history, and the relationship between the two organisations. This is intended to instil shared values whilst reducing confusion for workers:

For new staff just coming in they think, ‘Right, I don’t know – who is it I work for?’ So it’s about showing that we are an individual organisation, and we’ve got our own identity, but we are part of this bigger group going forward. So again, sharing resources [...] Even just probably the structure that the HousingConglomerate’s got compared to maybe what we’ve had previously when it comes to getting tenders and stuff in – we’ve probably got a lot more people that can be involved with a lot more expertise [L&D Manager 1].

Prior to HousingConglomerate’s involvement, training was described as bearing the brunt of operational cuts: “We’ve had an awful lot of cuts in the training department - training is always the first to go, isn’t it?” [L&D Manager 2]. Upon HousingConglomerate’s involvement, cuts ceased and investment in training began once more, but not to the same extent as pre-austerity levels. External training was prioritised as it could be brokered more cheaply due to economy-of-scale benefits associated with HousingConglomerate’s size. Several service managers identified this type of training as problematic, as workers had to travel to the central Glasgow office to participate, which often meant extensive journeys which were costly and time-consuming. E-learning is a large part of both induction and ongoing training via requirements to demonstrate continuing accreditations. Time spent shadowing colleagues is categorised as training, even though it involves no new skills as such, but rather getting to know a new service user, and their individual needs and preferences.

Service user feedback was used in appraisal, but more as a signifier of wellbeing rather than a measurable goal for workers. Targets tended to be based on service user outcomes, but there was no penalty for non-achievement. For front-line staff, quarterly supervision often had to be re-scheduled due to the needs of service users, but interviewees reported it always took place eventually. Front-line workers also spoke of guaranteed “protected time” which they could request when needed. For promoted staff, this regularity was less likely, but informal alternatives remain. This is due primarily to time constraints, and also continual movement within the organisation:

It's been fairly difficult for me the past couple of years. I had an appraisal about two years ago and that's absolutely fine by me. I think two yearly is fine [...] Certainly it should be yearly but I haven't had one, but then to be fair I've been between managers for a couple of years. I've been getting ad hoc supervision whenever I need it [...] I got my supervisions but they were informal [L&D Manager 2].

Requirements for conducting and reporting appraisal and supervision have increased for service-level managers considerably, especially since joining HousingConglomerate:

Performance management [has] just become my life. We have to report back on performance constantly to HousingConglomerate. They want to know. Their deadlines are horrific. They have very, very tight schedules now since we moved to HousingConglomerate, about getting returns back and they're always monitoring performance and we get audited for everything. We're getting an audit in June, which is a five day audit on the two services. Basically they just come in and rip you to shreds. Yes, we know that things should be done, but sometimes people take over, there's a crisis happens or somebody's unwell. I'm sorry, but I can't do that because I'm dealing with a person and I think that is a hard thing from our move to HousingConglomerate – they're very much housing association. We're the first care provider they've ever [had]. I don't think they get care [...] the sad thing is that our senior managers seem to be buying in to the whole HousingConglomerate thing and they're taking that step away from what I would call reality [Service Manager 3].

As can be seen, while these practices may be commonplace for a housing-only provision, they may be at odds with the care side of HO1's service.

8.4.2 – Changes to Terms and Conditions

Fourteen months after joining HousingConglomerate, HO1 began paying the Scottish Living Wage. Prior to this, there had been no wage rises in recent years, although the organisation did award Christmas bonuses:

It was a fantastic move because I think for a care organisation it's about saying "we're here to support people and do the best things for individuals that we support we should also be doing that for our staff" [...] This year was the first year that they've had a pay rise in three years. So as well as people getting brought up to the living wage, everybody else was given a one per cent pay rise which some people might not say is much but, you know, if you haven't had one for three years and the fact that some people [elsewhere] still aren't getting pay rises, then I would say it was good [L&D Manager 1].

No enhancement was made to the pension package, and move towards auto-enrolment was described as relatively smooth.

Accompanying the process of de-registering care homes as a means of better accommodating personalisation's requirements for flexibility, HO1 had removed sleepover shifts. Sleepover shifts can represent a sizeable part of front-line workers' income, so the removal represents a considerable saving as well as a reconfiguration of the type of care delivered.

Managers reported that sickness is not managed more strictly than it had been prior to joining HousingConglomerate, but noted that payment for sickness is reduced:

"That changed through austerity and things like that. If you have two or more sicknesses in six months [you're] not paid for the first three days now," [L&D Manager 2].

Employees are not required to arrange cover themselves, and instead managers telephone their own team-members who are not on shift, or other local services to see if replacements are available. In particular geographical areas, sickness was a considerable issue:

The whole of the Falkirk/Grangemouth area had [higher levels]. My sickness was sitting at 22% at one point; your budget is 3% [Service Manager 3].

Where this occurred, differences in culture were identified as the cause. Particularly, more urban services which tended to experience higher turnover also experienced higher than average levels of absence.

Holiday are arranged at designated annual leave meetings, and are discussed and updated at team meetings. Where conflicts arise, workers are expected to negotiate amongst themselves based on need. Managers described their role as more coercive than authoritative, and said there has been no change in the way this process is managed.

Despite claims that workers remained eligible for petrol mileage providing they register their car with the organisation and provide regular receipts, managers and frontline staff reported that uptake of this feature was low. Out-with this, a considerable amount of additional benefits have become available within HO1 since joining the HousingConglomerate, such as money towards dentist (£100 annually) and optician (£200 annually) treatment, a £250 bursary for driving lessons, subsidised gym membership, a cycle-to-work scheme, and general store discounts. By virtue of its size, HousingConglomerate is able to secure benefits which are not available to the same scale in other social care organisations:

8.4.3 – Changes to Work Organisation

Changes have taken place with regards to working time to bring HO1 into line with HousingConglomerate's terms and conditions. The working week has been increased

from 35 hours to 37.5 hours, and certain shift-patterns have been removed or replaced. Senior managers noted that workers terms and conditions are not protected in the same manner as they would be had staff be TUPE'd to another organisation, but rather have been altered to fit with an overarching way of doing things. Changes to working time were also explained as being driven by a desire to accommodate service user preferences:

Working times and shift patterns has become really flexible. There's an increase in part time contracts, an increase in split-shifts and changes, not as many sleepovers and things like that, so it has been changed. Shift patterns as well, they're changing, there's a lot more flexi-time working to suit people [Personalisation Ambassador].

Service Managers encouraged workers to take breaks as they are not paid for this time, but acknowledged this was not always possible, and additionally, noted that they often felt unable to enforce this as they were seen to regularly work through breaks themselves. Staff on early shifts tended to work unpaid overtime at the beginning of shifts so that transition to the next employee was smooth.

Intensification was reported to be increasing in all areas, particularly for service managers. Specifically, increasing paperwork and form-filling were identified by workers at all levels as particularly problematic. The de-registering of certain services as care homes deskilled workers via the type of task they were allowed to perform. A compulsion to please service users due to personalisation-inspired requirements to secure business, and additionally also to secure favourable service user feedback for appraisal and supervision, reduced workers opportunities to exert discretion and the ability to challenge unhealthy behaviours.

Levels of ZHC staff fluctuated dramatically within HO1. Some workers welcomed ZHC staff because it reduced dependence on agency staff: "I think it's a positive for us [...] If we can build a big enough relief pool, we won't need to use an agency. Their costs are horrific," [Service Manager 3]. Several individuals noted that agency workers often went on to become registered as bank staff, thereby reducing

costs for the organisation and increasing the probability of shifts for the worker. Interestingly, understanding of the term differed considerably.

8.5 – Employee Perspectives on Change and the Psychological Contract

8.5.1 – Why People Join HO1

The demographics within HO1 depict an extremely varied workforce. Interviewees' length of service ranged from less than a year to 21 years. For some it was their first sector role; others reported having worked in the voluntary sector for between 25-30 years. Those who had worked elsewhere had varied backgrounds, including nursing, building, roofing, engineering, foundries, factories, call centres and the civil service. A number of workers came directly from college or university, partially due to the fact that HO1 takes students on placement as part of their degrees. Fields of study included psychology, psychiatric nursing and social care. Some reported being recommended by a friend or existing worker. Several managers were promoted from within, with one even beginning on a ZHC. All front-line or service-level employees who had been with HO1 for more than two years had worked in more than one role, or at more than one location.

Several interviewees described caring out-with paid employment, typically for family members:

I've probably been a carer from the age of 12 in my own family. I had seven children that I looked after and brought up and I had my mother-in-law staying with me. She had severe dementia and she stayed with me for seven years until we got to the stage she had to go into a home. Then my father had Parkinson's, and he had cancer and I looked after him as well. So probably the biggest majority of my life has been in care, in family, and then

transferring these skills that I've built to come into care, you know, officially, in a work place [Front-Line Worker 4].

A number of workers, particularly males, entered the social care profession after having been made redundant through deindustrialisation. Some individuals expressed concern that their mind-set was not attuned to voluntary sector ways of working, due to a lack of voluntary sector socialisation, having experienced employment in more target driven settings, and a perception that social care work is an "easy" option:

Whenever we had a change in the industrialisation in Scotland I think a lot of people felt, "I'll go and care for somebody, that's the easy option" and they've found out that actually no, it's not it's a lot more complex than you would understand [L&D Manager 2].

With regards to commitment, managers were much more likely to reference the social care profession or the voluntary sector at large as key motivating factors. Front-line workers, however, typically identified their commitment as being to the service user, both in relation to specific individuals, and in general. In their descriptions, managers were inclined to focus more on both the development of the sector and their own career progression, while front-line workers tended to be more focussed on service users, whose needs they negotiated pragmatically alongside their own. Service managers, particularly those who were promoted from within, exhibited traits common to both.

Whereas in other case studies, managers have expressed more commitment to the organisation, HO1's respondents were significantly less likely to identify this as a key motivation regarding their commitment. This could suggest that, due to joining HousingConglomerate, confusion over organisational mission has diminished the potential for perceptions of person-organisation fit. It is important to note, however, that interviewees did not speak negatively about HO1 or its position in the sector; they were merely less vocal in describing it as a defining reason for working, and indeed continuing to work, in the profession.

8.5.3 – Responses to Changes in HR Policies and Procedures

All front-line interviewees had been with HO1 for a number of years, and so unfortunately were unable to comment on recent changes to recruitment and selection. When redeployed or moving between services, several noted that they would informally meet service users. They were keen to emphasise that this was not an interview, but rather an opportunity to establish if the two parties would be able to foster a good working relationship.

Via buddying and shadowing, front-line workers contributed to the induction of new employees, and broadly agreed with management's assertion the process was comprehensive. Many reported that this had been the case prior to HousingConglomerate's involvement. Front-Line Worker 3 said his induction at his current service was very brief as he had worked at a number of services before, but this was before HousingConglomerate's involvement. Front-Line Worker 6 expressed concern that after returning to a service he had worked at years previously, he was offered no induction, and felt ill-equipped to cope with the changes which had taken place:

I spoke to the manager recently, I said, "you keep asking me to do things but nobody's showing me how to do them? Things have changed, people are under appointeeship, they've got financial folders and everything, we did it in a different way five years ago and it's all changed now, so how do you expect me to pick it up if you're not showing me?" I spoke to the manager, so she spent some time with me last week and we're going to work on it type thing so that I'm up to speed. I've been here for five months, I don't think that's good [Front-Line Worker 6].

This resulted in relational breach in the psychological contract for the interviewee as they had been placed in the vulnerable position of being responsible for service users without adequate training, and additionally also ideological breach, in that

they were concerned that the organisation did not better protect service users from the potential mistakes of un-inducted and ill-equipped staff.

Responses to training were mixed, with many interviewees perceiving a prioritising of basic skill certification and organisational values training at the expense of more bespoke training which related to individual specific service users directly. E-learning courses were noted to have increased recently. One noted:

I think financially they've cut back on the training now. We used to go to head office for training on a regular basis, but over the last five years maybe, its online training. It's still sufficient, it's still okay, but I think they've tried to cut costs. The training is still good, but I'd rather be sitting in a group of people, because you learn a lot there, you're not just listening to a computer talking to you [Front-Line Worker 6].

While employees did note that appraisal and supervision frequently had to be rescheduled, and sometimes was not performed at all, the reliability of protected time with managers was described as a comfort and was essentially used towards the same ends. Workers may not have identified lack of formal supervision as a breach of the psychological contract as their needs were met through other, more informal, means. As has been discussed, managers reported experiencing significantly elevated levels of stress in relation to monitoring the performance management of their workers; it is interesting to note that this issue did not impact front-line workers, to the extent that no front-line interviewees identified this as an area of concern.

8.5.4 – Responses to Changes in Terms and Conditions

Employees were pleased that HO1 now pays the Living Wage, but some reported feeling that this was long overdue. Several front-line workers described their wages as average for a social care organisation, but low for a housing organisation. Often,

workers were unclear on the specifics of their wages or pension, and did not identify uncompetitive rates as a particular cause of concern:

As far as I know, HO1 do pay the living wage, I think they brought that in before it became law [...] if they were going to give us a pay rise, everybody would be quite happy, but that's not going to happen. It's better paid than some other places within the care sector, so we're not the lowest paid, but we're not the highest paid, we're somewhere in the middle [Front-Line Worker 5].

The sleepover pay rate was a point of contention, with Front-Line Worker 5 asserting that it was a lower wage for essentially the same work, and with the stress-compounding factor of unsociable hours. Service Manager 3 acknowledged this issue, but noted that the de-registration of care homes meant the organisation was in the process of employing on-site wardens, who monitor several residences, and so remove the need for sleepover shifts. Workers made no reference to this, and so may have been unaware of the plan. This may be a future cause of transactional breach or violation of the psychological contract.

Workers appreciated that additional benefits had increased significantly since HO1 joined Housing Conglomerate, and regarded this as indicative of an attempt to demonstrate to workers that they are valued:

Since we got taken over – I shouldn't say taken over – *joined* Housing Conglomerate, we've got more benefits now than we had [...] I think staff appreciated that, you can pay somebody £400 a month, if they feel valued in what they do, that goes a big way. It's when you don't feel valued, you think, I'm just a number here, that's when problems can arise [Front-Line Worker 6].

The notion of feeling valued acted as a counterbalance to breach or violation, endowing the psychological contract with a 'resilience' to the effects of degradation. One of the most commonly discussed benefits was the 'cycle-to-work' scheme:

There's actually two of my colleagues got bikes through the cycle to work scheme. I'm not sure if it's HousingConglomerate or if it was HO1, but there's loads of schemes, employee schemes, discount schemes [...] I would say they are big on like promoting healthy working lives, for example, which the cycle to work scheme falls under [Front-Line Worker 5].

The idea that benefits were geared towards employee health and wellbeing was particularly compelling for many interviewees. It is noteworthy, however, that this participant is uncertain whether or not the benefits are a result of HO1, or their involvement with HousingConglomerate. This could speak towards confusion over the role of each organisation, and when viewed in relation to factors such as benefits pertaining to health and lifestyle, may create uncertainty in the psychological contract in terms of who workers do, or should, feel commitment and reciprocity to.

While HO1 do offer travel allowance for mileage driven, there are certain obstacles which put workers off from utilizing this benefit, such as registering the car with the organisation, providing documents, keeping track of petrol costs, and submitting paperwork to claim. Several interviewees cited the unpredictable and potentially unstable nature of the sector, high probability of funding contracts ending, and redeployment, as reasons for not making use of benefits such as travel allowances and pension schemes. For some interviewees, the availability of these benefits was enough to bolster ideological elements of the psychological contract; for others, they were perceived as token gestures.

Another of the more popular benefits, particularly among young workers, was the £500 bursary available for driving lessons. While management and the promotional literature did not make reference to it, there is an application process to access this benefit, and one worker described being rejected without explanation:

This is me going into my 11th year. I applied for a bursary for £500 for driving and I never even got a letter back telling me I wasn't to get it [...] I've applied for that twice and twice I've never had any word back [Front-Line Worker 2].

This interviewee also spoke of being awarded money to complete an SVQ and was unable to do so due to illness, and then being required to pay the funds back at a personal loss:

I became unwell with rheumatoid arthritis, I was diagnosed about four years ago, and it held me back from my SVQ, and I had to pay all that money back to the organisation, £1400, and then I had to go to college and pay another £400 to sit it because I needed it for my work, but because they told me that I might not be able to work in the project that I worked in because I needed to have that SVQ3, so I had to go and do that as well [Front-Line Worker 2].

Other interviewees made reference to this case or a similar one, suggesting that such incidences of transactional breach for an individual may cause ideological breaches or violations in the psychological contract for multiple workers, by damaging their perception of the employer.

8.5.5 – Responses to Changes in Work Organisation

One manager, while insisting that workers are encouraged to take breaks, acknowledges that there is not always sufficient opportunity to do so:

I'm never going to say never though, because I'd be sitting here telling you a lie if I did, because there is times where I don't get a break. I've been from meeting to meeting to meeting today, so there you go [...] I've not had a break, I've not even had any lunch today [Service Manager 2].

Service-specific changes to working patterns as a means of accommodating the new 37.5 hour week and fitting more generally with HousingConglomerate's broader ways of working has caused confusion and in some instances disapproval among workers: "We used to work a three on and five off, and now it's changed, it's a two

off and three off, it's like a nine day fortnight," [Front-Line Worker 1]. Several interviewees noted it that continual changes made it more difficult to keep track of their responsibilities and entitlements. Another worker commented:

I don't like all the different changes either, split days here, one day here, back for two days, back off, on – I don't like that [...] I've been off and back in for so many days. It's just crazy, the rota, none of us are happy with that [Front-Line Worker 2].

A large proportion of interviewees interpreted working beyond contract as a demonstration of increased commitment, but also as an indication of high satisfaction:

I come in here sometimes an hour earlier, and I can assure you, if you weren't happy at your job, you wouldn't do things like that. I've seen me staying one hour, two hours, later. I've seen me covering shifts where people maybe phoned in and I've actually stayed and worked right through a night-shift again to the next morning. The good thing about that is, it's not just me myself personally that does that, you'll find that 99% of the full staff are the same frame of mind [Front-Line Worker 1].

Interestingly, this interviewee makes no reference to the potential dangers of tiredness and lack-of-focus associated with working several shifts back-to-back, as described here. While this interviewee is keen to stress that this was by choice, others attributed it to socialisation and coercion: "It's just the way they've set it up [...] we were, kind of, told to do it," [Front-Line Worker 3]. The former statement is representative of a psychological contract bolstered by ideological elements, and so more ably equipped to tolerate transactional breaches; the latter demonstrates an individual feeling unable to object due to constraints of ideology. Where this 'resilience' is lost, the incidence of perceiving breaches of all kinds becomes significantly more likely.

Front-line interviewees reported rarely coming into contact with ZHC workers. It must be noted, however, that there was confusion among some interviewees with regards to what constituted a ZHC, and the differences between bank and relief staff. Workers typically commented on how familiar they or service users were with colleagues, and often did not know the contractual status of themselves and others.

8.6 – Emerging Tensions in the Social Order

The previous section explained how the changes to terms and conditions have impacted on the psychological contracts of employees at an individual level. Where breach or violation of the psychological contract took place for a significant proportion of employees based on specific issues, this collectively created tensions in the social order. This section will discuss the causes of these issues.

8.6.1 – Joining HousingConglomerate

As has been discussed throughout this chapter, reactions to HO1 joining HousingConglomerate have been mixed. While some referred to the relationship as a “partnership”, others described HO1 as having become a “subsidiary”, and several interviewees made reference to being “bought out” or “taken over.” Perceptions of job security had increased, but so had the organisation’s expectations of flexibility with regards to working hours, location and role. Workers attributed these changes to a program of assimilation into HousingConglomerate’s existing ways of working, rather than strategic responses to austerity or personalisation.

The key cause of tension relating to HousingConglomerate’s involvement seems to be confusion with regards to what changes they are responsible for, and why they have taken place. As has been demonstrated, HousingConglomerate have in part insulated HO1 from the more extreme elements of austerity, such as closures

and involuntary redundancies, and yet interviewees are much more likely to attribute funding shortages to cost-cutting by choice on HousingConglomerate's part, as opposed to being necessitated by austerity. Some workers, rather than feeling relieved by HousingConglomerate's relative power and stability, regarded its involvement with HO1 as yet another variable which could serve to impact their employment:

There's a lot of people that's worked with HO1 for a lot of years because it's been a good organisation. Why jump a ship when it's good to you? I think recently reconfigurations and people feeling a bit unsecure in their positions, and we know there's a feeling that these cuts have not stopped yet, so people are feeling less secure. So because they're feeling less secure, they're less committed, [and think] "Oh, I need to start looking for other jobs" [Front-Line Worker 6].

One move in particular which caused tension for workers was the decision to de-register care homes, which effectively removed sleepover shifts, in favour of personalisation-driven support packages, assisted by on-site wardens to respond to any emergencies. Many workers felt this went against the principles of personalisation in that it compelled service users towards SDS-style provision, rather than merely offering them the opportunity. Additionally, it intensified work considerably as staff felt compelled to maintain standards previously associated with SSSC registration:

As a worker, it feels [like] more pressure, and I think it's going to be even more so when the changes are started. There's three services, and we were three care homes. So now it's all SDS and it's basically it will be one service and they will be taking on new referrals. We were taken off the SSSC register in December because the care home has been dropped [...] We're trying to give the same level of support to the people we're supporting that we did in the past. Sometimes you feel as if you are chasing your tail because the pressure's on you [Front-Line Worker 4].

The reduction in service managers and the removal of assistant service managers created a situation where some front-line employees reported feeling less supported in their role, and less able to provide comprehensive support to service users. Due to the closure of care functions at certain services, some also had to relocate to Glasgow, or move down a pay-grade:

Initially people were [like] “oh, I’m not going to Glasgow”, but I guess when push came to shove, that’s what people did. They managed to keep their jobs but in a different service. I think HO1 tried really hard to accommodate people in that, people weren’t losing their jobs. If you didn’t want to travel to Glasgow, the only other option you had was to drop down to a support assistant [Front-Line Worker 6].

Others had to interview for their own jobs, and found the process extremely taxing, and detrimental to relational aspects of the psychological contract:

It’s stressful, you know people are going to be disappointed. I was lucky, I managed to “get the job” if you like, [but] you couldn’t really celebrate because you knew there were other people going to be disappointed, so it all had to be low key – it’s a stressful time [Front-Line Worker 6].

8.6.2 – Changes in Sickness Absence Management

The removal of sickness pay for the first three days of a second period of absence within six months was identified by several interviewees as problematic. This created transactional breaches in the psychological contract as it represented a potential loss of wage, and ideologically breaches, as it challenged perceptions of fairness: “It can be a lot of money. If you’re not fit to come to work, you’re not fit to come to work [...] you shouldn’t be penalised for being ill,” [Front-Line Worker 6]. One interviewee

described being unaware of this rule until receiving his wages and noticing the reduction:

I thought, “wait a minute, that’s reduced my pay quite a bit.” Could we not have liaised about that and say, could it be paid one day each month for three months? They could have spoken to me about it rather than just doing it. I thought that’s unfair. That part of the terms and conditions I’m not 100% happy with, that they can do that. When I worked with the council you’d six months full pay and six months half pay irrespective of the number of absences you had [Front-Line Worker 4].

This exert demonstrates that, while terms and conditions have improved considerably within HO1 as a result of joining HousingConglomerate, in comparison to direct employment by a local authority, they may still be perceived as falling short, and so breaches and violations of the psychological contract persist.

Front-Line Worker 2 spoke of having an ongoing medical condition which necessitated regular time off for appointments and recuperation. No agreement had been put in place with regards to how this should be managed. She was directed by her manager to a newly advertised role which involved discussing personalisation options with service users, but as the role involved extensive traveling and driving, she felt this was not a feasible solution. This gesture mediated the interviewee’s ideological breach, but left the transactional breach unresolved.

8.6.3 – Intensification

Both managerial and front-line interviewees reported an increase in pace and volume of work, alongside growth in the number of jobs ascribed to their role. Also prevalent was a particular upsurge in specific performance targets and indicators, and a corresponding rise in paperwork and form-filling. One interviewee articulated

this as a direct result of HO1's being compelled to become more business-like, at the expense of worker wellbeing:

Some manager somewhere is going to end up pulling their hair out, and that might be that we're putting too much pressure on them. I think a lot of it's been because obviously we've had to have huge cuts because of the costs. [We've] had to save money everywhere to try and make us competitive, I suppose. That's the sad thing, and it's probably the wrong thing to say, but I feel now that our [service users] are commodities rather than people, because it's the income that they bring keeps the business going. It's the new business that we bring in keeps the business going. I never ever spoke about 'business' or 'new business' or 'growing the business,' and that's very much about what we are now. It's about growing the business [Service Manager 3].

Several interviewees noted that this dynamic pre-existed HO1 joining HousingConglomerate, but that it had grown significantly since that point. Individuals attributed it to different causes; some said austerity, others personalisation, but all agreed that aligning HO1's pre-existing procedures with HousingConglomerate's had exacerbated performance management and paperwork considerably.

Despite HO1's financial position being substantially more secure than it had been prior to joining HousingConglomerate's, and also being on par with or more secure than any other case study organisation, front-line interviewees also attributed changes in working practice to financial cuts imposed on the organisation:

I'd say the things I don't like so much are all the cutbacks that I think they're feeling across the board, and I'm sure you've probably heard it a few times. You find you're having less time to actually deal with the person and more time having to deal with paperwork [Front-Line Worker 3].

In other words, HO1 are not immune to the sector-wide impacts of austerity, and the familiar predicament of workers having to sacrifice their own needs for those of their service users persists. For HO1's workers, this manifests itself in the completion of paperwork out-with working time, so that service users don't receive less support time:

For me, paperwork is important, but the service user is more important. There's a balance there between, 'oh, I can't do that because I've got paperwork to do.' Paperwork has become so important, [but] it's difficult to get the time to do it sometimes because your priority – or my priority – is the people we work for [Front-Line Worker 6].

As can be inferred from the above, the growing importance of paperwork can serve to undermine the importance of direct time with service users. Interviewees reported trying to share the burden between colleagues, but this too proved difficult:

I sometimes feel kind of stressed because I tend to put paperwork to the end of the shift. Sometimes I'm chasing my tail because I gave myself too much work, because if I see one of my colleagues is [busy] I say, 'right I'll do that for you.' Then my work's starting to pile up, then I've got a deadline, and then I'm chasing my tail [Front-Line Worker 4].

Other workers described completing paperwork during the remaining sleepover shifts:

Sometimes I leave some of my paperwork to when I'm on a sleepover. Say, after ten o'clock at night, it quietens down – I've brought my notes in, I've done all the bits and bobs that's expected of the sleepover person and then I'll sit and do my notes [...] It works for me because then it takes the pressure off me for the next day. If I carry it forward to the next day then different

scenarios could crop up, and then you're away chasing your tail again [Front-Line Worker 4].

This further legitimises the assertion that sleepover shifts are predominantly spent working, despite a significantly lower hourly rate than daytime shifts, and highlights a scenario where workers are incapable of keeping pace with their workload within working hours.

In parallel with this intensification of work, front-line workers faced a general reduction in access to managers. This is exacerbated by service managers often being responsible for multiple locations:

Helen who works here – she's the manager of four other projects as well [...] It's been more difficult, but I think a lot of the staff here are quite good at dealing with things on their own, and she trusts us to do that. She told us last year that that's the way things are going to be. I think now if you can't get her on the phone, just send her an email. But, aye, it's not the same. She used to be in the office all day every day, but now she's out and about like she is today [Front-Line Worker 3].

This leaves workers feeling less supported, and due to lack of formal appraisal, supervision and mentoring, creates a lack of scope for progression. This, combined with restructuring and delayering, can leave workers feeling there is nowhere to go:

When I first started here, in my supervisions and appraisals I've always spoke about [how] I wanted to be [promoted] to what would have been a full support worker [...] Before, there would have been opportunities, then we had the big reconfiguration, and there isn't as much opportunity presently [...] the opportunities are kind of reduced at this moment in time, but I have just recently done a six week acting up as a support worker [Front-Line Worker 5].

Where opportunities do exist to “act up”, they tend to occur around staff absences or organisational requirements, rather than as a vehicle for worker progression. In consequence, many workers find themselves looking for promoted roles or more suited hours elsewhere.

8.6.4 – Personalisation and Notions of ‘Customer’

As with all other case study organisations, HO1’s workers noted feeling uncomfortable with notions of ‘customer’, and felt it affected their dealings with service users:

I mean, if you’re dealing with a customer you’re basically selling them something, aren’t you? So it makes it sound more as if you’re trying to get something from them [Front-Line Worker 3].

The idea that workers are perceived as “trying to get something” from service users has strong implications on ideological elements of the psychological contract, in that by “selling them something”, the worker achieves a clear material gain which undermines the notion that their motivation is in any way altruistic.

Interviewees expressed concern that personalisation typically involved a reduction in hours for service users, in part due to cuts in funding, and in part due to a significant proportion of their allocated time being spent on paperwork and accountability:

I like the idea of it. I mean, on paper it’s a great idea, but it’s trying to get it to work so that it’s working and you’re not actually taking away from [service users], because you’re finding yourself spending less time with the individuals [...] Maybe time gets taken a wee bit away from them, but I suppose that’s just social work assessments that decides that at the time. I like the idea of

it, personalisation, but it's just that I think there's a lot of work to be done for it to be working for everybody involved [Front-Line Worker 3].

Front-line workers specifically felt that they were overlooked in the formulating of care packages, despite spending most time with service users.

Front-line and managerial interviewees alike touched upon the notion that changes in service provision are so complicated that service users struggle to understand the implications of the decisions they are now tasked with. Furthermore, the specific performance indicators unique to each contract mean there is little room for the reactivity often required of support work:

Some of the SDS packages can be so precise in what you have to give support and they find that then difficult if we're saying, "no, we can't do that." So that's another hurdle that you've got. I just think it's really difficult for [service users] to understand that it's not how it used to be. If you've been in the system for 30-40 years, all of a sudden now everything's changed and people are saying "no" to you and "you can't come and use the common room" and "you can't have a member of staff just whenever you want them, 'cause they're all out busy and they're running about, 'cause, you know, there's less of them. Their job's changed and they can't support you to do certain things because you really should be doing that on your own." That's difficult to tell somebody who's been in the care system for years and years [Service Manager 3].

Managers expressed concern that the complexities of personalisation do not only affect service users, but that workers too often struggle:

I think it's difficult to explain to [service users] because it is so complex. I mean, staff struggle with SDS [...] We've done roadshows and stuff but I think the staff, they've not fully cottoned on to what it is. I still struggle with some of the options. Social workers should be dealing with that [but] they expect us to be able to talk people through [Service Manager 3].

Workers are being asked to provide “more-for-less” in quantities previously unheard of, while simultaneously receiving less transactional reward via terms and conditions, and a lower potential for ideological reward via a growing undervaluing of their role, and the introduction of factors such as increasing accountability and notions of ‘customer’, which undermine their ideological motivations.

8.7 – Responses to Breach and Violation of the Psychological Contract

8.7.1 – Trade Unionism and Collective Action

Several front-line interviewees were members of Unite, who are officially recognised by HO1, but beyond basic membership, participation and mobilisation was low. Front-Line Worker 2 is a member, and used to be a shop steward in his previous non-care employment, but did not consult the union as he felt them to be unknowledgeable:

I don't work with the union here, because when I got in touch with them before in regards to all that carry on with the SVQ, the lassie didn't even know that she could come to me and get her expenses paid. I said, just forget it, you don't know what you're [doing], I don't want somebody like that to represent me.

Other interviewees confirmed that union presence was minimal: “I'm a member, but I've never felt like they've really done an awful lot [...] You usually just get a wee letter out. They don't come in,” [Front-Line Worker 3]. One worker spoke of having left the union due to their perceived lack of power:

I just felt like unions have lost their bite [...] I don't see unions being so prominent or involved in politics and so forth. If something happens at work they'd be there for you, but other than that, I don't see what they're doing [Front-Line Worker 6].

This interviewee also suggested that Unite may become involved in the issue surrounding no sick pay being provided for first three days of the second period of absence within six months, but was unable to provide any further information.

The notion that union relations were slow, fragmented and often unhelpful was also put forward by service managers:

As a support worker I contacted my union rep, and he never got back to me for three weeks [...] but I still stay with the union. [...] I've never really went to any of their meetings or anything like that. I don't really take a lot to do with them. I pay my dues, that's it [Service Manager 2].

Senior management, however, suggested a more involved role:

They're always involved in the renegotiating annual wage increases and any terms and conditions so the HR department works really closely with them which is good. Unite's the one they work with closely and recognise. They work with Unite closely to do with any changes that's happened which again, I have to say, has been quite proactive and appears certainly on the face of it to be quite a good working relationship between the two [L&D Manager 1].

The fact that front-line workers and service managers regarded union relations as less than satisfactory, whereas senior managers perceived communication to be good, could possibly suggest that the relationship is skewed towards management. Where senior managers had to consult the union as an employee, they had a similar experience other workers:

I was [a member] up until about a year ago and I cancelled it. I just felt that the unions really couldn't do anything for me. I've used the union in the past a couple of times and I felt that I come out of it the worst. Both times it was a really bad experience. I thought, what is the point in that? [...] There was a part of it that I felt that I wasn't being listened to, and there was part of it I felt that it wasn't explained to me in a way that I understand, because I felt that the union could have done more. They were saying to me, no, we can't, but they didn't tell me why they couldn't [L&D Manager 2].

So, while union membership was relatively high, participation within it was low. Despite significant tensions in the social order, membership was dropping rather than increasing, due to perceived inadequacies in relation to power and ability.

8.7.2 – Intentions to Quit and Turnover

HO1 had experienced increased turnover, but no interviewees reported considering leaving or looking for jobs elsewhere. This was attributed to improvements which had taken place due to joining Housing Conglomerate, and in consequence, a general perception that HO1 was as good a place as any to “wait and see” how the sector would change in the coming months and years.

Responses to tensions in the social order are examined here in relation to their observable consequences, i.e. increasing turnover, union membership and collective action; however, due to austerity, lack of opportunities elsewhere, and concerns about future employability, these factors only tell part of the story. The largest impact felt is the unobservable influence which these tensions in the social order exert on the internal workings of the psychological contract.

8.8 – Chapter Conclusions

This chapter has presented findings from the fourth case study, which took place in a care-providing housing organisation. It began by explaining both the impact of austerity and personalisation on service provision, organisational strategy and operational decision making. It then illustrated the corresponding changes which took place to the employment experience, through factors such as terms and conditions of employment and work intensification. The final sections focussed on the workforce response to these changes, detailing the impacts of change at individual level through the voluntary sector psychological contract, and collectively through emerging tensions in the social order.

HO1 was deeply affected by the initial effects of austerity, which prompted a restructure which spanned 2012-2013. This involved the removal of a layer of management, which necessitated the redeployment of some individuals, and the voluntary redundancy of others. Due to income from service users via rent, HO1 had in some respects a relatively stable income, but fluctuations in care funding created instability which proved unmanageable.

In 2014, the organisation entered a partnership with a larger provider, HousingConglomerate, which significantly lessened the negative impact of austerity from that point onwards. The move brought with it increased security, stability, and even growth – between 2013-2016, income relating to care rose by 64.2%. Additionally, HO1 now offers a significantly improved package of additional benefits for workers, including paying towards driving lessons, optical and dental appointments, gym membership, cycle-to-work scheme, and general store discounts secured via the economy-of-scale advantages associated with HousingConglomerate's size.

The onset of this relationship heralded a number of key changes for HO1. Primarily, the organisation had to adapt to HousingConglomerate's service level agreements, specific ways of working, and computer systems. Strategic changes, such as the de-registration of care homes and the move from a 35 to a 37.5 hour week, proved contentious among staff. Additionally, workers are no longer paid for

the first three days of the second incidence of absence within a six month period. The process of joining HousingConglomerate also involved some workers re-interviewing for their own jobs. Customer-oriented norms were visible, but in light of the demands imposed initially by austerity, and then the stringent requirements of aligning with HousingConglomerate, the direct influence of the customer on work was muted. This highlights the notion that austerity places constraints on the limits of personalisation. Accordingly, HO1 can be described as a partial-COB only.

The psychological contract of individual employees was characterised overwhelmingly by ideological elements, and while breaches varied in relation to cause and intensity, violation was rare. Front-line employees often expressed uncertainty with regards to whether particular decisions originated from HO1 or HousingConglomerate, which served to confuse notions of the psychological contract and perceptions of mutuality. Additionally, several front-line workers described their wages as average for a social care organisation, but low for a housing organisation, demonstrating that workers often did not know who to compare themselves to. In consequence, causes of breach and violation of the psychological contract were inconsistent, as were responses to the tensions in the social order.

Tensions in the social order emerged in relation to patterns of intensification, as observable in the de-registering of care homes, the removal of layers of management, and increasing paperwork, form-filling, and bureaucracy. Increased emphasis on service users as customers, including the appointment of a Personalisation Ambassador to explain options and increase uptake, proved to be a difficult adjustment for workers. Union membership was moderate, but participation low, due to perceptions of union representatives being overworked and under-skilled. In consequence, what little resistance took place was individual rather than collective. Turnover remained relatively low as workers felt few competitor organisations offered comparable terms and conditions or job security.

CHAPTER 9 – DISCUSSION

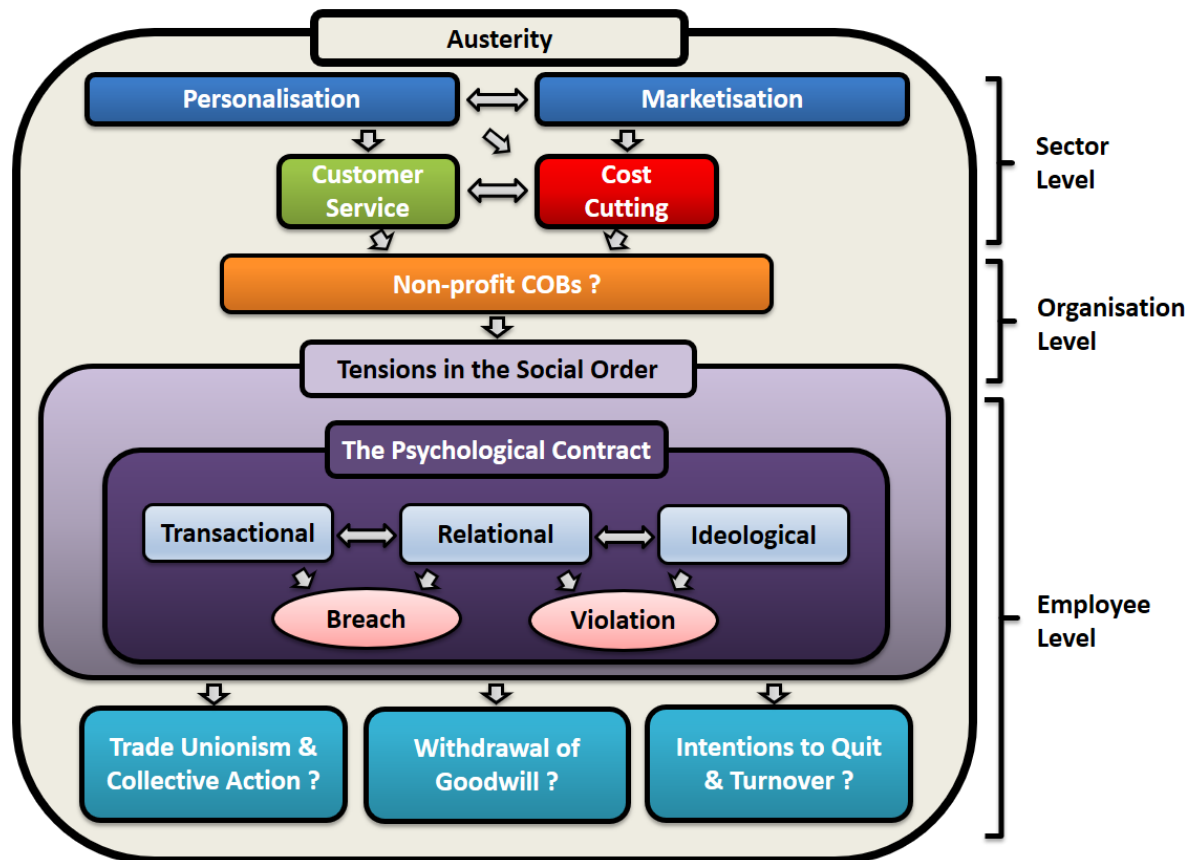
9.1 – Introduction

The objective of this thesis is to examine the employment relations impacts of personalisation in the context of austerity, and the dual imperative of increasing quality of support and service user choice, and reducing the cost of service. At an empirical level, this research contributes analysis of four comprehensive case studies, comprised of fifty-five interviews overall and a benchmarking survey of each, situated in the under-researched context of voluntary sector social care in Scotland. This thesis also makes a methodological contribution towards the body of literature which is underpinned by critical realism, demonstrating its usefulness in addressing explicitly defined and context dependent research questions. This chapter will reflect on the findings across all four case studies with the intention of answering the research questions individually. Firstly, it will detail the unique conceptual framework which emerged over the course of the research.

9.2 – Emergent Conceptual Framework

A key contribution to knowledge from the thesis is the development of a unique conceptual framework, based on the sociology of service work and the psychological contract, as an instrument through which to better understand how personalisation and austerity affect the employment relationship. This framework emerged piecemeal throughout the data collection and analysis processes as a means of better understanding the themes which arose. The relationship between the different elements is demonstrated in the figure below:

Figure 9.1 – Conceptual Framework.



As illustrated, within the context of austerity, the two defining contextual features of voluntary sector social care are personalisation and marketization. The espoused outcome of personalisation at a policy level is better customer service, but the dual imperative of quality/customer service and efficiency means that this is accompanied by cost cutting processes. This is also a key result of the continuing marketization of care within the sector, which is driven largely by practices associated with NPM. Research question 1 discusses this relationship, with a view to establishing how notions of customer are impacting employment policies, and the extent to which voluntary organisations are taking on the characteristics of COBs. Research question 2 inspects the factors which encourage or mitigate the emergence of COBs in voluntary sector organisations.

The twin pressures of cost and customer service combine to create potential breaches and violations in the psychological contract of employees, which is addressed by research question 3. Where significant numbers of individual workers

experience breaches and/or violations of the psychological contract as a result of the same issues (for example, intensification, personalisation and notions of ‘customer’, mission drift, etc.) tensions in the social order can be said to emerge, which are examined in answer to research question 4. These tensions are examined in relation to the outcomes they produced: changes to trade unionism & collective action, withdrawal of goodwill, and intentions to quit & turnover.

This conceptual framework can be used to capture employment relations and workforce change brought about by the dual pressures of customer service and austerity impact on various forms of public service beyond social care. The use of the psychological contract in conjunction with COB literature provides a unique means of explaining collective tensions in the social order by virtue of the breaches and violations which comprise them at an individual level. The causes of breach and violation outlined here are not exhaustive, but rather are the most pertinent to the context of voluntary sector social care, and the framework can be utilised to reveal other causes in different contexts.

9.3 – Research Question 1: What are the implications of austerity and personalisation, and the role of the ‘customer’, on employment policies? Are voluntary sector organisations taking on the characteristics of COBs?

This thesis contributes to a growing body of literature on public service reform, workforce change in the context of austerity, and the delivery of personalisation in Scotland. Overall, in assessing the degree to which voluntary organisations are taking on the characteristics of customer-oriented bureaucracies, it can be seen that there is only partial transformation. By highlighting this finding, the thesis also questions the extent to which the personalisation agenda is transforming social care. While the influence of the customer is present across a number of areas of the employment

relationship, the extent to which it exerts a meaningful influence on service provision is limited.

9.3.1 – Changes to Employment Policies

Customer influence can be observed in a variety of policies and procedures across all four case studies. Particularly, recruitment and selection was a key area of change, experiencing influence from both personalisation and austerity. Service users had become involved in the process to varying degrees (Cunningham, 2016a, 2016b), either via interviewing or observed interactions.

Induction was reported to be thorough across all case studies, and was largely regarded as a socialisation process in “how things are done here” (PDO1), but was often not repeated for staff who moved between locations. Rather than resulting from the influence of personalisation or austerity, this was a historical practice reflecting the commonly-held presumption that the strength of socialisation deemed it unnecessary. The introduction of personalisation, however, makes the need for re-induction more pressing, as service provision has greater potential to be markedly different between service users. Only one interviewee expressed significant concern that not being re-inducted to a service left them ill-equipped to provide a personalised service provision (HO1, Front-Line Worker 6). The dynamic of re-inductions being missed was also visible in transitions from volunteer to worker, and ZHC to fixed-hours contract.

As with Cunningham (2016a) customer feedback represented a limited but increasing component of appraisal and supervision, due to a new emphasis on service user outcomes, driven by personalisation. Across all case study organisations, managers and workers described how feedback from service users’ families was occasionally used in supervision, but that even this was unusual. Due to service users’ age, and potentially limited cognitive ability, written and verbal communication skills, the information gathered was often very basic. Managers said that while positive feedback was regarded as good, negative feedback was not

perceived to be indicative of poor performance. While concern was expressed for service user wellbeing, there was little consideration for the impact on workers. In MHO1, managers purported that appraisal and supervision had undergone a thematic shift from being “hours focussed” to “outcome focussed”, but not all employees were aware that any change had taken place. While customer feedback was not currently being used as a KPI in supervision and appraisal, the apparatus through which to do this was firmly in place. Finally, disturbingly, the act of supervision was often regarded as a tokenistic box ticking exercise. This was especially the case for non front-line workers, for whom supervision completed solely on paper, or via telephone, if at all. Indeed, some employees reported feeling relieved when appraisal and supervision did not take place, as this meant that they could focus on the work for which they were targeted (Cunningham and Hyman, 1996; Whittaker and Marchington, 2003).

There was mixed evidence of customer influence in areas of traditional control such as performance management and absence. Previous studies have argued that areas of control such as attendance and absence management would become more customer-oriented, with tighter management of short and long-term absence to ensure consistency of care for service users (Cunningham 2016a). Here, however, evidence of the influence of the customer is mixed. Despite moves to introduce waiting days, managers claimed the squeeze on absence was not solely related to stronger customer-norms or being managed more strictly in the name of better customer service. Worker testimonies contradicted this view, with staff at organisations reported regularly working while ill, and only took time off when an illness was contagious, and could affect other workers or service users. Several reasons were cited, including letting down service users, but also the avoidance of intensifying work for colleagues, and negatively impacting employability (Taylor et al., 2010). In some instances, work was reorganised to remove ill workers from front-line provision, in favour of back office or administrative tasks.

Unlike fixed-hour or permanently contracted workers, ZHC workers accrued sick pay and holiday entitlement on an hour-by-hour basis, further entrenching the notion of a two-tier employment experience. The prevalence of mental health and stress as a cause of absence is particularly concerning, and hints towards an

intensifying of work, alongside a lack of appropriate coping mechanisms and support. In HO1, managers reported that sickness is not managed more strictly than it had been prior to joining Housing Conglomerate, but noted that payment for sickness is reduced.

Training in relation to personalisation-based service provision took place, but was reported to be difficult to resource due to issues concerning economy of scale, price, time, and number of workers. Typically, service managers could choose training for their staff from a list of available courses, provided by senior management, which created the illusion of choice for front-line workers and service users, but in actuality was prescriptive and limiting. For example, a front-line worker at MHO1 requested palliative care training in relation to a specific service user, and was denied.

Increasing qualifications are required of front-line workers, but rather than representing a professionalisation of the sector, a number of case studies reported that training merely certifies pre-existing skills (Nickson et al, 2008). Core-training programmes were often repeated at the expense of newer and more varied skills, as a means of accommodating high levels of turnover. This correlates to Baines (2004) assertion that “value training” is often sacrificed in favour of “practical training”

Ironically, scheduling training in personalised services was described as particularly difficult in CSO1, where sessions were often cancelled at the last minute due to short notice changes to shifts resulting from customer preferences, and covering shifts left vacant by turnover. As one interviewee stated, “training’s a luxury rather than a necessity” (CSO1, Team Leader 2).

In relation to terms and conditions, there was limited impact of personalisation on pay. No organisation had altered pay structures to reflect individual budgets of service users. MHO1 had created a new pay grade of Recovery Practitioner to introduce new preventative personalised services, but this change was influenced as much by austerity pressures because some workers experienced a pay cut or freeze.

Holiday policies, often described by management as “family-friendly” were not always experienced as such by employees (Atkinson and Hall, 2009). For example, in CSO1, due to their service user group being children, workers at CSO1

had particularly busy periods around school holidays. This meant holidays were more difficult to take, firstly for resourcing reasons, and secondly due to a fear of intensifying work further for colleagues. Flexibility pertaining to sickness and holiday entitlement was premised on colleagues working together (Atkinson and Lucas, 2013), but these dealings were characterised not just by cooperation, but also by conflict. If the individual in possession of a coveted holiday date would not compromise, any other parties would simply go without, regardless of the reason which necessitated it. Here, elements of customer-oriented norms can be seen, but a key element of this finding is that these practices pre-date personalisation.

Finally, there was significant difference across the cases in regard to changes in working time. All four case study organisations reported accommodating short-duration but high-volume funding contracts via part-time work, split-shifts, relief staff, which increases instability for workers, and additionally also travel time and cost. Due to daily requirements of 2-3 hours for some service users in PDO1, workers may be required to travel between up to four service users per day. Workers in HO1 complained more than other case studies about changes to schedules – this in part reflects responsiveness to personalisation, and in part having to align themselves with HousingConglomerate’s ways of working.

Whereas other case study organisations experience an “hourglass model” of service provision (Rubery et al., 2015), with greater need for support around getting up and going to bed on a daily basis, in the majority of cases CO1 saw greater need around after school on weekdays, and at all times over weekends. Unsurprisingly, all organisations relied considerably on ZHC staff, which effectively created a two-tier experience of employment among workers. A number of organisations reported that they would struggle to operate without ZHCs (e.g. MHO1), and HO1 justified its increasing use of ZHCs as a means of nullifying the need to use agency staff, who’s costs were described as exorbitant, and continuity as lacking.

Working before and after shifts was commonplace. Often parents or guardians wanted to “debrief” with front-line workers after their shift had ended, which was reported to be more common since the introduction of personalisation. Long breaks between split shifts were problematic (e.g. CSO1). Workers were often expected to use this time to travel to different services, or complete paperwork.

MHO1 introduced an iPad pilot scheme to facilitate this, which represents a casualization of work and working time.

Unpaid overtime had become a requirement across all case studies, with few interviewees questioning it. It was claimed that employees could take time in lieu when required, but front-line workers said this was extremely rare, and only usually related to infrequent commitments like medical appointments, rather than day-to-day occurrences such as childcare. The purported flexibility was described as benefiting the employer more than the employee (McMullen and Schellenberg, 2002). These findings support assertions of a symptomatic casualization of work in the sector (Cunningham and Baines, 2014; Dawe et al., 2008; Charlesworth and Heron, 2012).

Managers in all organisations spoke of encouraging staff to take breaks, and managed TOIL more strictly. However, they simultaneously acknowledged that this was a token gesture because it was rarely possible to claim time back, and additionally noted that they did not take breaks themselves. Where employees felt compelled to work additional hours, but knew they did not have the time or capacity to take the time back, they simply withheld the information. This served to push TOIL into unpaid overtime, and further casualised working time. Several interviewees said that they tended to take shorter lunches in favour of finishing early. This could relate to being unable to avoid work on breaks due to lack of a “backstage” area, always being visible to service users. This may to an extent also be explained by lack of places to go, as services tended to be in remote or residential areas, away from city centres, with no shops or cafes.

In addition, issues concerning team work also presented themselves, via the introduction of self-managing teams (PDO1) or ‘pods’ (MHO1). While this was espoused to be premised on making care more bespoke and reactive for service users, and contained within it the potential to upskill workers, the reality was an intensification of scheduling responsibilities due to the devolving of “people management” competencies. In theory, managers were to oversee any disputes, but no interviewees had experienced this; the negative connotations associated with an unresolved dispute meant individuals were extremely hesitant to raise any issues with management, who may perceive them as uncommitted or troublesome, which

would jeopardise employability and ability to secure shifts in future. Management rarely intervened proactively, which correlates with research which suggests line-managers will prioritise activities on which they are targeted (Cunningham and Hyman, 1996; Whitaker and Marchington, 2003), and ignoring those for which they are not. By downloading this responsibility onto workers, organisations created an atmosphere of increased pressures which meant workers were less likely to take sick days (Taylor et al., 2010). Resourcing absence was particularly difficult in PDO1 due to some individuals working in multiple self-managing teams. Often, workers were encouraged to take holidays to cover periods of ill-health, which meant that officially recorded sickness numbers were often misleading. This satisfied the NPM-style targets necessary for funding applications, but did so by informally degrading terms and conditions of employment.

In England and Wales, personalisation was introduced into a pre-austerity context, and in consequence, the two situations are not immediately comparable (Eccles and Cunningham, 2016; Vincent and Harrow, 2005). In Scotland, existing research suggests that personalisation was characterised as much by budgetary decreases as it was increases in choice for service users (Manthorpe et al., 2015; Moffat et al., 2012), which is supported by the findings of this thesis.

9.3.2 – The Impact of Austerity on Voluntary Sector Social Care

While reducing costs is not the espoused purpose of personalisation, it has been the reality of its delivery in Scotland, predominantly due to the contextual impact of austerity. All case studies reported that personalisation involved lower budgets for both block-funding and individual service user budgets, and that, while the dynamic of cost cutting pre-dated the 2008 recession, it was significantly exacerbated by austerity. All case studies showed clear evidence of cost rationalisation pressures, which are common to COBs, were being driven directly by austerity.

Overwhelmingly, prescriptive funding contracts threatened case study organisations' independence, and decision making became ad hoc and pragmatic (Cunningham, 2011). Furthermore, they are typically for a shorter duration, and are characterised by "increased demands for accountability," (Charlesworth, 2010, p.388). This coercive control results in a greater emphasis on target-setting over strategic HRM (Baluch, 2016) which leaves working conditions significantly more challenging (Newton, 2003). In response to rigidly defined funding contracts, all case studies raised the issue of feeling compelled to become more 'business-like', which largely involved instituting targets and paperwork as a means of demonstrating productivity and accountability.

All case studies depicted a situation where short duration funding (typically 2-5 year contracts) embedded employment instability at a sector-wide level, which individual employers could do little to challenge. Their only real means of retaining independence was by diversifying funding contracts (PDO1), relying on financial reserves (MHO1), other means of income, such as charitable donations or revenue from charity shops (CO1) or expanding service provision (CO1), which some organisations stated explicitly they would not on principle (MHO1). Organisations with an alternative means of income reported supplementing factors such as wages via these funds, but by doing so, portray funding contracts as adequate, which prices other organisations out of the competition, and may inadvertently lower funding available in subsequent years (Baines, 2006).

The final case study organisation (HO1) experienced restructuring, redundancies and delayering, and eventually entered into partnership with HousingConglomerate, which several interviewees cited as securing the organisation's existence. A number of reasons were given for the deep financial impact of austerity and personalisation on HO1 specifically, including high maintenance costs of housing, and constraint with regards to what funding they are eligible for. Furthermore, as HO1 can only cater to those to whom they provide housing, they are more limited in the customers they can attract. While it may be tempting to conclude that the other case study organisations had made a principled decision not to undertake similar action, no comparable conglomerate bodies which

match their service provision type exist in Scotland, and so this option was not as readily present.

Ultimately, NPM-style target setting and accountability processes were found to be unable to accurately reflect work in all four case studies (Bunning, 2004; Benjamin, 2012) and actively intensified work (Theuvsen, 2004; Frumkin and Andre-Clark, 2000). It has been noted that different organisations experience the extent of funding difficulties differently, with children's organisations tending to fair better (Cunningham, 2008), and housing organisations worse (Cunningham and James, 2007). While both of these assertions are borne out in this thesis' findings, the former may be explained in part by CO1's significant size in relation to other case studies.

In exploring austerity's impact on aspects of employment, pay and conditions represented problems for all four case studies. In order to appear competitive to funders, wages have remained low despite significant inflation, and working hours were increased per week in HO1 (35-37.5) and PDO1 (37-39). MHO1, who had already paid the Living Wage for several years prior to its introduction as a mandatory base-line, were faced with the choice of either losing its uniqueness in the labour market, or else increase its wage further and shoulder the financial burden. Due to differences in local authority funding, CSO1's "as-and-when" staff were often paid different rates in different areas. At the time of data collection, PDO1 and CSO1 experienced their first wage rise in four years. However, CSO1's interviewees gave conflicting accounts of how much it was to be, and whether it had taken place already or was forthcoming.

Austerity impacted travel expenses and mileage rates through squeezing the amount that either traditional block contracts or personal budgets could allocate to such expenses. The need for travel had increased significantly in all case studies due to the growing prevalence of split-shifts necessitated by personalisation.

Overall, membership of pension schemes was low in all organisations, particularly among front-line workers. Many stated they could not afford to contribute, others indicated that they did not know if they would stay with the employer long enough to justify the effort of joining.

As with wages, issues concerning pension differed across the four case studies. In MHO1, organisational contributions for workers enrolled previous to auto-enrolment was reduced in order to accommodate new members. Senior management recognised that this was not “ideal”, but stated this was the preferred source of funds, rather than other benefits which employees utilised more and held in higher regard. Again, this demonstrates the ongoing trend within MHO1 of prioritising the needs of new staff over existing employees. For PDO1, auto-enrolment presented significant administrative challenges; ultimately the majority of workers opted-out, meaning little financial impact, but a great deal of work for administrative and managerial staff.

Training was often specific to localised areas, and was touted as being more reactive and service-specific. In reality, however, this lack of uniformity in process meant experiences and quality of training differed significantly. In light of the prevalence of shift-work and lone-working, training had previously been the primary activity where front-line workers spent time together.

Senior managers also asserted that, due to austerity, funds were not readily available to facilitate training. MHO1’s Head of Corporate Services noted that freeing front-line workers from direct care was increasingly difficult, and so often the economy-of-scale associated with training groups of staff at once was lost. Lower opportunities for training meant staff were more likely to feel isolated, particularly at rural service locations (e.g. MHO1). PDO1 interviewees said almost all training now was at central offices, which usually involved a lot of travel for staff at rural or remote services.

Intensification of work can be observed in a variety of different features of the employment relationship. Many of the changes outlined above contribute towards this, including changes to working time, increasing travel time resulting from short-hour and split shifts, and growing unpaid overtime. Lack of training and appraisal opportunities meant workers were less equipped to meet these intensifying challenges, and also had less contact with colleagues through which to foster communities of support and coping networks. All organisations were subjected to funding instability, which resulted in increasing KPIs and an overarching drive for “more-for-less”, which had significant implications for the experience of

work. A downloading of responsibility from management onto front-line workers can be observed, such as accountability for sickness and holiday scheduling, facilitated by self-managing teams (PDO1) and 'pods' (MHO1). This was compounded by the gathering service user feedback, which increased accountability, and communicating personalisation options to service users, for which there was little or no guidance. Ultimately, informalising responsibility for key management competencies meant that no uniformity of practice existed, which inevitably means results can and do vary, and decision making becomes increasingly ad hoc. This was exacerbated by high proportions of part-time, temporary and ZHC workers across all organisations, and was further confused by the tendency for some front-line workers and most managers to work at multiple services.

Administrative issues concerning personalisation posed significant challenges at both an employee and organisational level. The increase in paperwork, bureaucracy and an emphasis on NPM-style targets intensified work significantly for both senior and line managers, who in turn had less time and resources to address the same issues pertaining to front-line workers. For example, due to increasing turnover, recruitment was almost continual for several case study organisations. CO1 saw some managerial staff source their own training, using their own money and time, to learn the skills necessary to accommodate the new "business-like" responsibilities associated with personalisation. Where managers could not resource cover for short-notice shift changes, they would often have to work the shift themselves at the standard front-line pay rate. Twenty-four hour email coverage was regarded as a necessity, and for many managers, sick days were simply not an option. Funding applications had become more comprehensive and bureaucratic, and covered shorter periods, and therefore had to be completed more regularly. Managers' inability to rectify these broader issues results in compound pressure on front-line workers.

Ultimately, the findings of this thesis suggest that voluntary organisations are not becoming COBs, although they do exhibit some of their characteristics in a limited fashion (Korczyński, 2000; 2013). As was discussed in chapter 2, Korczyński (2013, p.1) has identified three specific approaches to the issue:

- 1) an approach which sees worker–customer relations merely as an additional dimension;
- 2) an approach which sees the customer’s role as having knock-on implications for a limited number of dimensions of work organization;
- 3) an approach which sees implications of the customer across the whole of work organization.

Given the objectives of personalisation, it may be reasonable to expect the findings of this thesis to reflect the third position. However, while in theory personalisation forefronts the needs of service users, and increases the influence of the ‘customer’, in practice it has been constrained from achieving its goals by the context of austerity which dominates voluntary sector social care in Scotland. In consequence, the case study organisations of this thesis are more accurately described as demonstrating the second position – while the customer exerts a considerable influence over the nature of work, the defining characteristic is cost rationalisation.

9.4 – Research Question 2: What are the factors encouraging or mitigating the emergence of COBs in voluntary sector social services?

The above findings reveal the impact of personalisation within the context of austerity, evidencing a distinct impact on employment policies, yet a mixed adoption of customer-oriented norms. Another contribution of this thesis is its ability to offer some explanation for this. In understanding why voluntary organisations do not emerge as pure customer-oriented bureaucracies, insight on the limitations of the personalisation agenda on public service organisations can be achieved. Below is a discussion of the reasons for the limited impact of customer-orientation in employment policies.

9.4.1 – Recruitment and Retention Problems

As was outlined in chapter 2, social care and voluntary sector employers are facing significant recruitment and retention problems (OCSWA, 2016; Mulholland et al., 2016; CCPS, 2016). Data reveals that recruitment and labour market issues represented a severe limitation on the degree to which organisations could hire specific workers selected with the individual traits required to provide personalised services to customers. Competition in job markets had intensified at a national level, as well as having dynamics specific to particular geographical areas. Examples were reported in the Aberdeen area, where the oil industry provides many highly paid entry-level jobs, and in areas surrounding Glasgow and Edinburgh, where many call-centre and supermarket jobs were readily available. The standard of applicants was referred to as “really poor” (CO1), reflecting many new applicants with non-care backgrounds, or no previous employment history. Often this meant hiring candidates who were perceived to be the “wrong fit” (PDO1), which then impacted ability of teams and teamwork.

HO1 experienced a high proportion of non-attendance among interviewees, and speculated that this was caused by the Department of Work and Pensions (DWP) requirement that jobseekers demonstrate that they have been actively applying for work. PDO1 no longer accepted paper applications, sent application packs, or rejection letters, as a cost-cutting measure. While this may save money and time, it may also exclude applicants who are not computer-literate, and in consequence limit the job pool PDO1 has to select from.

Service managers made reference to “selling themselves” in the job market, and feeling it “their duty to attract people to the sector,” emphasising that the pressure to recruit was not just transactional or relational, but also ideological. Concern was also expressed that some employers “lure” employees away from other organisations with better terms and conditions for new staff, which was perceived as unethical, and to the detriment of the organisation’s reputation.

While all case study organisations involved service users in recruitment and selection, the extent to which they did so was limited, due to a hesitance to impose

new responsibility on vulnerable individuals. Concern was expressed that this may be tokenistic, as service users rarely had the final decision on hiring, and rarely expressed negative opinions about candidates (e.g. MHO1). While this represents a diluted presence of COB, the apparatus to institute more stringent forms of customer control was in place.

For some organisations (CO1 and PDO1) high turnover significantly exacerbated pre-existing recruitment issues. Permanent roles typically went to individuals already known to the organisation through relief work or ZHCs. PDO1's recruitment difficulties were also attributed to uncompetitive remuneration packages and a lack of permanent contracts or scope for progression. Due to the increased security afforded to them by their relationship with HousingConglomerate, HO1 did not experience the same intensified need for recruitment, partially due to lower turnover, and partly due to the redundancies which accompanied the move. In consequence, they were more able to accommodate service user preferences and customer involvement in recruitment and selection. This highlights the notion that the extent to which organisations can offer choice to service users hinges on the availability of workers and candidates, which is often out-with their control. In other words, the goals of personalisation in this sphere are often undermined by external labour market conditions.

9.4.2 – Training and Skills Problems

Training and skills problems emerged across all four case studies, for a variety of reasons. Often it was difficult to resource due to staff shortages, and the need to accommodate short-notice changes to schedules born of personalisation. Additionally, formal training was usually held at central offices, and required a certain number of attendees in order to be financially justifiable. The use of self-managing teams created ambiguity relating to whose responsibility appraisal and supervision were, and in consequence, skill gaps went unaddressed. Team-leaders frequently supervised multiple teams, and so were responsible to different service

managers, which confused accountability with regards to who should perform their appraisal and supervision

Where training did take place, interviewees at all case-study organisations described a “brain-drain” dynamic, where staff trained to a certain level could use the increased employability this afforded them to broker better paying jobs elsewhere, specifically with local authorities. Given that the majority of core-funding came from local authorities, this was particularly challenging to notions of fairness, as they were not only the commissioners, but effectively also the competition. Furthermore, the loss of tacit skill and expertise may serve to de-incentivise training.

9.4.3 – The Dual Imperative of Personalisation – A Guise for Hiding Cuts?

Personalisation is premised on the notion of increasing quality of care, and reducing cost – in other words, providing “more-for-less” (Alcock, 2010; Shields, 2015; Kimel, 2006; Cunningham, 2017). While much of existing voluntary sector employment relations literature focusses on the degradation of terms and conditions of employment and work intensification as a result of the increased choice service users are imbued with, this research demonstrates that workers feel a significant causal mechanism for this is the cost-cutting, which may or may not be intentional on the part of funders. This cost-cutting is identified as a defining reason as to why personalisation has not more convincingly achieved its intended outcomes of empowering service users and enriching care.

The case study organisations who participated in this research were selected with a view to providing a comparison of the effects of austerity and personalisation across different types of service provision. As can be seen in the OSCR data presented in each findings chapter, all case study organisation experienced an overall increase in funding in the years following the recession, and yet interviewee testimonies suggest that budgets for local authority funding and individual service users are more constrained. Across the sector, organisations are forced to increase

the volume of contracts to ensure financial stability, as is evidenced in the prevalence of high numbers of low-hours contracts. Despite each case study being considerably different in terms of context, size and service provision, this dynamic was present in all. In relation to individual service user budgets, all but two of the fifty-five interviewees stated that they had never seen an increase in funding as a result of personalisation, and those that had said this was an extremely rare occurrence. While personalisation is not intended as a guise for hiding cuts, this research suggests that it in some instances been used to smuggle customer-norms, KPIs, and NPM-style operating practices foreign to the voluntary sector, into employment policies and everyday working practices.

9.4.4 – Limitations of Service User Opportunity and Capacity to Make Choices

While service users may view themselves as ‘co-producers’ of care (Leadbeater, 2004; Needham and Carr, 2009), the opportunities to exert a meaningful influence over service provision were rare. This was a result of both opportunity and capacity; service users budgets rarely allowed a significant deviation in provision, and often service users did not know how to do enact change, or even that they could. This resulted from “ambiguity over accountability” (Ellis, 2007, p.407) pertaining to who should facilitate SDS options (Thaler and Sunstein, 2008). In consequence, these findings suggest that customer sovereignty in the voluntary sector can be described as “mythical” (Du Gay and Salaman, 1992; Bolton and Houlihan, 2005), as the elements of COBs which are present are not driven primarily by customer choice, but rather by cost rationalisation.

9.4.5 – Lack of Commitment at Local Authority Level

While service user limitations do have considerable influence on the ability of personalisation to effect service provision, it is not the only factor responsible for low uptake and impact. As is noted by Dominelli and Hoogvelt (1996, p.46), funders “determine what kinds of services are being made available [by virtue of] the services which [they are] willing to purchase.” In relation to this, Cunningham (2016) identified a sporadic commitment to change among local authorities, with little encouragement of customer-oriented norms. This dynamic was mirrored in testimonies from this research, where workers described service users’ knowledge of SDS options as limited at best. The lack of communicating options to service users, and facilitating their uptake, is arguably the most prominent barrier to their wider usage.

9.5 – Research Question 3: Does employment degradation, work intensification, and the dual imperatives of cost versus quality within voluntary sector organisations, create breaches and violations in the psychological contract of employees?

This thesis contributes to debates concerning the resilience of the psychological contract in voluntary sector social care in the context of austerity and personalisation. The psychological contract has proved particularly useful in improving our understanding the dynamics in voluntary sector employment relationships (Cunningham, 2008). The positioning of the psychological contract in this research’s conceptual framework allows for identification of the origins and nature of tensions in the social order within public service organisations, which result from influence of both austerity and personalisation. The dual imperative of increasing quality of service through stronger customer focus, while simultaneously decreasing cost, poses significant challenges to the psychological contract. These

new contextual factors necessitate a re-examining of the voluntary sector psychological contract.

In light of the assertion that breach of the psychological contract is experienced when expectations are not met (Anderson and Schalk, 1998), it stands to reason that any significant change to context may serve to increase incidences of “incongruence” (Morrison and Robinson, 1997; Grant, 1999). Incongruence is premised on an understanding of reciprocal obligations and expectations which can be implicit or explicit (Tunley and Feldman, 2000), and so breaches and violations can be real or perceived, and also intentional or unintentional. Whereas Cunningham (2008) found that the most common cause of violation was transactional, this research finds equal proportion of violation resulting from transactional and ideological sources. This can be explained in part by circumstance – in a pre-recession setting, individuals could look for a more favourable job within the sector, whereas now alternative employment within the sector is scarcer. Additionally, within austerity, voluntary sector terms and conditions rarely differ significantly, meaning there is less impetus to move. Interviewees who intimated they might leave tended to do so in relation to factors such as better progression opportunities, or a location that involved less travel time. Those who objected to transactional features of terms and conditions, such as pay and holiday entitlement, spoke of leaving the voluntary sector and support work outright.

If pay is an indication of how social care work is valued (Lessig, 1998; Charlesworth, 2010), then uncompetitive wages send workers an unflattering message, which was seen to have a notably adverse impact on the psychological contract. This research found that, where wages were regarded to be poor, it was rationalised as indicative of the sector due to a recognition it was out-with the organisation’s control (Ramsay et al, 2000, Atkinson and Lucas, 2013). While this could be said to support the notion of the voluntary sector psychological contract endowing workers with a resilience to degradation, it may also speak towards their operating within greater constraints.

It has been widely documented that workers in the voluntary sector accept lower wages than they could earn elsewhere (Benz, 2005; Leete, 2000; Levine, 1991; Passey and Tonkiss, 2000) due to a prioritising of ideological motivations above

monetary reward (Ridder and McCandless, 2010; Baluch, 2016). The findings of this thesis support this notion, but additionally, highlight that workers are all too aware of the unequal direction of the compromise. Ideological motivations are only addressed once physiological needs are met (Maslow, 1954; Zimmeck, 1998), and the increasingly uncompetitive nature of wages in comparison with inflation and cost-of-living brought this sharply into focus for many interviewees. Furthermore, with the dwindling opportunities for ideological reward to act as a counterbalance (Thompson and Bunderson, 2003), objection to low levels of pay looks set to increase significantly.

Unpaid overtime was commonplace across all case studies, and was identified as a particular source of breach and violation of the psychological contract for front-line workers. It cannot be described as “donative labour” (Becker et al., 2011), in that it is not being freely “donated” – workers are compelled to perform these behaviours in an environment where continual and increasing work intensification is standard. Non-participation damages employability and could lead to short-term contracts not being renewed, and additionally, diminishes the ability to experience intrinsic ideological reward, in that they are no longer going “above and beyond,” (Baines et al., 2014).

As a result of perceived ethical fit (Coldwell et al., 2008), voluntary sector workers may hold their employer to a higher account than out-with the voluntary sector, which may breed unrealistic expectations (Selznick, 1957). This is compounded by the notion that ideological elements of the psychological contract are, in part, “aspirational” (Baines, et al., 2014; Hasenfeld, 2000; Hasenfeld and Powell, 2004; McDonald and Marston, 2002), and the fact that “perceptions become distorted in memory,” (Robinson and Morrison, 2000, p.529). In relation to this dynamic, Brockner et al. asserted “the higher they are, the harder they fall,” (as cited in Robinson and Rousseau, 1994, p.257). Prior to the onset of personalisation, several of the case study organisations felt themselves to be “pioneering”, “ahead of the curve” or “front-runners” in their approach and ability; now that it is being implemented, many workers are facing up to the reality that their organisation’s delivery of personalisation does not live up to the expectations they hold, and have been complicit in fostering among service users. Additionally, the increased

regulation necessitated by personalisation, and imposed by austerity driven NPM-style practices, may serve to crowd out intrinsic rewards (Frey, 1993).

Job security was a growing concern for employees, which they viewed as related to organisational performance and ability to secure funding contracts. This in part explains an acceptance of increasing KPIs – interviewees felt it to be a requirement of funding applications to enumerate work, rather than a strategic decision by employers to intensify work. Where redundancies, management delayering and service closures did take place, “survivor syndrome” (Appelbaum et al., 1997; Armstrong-Stassen, 1994; Armstrong-Stassen and Latack, 1992; Brockner, Wiesenfeld, Reed, Grover, and Martin, 1993) could be readily observed, with employees experiencing increased anxiety, stress, and guilt at remaining employed while many of their colleagues were not so fortunate.

In light of these factors, it may be considered unusual that breach and violation were not more common. This can be explained in part by the notion that where employees recognise that the source of tension was out-with the organisation’s control, they may be more likely to forgive or tolerate the resultant situation (Ramsay et al., 2000; Atkinson and Lucas, 2013). Additionally, Robinson and Morrison (2000) noted that breach and violation are more likely if socialisation is poor, and if alternative jobs are available, both of which apply to a limited extent in all four case studies. Thompson and Bunderson (2003, p.581) note that “employees who premise their organizational relationship on distal ideological goals will be more likely to ‘wait out’ a short-term breach, if they believe the organization remains committed to the long-term objective.” In the VSSC context of continual and pronounced degradation to the employment experience, however, the length of time employees will “wait out” a period of unrest is a subject of considerable concern. As employees have few options through which to express breach, where a visible reaction takes place it tends to be one of violation, and manifests itself primarily in turnover, which will be discussed in greater detail in a subsequent section.

Due to an ambiguity over accountability (Ellis, 2007) workers felt compelled to discuss personalised-service provision options with service users, for which they received no training or guidance, and took on considerable legal risks. They were

uncomfortable with the notion of 'selling', and felt it was, or could be perceived as, exploiting their vulnerable service users. Furthermore, by explaining the alternatives, workers were in the position of having to jeopardise their own employment security. This put considerable strain on the psychological contract, in that it effectively pitted transactional and ideological elements against each other. Repeatedly, workers primary concern was the service users in their care, and so transactional elements suffered. In many instances, interviewees expressed hesitance to describe personalisation in negative terms. This omission may represent a fear of being perceived as unethical, or lacking in ideological elements of the psychological contract. This casts doubt on the extent to which an increased premium on ideology endows workers with a resilience to degradation, and supports the assertion that it also serves to constrain workers ability to object to degradation

A defining characteristic of the voluntary sector workforce, and therefore also this research's interview sample, is gender. 77.4% of the fifty-five overall interviewees were women. MHO1 had 13 (69.3%) females, 4 (30.7%) males; CO1 had 13 (76.7%) females, 2 (13.3%) males; PDO1 had 8 (47.1%) females, 6 (42.9%) males; HO1 had 7 (53.8%) females, 6 (46.2%) males. The higher proportion of male interviewees in PDO1 can be explained by a perception among workers that skills such as moving-and-handling of service users offers greater opportunities to demonstrate physical strength and maintain personal boundaries (Baines et al., 2015) and in HO1 by perceptions that the work involves more financial support than care. The work performed by MHO1 and CO1 were felt to be more closely associated with traditional caring competencies regarded as innate to women.

Both males and females discussed how having had children equipped them with the skills necessary to perform support work. Similarly, those who had family or friends with disabilities cited this as providing them the attributes required to work in the sector. Despite the supposed prioritising of "family-friendly" policies, very few organisations had employees with young children. Interviewees with grown-up children, particularly women, reported that the shift work they undertook was incompatible with the responsibilities of family life. It can be argued that work-life balance policies further embed women in part-time work, and tend in practice to constrain those they claim to liberate, which may in part account for low take-up in

flexible working practices (Atkinson and Hall, 2009; Baluch, 2016). Rather than benefit women, so called “family un-friendly policies” (Fleetwood, 2007; Berns, 2002) relegated female workers to more precarious forms of working. Females were considerably more likely to hold part-time, bank staff, ZHC and relief contracts (Heron and Charlesworth, 2012; Rubery, 2011; Rubery and Rafferty, 2013), participate in unpaid overtime (Baines et al., 2014), and were significantly less likely to be members of a trade union (Kirton, 2015; Lawrence, 2016). Ultimately, female workers were disproportionately disadvantaged by intensification and a casualization of work across all four case studies.

The gendering of care competencies as innate to women (Dominelli, 2002; Charlesworth, 2010), combined with a perceived lack of caring required of management roles (Dominelli, 2002), prevented many female interviewees from pursuing promoted positions, and may account for the disproportionate number of promoted males in managerial roles (Baines, Charlesworth, Cunningham and Dassinger, 2012). Among male workers, a significant proportion had spent the majority of their working life out-with the voluntary sector, and several had been displaced by deindustrialisation. This created friction among some workers, who felt that a lack of care experience represented a dearth of ideological commitment. There was also significant evidence to suggest that men brought with them a proclivity for target setting, and so prioritised the more measurable and observable aspects of their role, which intensified work for their colleagues. Male interviewees were keen to demonstrate the ability self-manage workloads and not succumbing to stress (Baines, Charlesworth, Cunningham and Dassinger, 2012), which may make males more suited to self-managing teams (PDO1) and ‘pods’ (MHO1). Men were significantly more likely to hold promoted posts, effectively bringing their gender privilege from their previous sector of employment (Williams, 1995), potentially displacing women from within the voluntary sector (Baines, Charlesworth and Cunningham, 2013). This supports the notion of a “glass escalator” dynamic (Williams, 1995; Kvande, 1998), where “men who enter female-concentrated occupations benefit from their minority status,” (Lupton, 2006, p.105)

Findings in this research show violations of the psychological contract as being more common in female employees. This may be due to the greater likelihood

of males to hold promoted positions, which is supported by the finding that violation was significantly more common among front-line workers. While males expressed a level of discomfort with target-setting, women tended to object to the notion outright. Additionally, as many of the males had been made redundant from other professions, they may have greater gratitude for merely having a job, and therefore a higher tolerance for degradation and intensification.

It has been asserted that an increased emphasis on ideological elements of the psychological contract endows workers with a “resilience” to degradation (Cunningham, 2008; Cunningham, Lindsay and Roy, 2015), in that an increased emphasis on ideological elements of the psychological contract can be seen to act as a counterbalance to transactional breach and violation (Thompson and Bunderson, 2003) which results from degradation of terms and conditions of employment and intensification of work. The extent of resilience is defined in part by the point at which breach becomes violation, and hinges on the notion that violation is a result of “whether or not [employees] will perceive a breach as unjust,” (Coyle-Shapiro and Neuman, 2003, p.152). For example, individuals may choose not to resign if a breach is not perceived as an abandonment of principle (Cunningham, 2010; Atkinson and Lucas, 2013; Ramsay et al., 2000), or a direct obstruction to ideological values (Thompson and Bunderson, 2003, p.581). However, this resilience has its limits – findings from this thesis clearly demonstrate that transactional losses which impact workers quality of life, and ability to provide for themselves and their families, are met with transactional violation of the psychological contract, and additionally also ideological breach and/or violation, in that workers are no longer able to view the organisation as a fair or ethical employer. As was outlined in chapter 3, voluntary sector workers view their role as “part of their identity” (Musick et al., 2000, p.1542) and that being “based on principle not reducible to self-interest” (Thompson and Bunderson, 2003, p.578). As such, leaving the organisation due to factors such as low remuneration and poor working conditions can be particularly difficult. In this regard, rather than endowing workers with a resilience to degradation, ideological motivations constrain them from reacting to degradation.

The loss of a shared sense of values can result in ideological violation of the psychological contract (Alatrasta and Arrowsmith, 2004), but often does not lead to

termination of contract until an alternative means of employment has been secured. Where violation compels individuals to seek employment elsewhere, but they cannot find a suitable alternative, workers are faced with the choice of either leaving the sector outright, being unemployed, or continuing to work with an organisation with a violated psychological contract. In the post-recession years, where alternative or materially-different employment within the sector was scarce, the latter has become more commonplace, contributing to the corresponding effect of low overall morale which all case studies reported.

A consequence of the resilience to degradation is the possibility that organisations “rely disproportionately on intrinsically motivated employees,” (Leete, 2000, p.423), which could be perceived as exploitative (Parry et al., 2005; Charlesworth, 2010; Baines, et al., 2012). The concept of an “ethos discount” (Lloyd, 1993) has existed in the voluntary sector for some time, but the intensified working practices and degraded terms and conditions which have evolved as a result of austerity and personalisation make this increasingly untenable. While voluntary sector employees have traditionally been seen to absorb a certain amount of degradation to transactional elements of terms and conditions, the notion that their employer is no longer acting fairly poses challenges to ideological elements of the psychological contract which resilience cannot neutralise.

9.6 – Research Question 4: To what extent do these changes to the psychological contract create tensions in the social order between employees and management?

As discussed, breaches and violations of the psychological contract which take place at individual level manifest themselves at a collectively via tensions in the social order. The following sections will discuss the causes of these tensions across all four case studies, followed by a corresponding section focussing on employee response.

9.6.1 – *Causes of Tensions in the Social Order*

All four case study organisations had undergone a pronounced intensification of work in recent years. The notion of “more-for-less” (Alcock, 2010; Shields, 2015; Kimel, 2006; Cunningham, 2017) which exists in the voluntary sector was significantly exacerbated by austerity and personalisation. The vast majority of interviewees reported substantial increases in pace and volume of work, working hours, performance targets, bureaucracy and stress levels.

Working time had been reconfigured to maximise time spent with service users. The growing predominance of split-shifts has created long gaps which workers were often unable to utilise as “free time”, and so would undertake non service user tasks such as completing paperwork, which itself had grown as a result of increased accountability measures necessitated by stricter funding contract parameters. The use of new technology, such as MHO1’s i-Pad pilot scheme, was purported to ease this burden, but in reality served to formalise it.

A distinct pattern of informalisation and casualization took place in all case study organisations, particularly in relation to sickness absence and holiday entitlement. Two case studies went to the lengths of adopting self-managing teams (PDO1) and ‘pods’ (MHO1) to further embed notions of communality and cooperation, and to legitimise the notion that arranging time off was not management’s responsibility.

Service users who control their own budget were reported as being more demanding and frugal (Glasby and Littlechild, 2009; Pearson et al., 2014). While the number of service users in this position was relatively low in all case studies, customer-oriented norms were present in a variety of features of the employment relationship, such as recruitment, selection, appraisal, supervision, and working time. Workers at all levels of promotion reported that catering to customer needs as a result of personalisation created new and complex tasks, and found the notion of the customer a difficult prospect to adapt to.

Personalisation and the positioning of service users as ‘customers’ proved to be a particularly difficult undertaking for employees at all case study organisations.

All but two interviewees across all case studies reported that they had never heard of a service user receiving increased funding via SDS, which contributed to the widespread notion that personalisation was a guise for hiding cuts. Some regarded cost-cutting as a corruption of personalisation's espoused intentions, while others felt that it was its primary objective.

Within MHO1 specifically, interviewees attributed "crisis point" issues as having taken place as a consequence of service users controlling their own funds. Some service users did not receive funds in time, and were "in arrears before they're told how much personal contribution they should be making," [MHO1, Service Manager 1]. Others were simply not capable of effectively managing budgets, which resulted in excessive spending on alcohol, drugs and gambling, leaving little to live on, and often causing hospitalisation. This presented distinct conflict to workers ideological motivations, in that personal budgets were clearly not in the best interests of these individuals. Where crises did ensue, this further intensified work for employees. Often, workers felt unable to challenge unhealthy behaviours for fear of losing 'custom'.

Particularly problematic were administrative issues concerning personalisation, such as the "tension between user empowerment and user responsibility" (Needham, 2001, p.61) and the "ambiguity over accountability" (Ellis, 2007, p.407). Thaler and Sunstein (2008, p.158) assert that "the more choice you give people, the more help you need to provide," and, as this is not provided by local authorities, the responsibility falls to those who deliver the service – front-line workers. Critically, little guidance or training on how to manage these situations left workers feeling ill-equipped and unprepared, and yet ultimately still accountable. The notion that their employer, and indeed the sector at large, could enact such a momentous change in service provision without having adequate safety measures in place, put severe pressure on employees' ideological underpinnings. This created a withdrawal of OCB and an increase in turnover, which will be examined in subsequent sections.

Degradation of terms and conditions of employment was reported to be a source of psychological contract breach and violation for many individuals. However, objection to reductions in salary were largely muted, possibly demonstrating an

acceptance of the sector-wide standard, or as discussed, a resilience to degradation. It may also be the case that those most affected by this degradation have resigned, and so were not available to interview.

The most prominent singular example of degradation was MHO1's introduction of a 'Recovery Practitioner' role. This involved a reduction in salary scale-points, meaning a drop in existing wages and earning potential. The change disadvantaged some long-term employees, which challenged perceptions of wage equity (Benz, 2005). The proposal also reduced scope for promotion, and significantly intensified work. Crucial to the discontent which employees felt was the fact that they were not consulted in the process. This lends support to Cunningham's (2001) assertion that voluntary sector workers are particularly motivated when their opinions are considered, and goes further, in that workers were actively demotivated when their opinions were not sought. Several individuals expressed experiencing violation of the psychological contract, but could not leave as they currently had no alternative means of employment.

A perceived lack of professional status was felt particularly in CO1, who had increased contact with other parties, particularly social work, as a result of personalisation. This was borne partially of comparing wages and qualifications, both of which had suffered in the aftermath of austerity. At an organisational level, his speaks towards a trend of prioritising recruitment over retention, and the repetition of core training over the addition of new and more bespoke courses. Ultimately, interviewees testified to feeling overlooked. Many felt their abilities and professionalism being called into question, and took this as a personal criticism.

A number of interviewees described perceiving "mission drift" (Cunningham, 2001; Thompson and Bunderson, 2003; Jones, 2007) as having effected their employer. This was the case in relation to expanding service provision (CO1), which was regarded as diluting their area of expertise. HO1's decision to join HousingConglomerate created significant tension among employees, despite the widespread perception that the organisation may not have survived otherwise. This contradicts the notion that voluntary sector employees are more forgiving of mission drift if the decision is out-with the organising's control (Cunningham, 2010; Atkinson and Lucas, 2013; Ramsay et al., 2000), and may be related to the size and scope of

the issue, and the extent of the mission drift. Having to adapt to Housing Conglomerate's ways of working were a daily reminder of the change, as was the new organisational structure which included a component of delayering.

9.6.2 – Responses to Tensions in the Social Order

The collective employee responses to the tensions in the social order which emerged are particularly observable in increasing turnover rates. While turnover is a demonstration of resistance based on the action of the individual, when this takes place in significant numbers, the impact on the organisation is cumulative. This presented itself as an issue across all four case studies, and was exacerbated by the growing availability of alternative entry level jobs out-with the voluntary sector which has resulted from partial financial recovery from the 2008 recession. This was described as a response to uncompetitive wages which predated austerity (Nickson et al., 2008) and which were significantly intensified by it (Rubery et al., 2013). Particularly, being unable to maintain a differential above non-care entry level jobs meant attracting new workers to the sector was extremely difficult, and challenged notions of wage equity (Leete, 2000; Benz, 2005) among existing employees. Also crucial to this are the prospects of a less stressful working life (Armstrong et al., 2008; Nickson, et al., 2008; Taylor et al, 2010), more predictable and dependable working patterns, and the less potential for physical and verbal abuse (Baines 2002; Baines, 2006; Baines and Cunningham, 2011, Bolton, 2002) for both new and existing workers.

The result of increasing turnover is continual recruitment, which has become more expensive and time consuming in order to cater to service user needs in consequence of personalisation. A lowering in the standard of new recruits was observed across all case studies, which serves to undermine the potential for long-term planning (Akingbola, 2006) and increases absenteeism (Mirvis and Hackett, 1983) via an intensification in work for existing employees, which worsens stress and burnout (Lait and Wallace, 2002; Kirkpatrick et al. 2005). This in turn lowers both skill

and perceptions of skill, further de-professionalises care work, increasing instability for workers and service users alike.

Several workers described a withdrawal of goodwill, which manifested itself in a reduction in OCB. However, this only related to refusing to swap shifts, and did not impact service users, but instead, colleagues. As discussed by Tunley and Feldman (2000, p.40) “the negative consequences of psychological contract violations are likely to go beyond the hurt feelings and disillusionment [and] result in behaviours that are damaging to organizational effectiveness.” Where withdrawal of goodwill was present, it did not extend as far as working-to-contract; workers still went “above and beyond” (Akingbola, 2006, Baines et al., 2014), partaking in “unpaid overtime” (Baines, 2006; Heron and Charlesworth, 2012), and “donative labour” (Becker et al., 2011), but did so with less enthusiasm.

In some instances, withdrawal of goodwill did not take place despite breach of the psychological contract, which was explained by individual’s commitment was not primarily to the organisation, but to their service users or colleagues. Due to the vulnerable nature of service users, no first-hand evidence of “sabotage, theft and aggressive behaviour” (Morrison and Robinson, 1997) or a desire to “get even” (Brooks, 1999; Folger, 1993; Litzky et al, 2006) was found as a direct result of degradation. However, one several interviewees in PDO1 alluded to an upcoming court case where a front-line worker was being charged for defrauding a service user, and it was asserted that low remuneration could increase such incidents, by placing workers in financial peril, and by attracting workers with an insufficiently ideological psychological contract. Interviewees at HO1 also noted that incidences of theft and fraud were on the rise, and cited insufficient wages as the root cause.

Another crucial area in which a collective response to the emerging tensions in the social order can be observed is via trade union membership and activity. Interestingly, there is very little written on the role of trade unionism in the psychological contract (Cullinane and Dundon, 2006; Bacon 2003; Guest 2004), which is something this thesis has sought to address. Low unionism has been a defining feature of the voluntary sector landscape long predating the onset of the recession (Pynes, 1996; Almond and Kendall, 2000; Cunningham, 2000, 2001; Simms, 2003, 2007) and remains so even in light of partial economic recovery (Baines, 2010;

Hemmings, 2011; Cunningham, Hearne and James, 2013). These findings suggest that union membership is problematic in the sector partially because advocacy of workers' rights can be misinterpreted as undermining the notion of self-sacrifice (Akingbola, 2006, Baines and Cunningham, 2011), and is often positioned as being at service users' expense. As workers feel an ethical pressure to ensure service users are not without acceptable levels of care (Baines, 2006), the recourse open to unions are limited; threatening to strike could disenfranchise existing members and dissuade potential ones, and additionally may not be taken seriously by management. Paradoxically, in light of Ironside and Siefert's (1998, p.71) assertion that union effective union recognition and engagement is imperative for "providing a framework for minimising disruption through industrial conflict," non-participation may have more pronounced negative outcomes for service users than constructive union involvement. Furthermore, by not providing an alternative means of reaction to tensions in the social order, low union mobilisation leaves workers no choice but to express their dissatisfaction via turnover, which causes significantly more disruption to service provision.

All case study organisations recognised a union, with the exception of PDO1. Many front-line interviewees stated they could not accommodate union responsibilities in an already intensified working environment. Those who had consulted their union for specific issues often reported feeling that they were unknowledgeable and unhelpful, or that they simply did not respond. Management largely regarded union participation as an indication of employees as "troublemakers" (Cunningham et al, 2016, p.467) which further de-incentivises membership for workers who are keen to demonstrate employability.

Those who were members of a union typically had experienced more effective unionisation in previous fields of employment, often out-with the voluntary sector. These individuals included NHS workers, and those who had been displaced by deindustrialisation. Membership was particularly stratified by age – younger workers were significantly more likely not to be members, and with perpetual recruitment which favoured young, unskilled workers, this dynamic looks set to grow.

While trade union membership had increased slightly overall, mobilisation remained at a sector-wide low, with the only exception being MHO1. The issue of the Recovery Practitioner role had galvanised support for collective action, and the success in delaying its introduction demonstrated to workers the power in this approach. As MHO1 has been adamant that it has strategically weathered the storm of austerity, and has placed a great deal of ideological importance on personalisation, workers may be unable to draw upon the inherent resilience which recognising that a decision is out-with the organisations control can bring (Cunningham, 2010; Atkinson and Lucas, 2013; Thompson and Bunderson, 2003). By not having communicated the financially vulnerable position which they, and indeed the majority of voluntary sector organisations, occupy, MHO1 may have contributed towards the fostering of unrealistic expectations (Selznick, 1957) which have not been fulfilled.

The weakness of trade unionism in the voluntary sector leaves workers vulnerable and relatively unprotected. Very few interviewees knew what membership entailed, and only those who were active participants were aware of their entitlements. Personalisation-style service provision further embedded rolling-shift patterns and lone-working, which reduced workers opportunity to discuss participation. Perceptions of low skill, lack of professional status and low bargaining power, and the “inter-changeability” (Baines, 2006) of workers, have all contributed towards union involvement remaining low. This corresponds with Grimshaw and Rubery’s (2012, p.122) assertion that degradation to the employment experience “may not necessarily galvanise resistance, but could simply reinforce compliance by a disempowered and increasingly insecure population.” It is also worth noting that union activity may be “insufficient to challenge effectively a driving down of terms and conditions within it informed by reduced funding,” (Cunningham, Hearne and James, 2013, p.185-6), and in consequence can only treat the symptom rather than the cause of tensions. The more immediate reaction to these tensions in the social order is increased turnover, which ironically, reduces the potential for union organisation and growth, which, as is evident in MHO1, has the potential to challenge unfavourable working conditions.

9.7 – Chapter Conclusions

This chapter has presented a discussion of the thesis' key findings, by reiterating and answering each of the four research questions in turn. The following chapter will draw conclusions from this discussion, and make recommendations for future research in the sector.

CHAPTER 10 – CONCLUSIONS

The degradation of terms and conditions of employment and intensification which has evolved in consequence of austerity and personalisation is such that the future of work in the voluntary sector is increasingly uncertain, and in light of the notion that the psychological contract is maintained based on expectation of future reward (Robinson and Rousseau, 1994; Tunley and Feldman, 2000; Coyle-Shapiro and Neuman, 2003) this must be addressed in order to provide some security to the employment relationship. This research contributes to these debates via a unique conceptual framework, based on the sociology of service work and the psychological contract, as an instrument through which to better understand reforms in public services that introduce concepts of the customer as a central part of workplace reform, while simultaneously making cost savings. At an empirical level, this research provides analysis of four comprehensive case studies, comprised of fifty-five interviews overall and a benchmarking survey of each, situated in the under-researched context of voluntary sector social care in Scotland. In doing so, it provides the scope to identify specific issues affecting the workforce, how they respond to them, and what this means for employers, and the sector at large. This is not only pertinent to the voluntary sector, but is transferrable across the public sector context, both outsourced and in-house. In order to better understand the challenges which face the voluntary sector specifically, and other public service providers, further research pertaining to the psychological contract and the increasing role of the customer is necessary in Scotland specifically, UK-wide, and in similarly situated countries such as Australia and Canada. Based on the above discussion, further research focusing on how gendered notions of care operate within contemporary public service reform would also be extremely valuable.

As was discussed in chapter four, this research does contain within it several inherent limitations. It is comprised of fifty-five interviews across four case-study organisations, which took place between 2015-16. It is geographically restricted to Scotland, and only focuses on voluntary sector organisations (as opposed to

independents of for-profits), and so the generalisability is limited by these factors. However, the purpose of this research is not to provide information that is generalizable to the social care sector overall, but rather to demonstrate how specific contextual factors impact employment relations pertinent to a particular, localised environment.

As can be seen, customer-oriented norms are present in the voluntary sector, and while this research demonstrates a partial rather than absolute COB, tensions are arising in consequence. Korczynski (2002, p.56) asserts that, in order for a customer-oriented bureaucracy to function effectively, HRM must intervene to mediate these tensions, and compensate where appropriate. A key area in which organisations can do this is via pay. This research seeks to demonstrate that, not only does uncompetitive pay create transactional breach and violation, it also creates a corresponding ideological breach and violation, via employees' inability to perceive the organisation as fair. While much of the existing literature on voluntary sector workers claims they are motivated by flexible benefits (Fleetwood, 2007; Barbeito and Bowman, 1998; McMullen and Schellenberg, 2003), work-life balance (Atkinson and Lucas, 2013), and non-monetary benefits (Leete, 2000; McMullen and Schellenberg, 2003; Shields, 2014), there is a limit to the resilience this affords the psychological contract to degradation; if workers are unable to maintain a standard of living, they will choose to leave – or indeed, are forced to leave – regardless of ideological motivations.

As has been demonstrated, NPM-style target setting cannot accurately account for work (Diefenbach, 2009; Bunning, 2003). Furthermore, the influence of NPM intensifies work (Jimmieson et al., 2016; Cunningham, Lindsay and Roy, 2015) and artificially lowers expectations of cost (Baines, 2006). In consequence, one recommendation stemming from this research is an appeal to funders for less stringent performance indicators and funding applications, longer duration funding (as opposed to the 2-3 year contracts currently predominant) to improve stability and reduce application frequency, and for more central governmental funding. More transparency in commissioning practices is also called for, as many all case study organisations reported a lack of understanding of how decisions pertaining to funding were made. Individual organisations may feel unable to voice these concerns

directly for fear of losing funding, and so the responsibility falls to collective organisations, lobbying groups, trade unions, and academics.

This research demonstrates that while three of the four case study organisations recognise a trade union, involvement with the employer, and mobilisation of the workforce, remain low. Employers could work more closely with unions, and actively facilitate the dissemination of union literature and materials in order to combat the barriers created by shift-work, lone-working and remote service locations, as a means of strengthening their role within the employment relations sphere.

Throughout this thesis, the question has been raised as to whether an increased emphasis on ideological elements of the psychological contract endows voluntary sector workers with a resilience to degradation (Cunningham, 2008, p.215; Cunningham, Lindsay and Roy, 2015), or constrains them from objecting to degradation; the findings and discussion above suggest that both are present, and operate alongside each other. Overwhelmingly, where workers perceived their employer to be fair, the more common response to degradation was resilience. This suggests that, by making pronounced and visible attempts to treat employees fairly, voluntary sector organisations can take steps towards securing commitment among their workforce.

In light of the extent to which they were reported by front-line workers across all case study organisations, the issue of intensification and precarious working practices must be addressed. With regards to contractual status, two service managers at separate organisations (MHO1 and CO1) suggested having a “tipping point”, whereby ZHC workers would automatically transition to permanent contracts based on having worked above a set number of hours in a given period. The findings of this research support this assertion, as it would provide a sense of stability to workers, limit the impacts of a two-tier employment experience, reduce turnover, and the associated costs of continuous recruitment. As a means of facilitating workers to take proper breaks, dedicated break rooms could be created to provide workers with a ‘backstage area’ where workers could physically distance themselves from the demands of service users. The rate of pay for sleepover shifts could also be assessed on a case-by-case basis, as a means of acknowledging that they often

involve as much work, if not more, than waking-hours shifts. Crucially, these actions would contribute towards a perception of the employer as fair, and serve to bolster ideological elements of the psychological contract.

The relationship which HO1 has with HousingConglomerate indicates another course of action which could provide organisations, particularly smaller ones, with an increased sense of control; working together to broker better benefits for employees. This may prove difficult as some providers will naturally be in competition with one another, yet if both receive the same benefit in the job market, neither is at a disadvantage as a result. Benefits such as gym memberships and cycle-to-work schemes resonate with workers greater proclivity for non-monetary reward (Alatrasta and Arrowsmith, 2004; Nishii, Lepak, and Schneider, 2008; Baluch, 2016) and can be secured from external providers by the economy-of-scale offered by working with other organisations. This cooperation may then extend to broader issues in the vein of New Public Governance (NPG) (McLaughlin, Osborne and Ferlie, 2002; Lindsay, Osborne, and Bond, 2013), such as terms and conditions, leading towards informally accepted standards within the sector. Alongside improving experiences of employment, cooperation could facilitate joined-up services, which improves the choice available to service users (Spicker, 2013), and potentially increase space for co-production (Korczynski, Shire, Frenkel and Tam, 2000). As had been demonstrated, voluntary sector workers are reticent to undertake any course of action which could be perceived as driven by self-interest, or in any way damaging to service users, in favour of a self-sacrificing behaviours (Baines and Cunningham, 2011) which characterise the workforce. In consequence, effectively explaining that improving employment conditions has a corresponding improvement on experiences for service users is key.

The findings from this research also supports recommendations made in Audit Scotland's (2012, p.5) 'Commissioning Social Care' paper, which suggested that local authorities and NHS boards "provide information, advice and support to all users and carers, [and] put in place processes for monitoring the outcomes for users of services purchased with individual budgets, including direct payments." This would remove from organisations the burden of explaining options to service users and negotiating with third parties, and the potential conflict of interests (in that,

providers may be unlikely to recommend a competitor and lose funding as a result). Crucially, this would also reduce the ambiguity over accountability (Ellis, 2007) which causes significant distress and intensification for voluntary sector workers.

While not an exhaustive list, these are the solutions which most ably address the problems outlined by participants of this research, with a view to improving the employment experience for workers, quality of service for service users, and stability for voluntary sector organisations. The pressures associated with personalisation and austerity show no sign of abating, and due to the length of time the latter has lasted, a compound influence of upon one another.

Since this research was conducted, several new influences have exerted pressure on the voluntary sector in Scotland. The Scottish Living Wage (SLW) came into effect shortly after data collection for this project ended, and organisations have reported struggling to accommodate the financial demand (Cunningham, James, Baluch and Young, 2017; Cunningham, 2017). Scottish Care (2017, p.3) found that 42% of care homes believe paying the Scottish Living Wage has made them less sustainable. The Apprenticeship Levy, announced by the UK Government in the 2015 Summer Budget, came into effect in April 2017. In Scotland, this will affect around eighty voluntary sector organisations (CCPS, 2017), and represents a significant cost to already financially constrained employers. Recouping this cost may take some time, if it is possible at all – CCPS (2017) note that the vast majority of social care workers are above the threshold age of 25, require specific qualifications, and unlike the system in operation in England, the ability or organisations to track contribution is not present in Scotland.

In addition, the voluntary sector looks set to experience a number of significant transformations in the immediate future. Upcoming changes to immigration policies resulting from Brexit will mean that an estimated 6-8% of social care workers (Scottish Care, 2017, p.3) will be forced to leave the country, which in consequence will diminish the workforce and available recruitment market considerably. Without European Union (EU) membership, future funding from streams such as the European Social Fund (ESF) are uncertain, which will jeopardise the national and local projects they enable (for example, Renfrewshire council's 'Project Search', a learning disabilities service for employability). The prospect of a

second Scottish Independence Referendum could also mean significant changes for the social care sector, with the Scottish Government already stating that they would halt the rollout of Universal Credit and Personal Independence Payment (Scottish Government, 2013, p.158). In consequence, a comprehensive and continuing focus on employment relations is vital to safeguard experiences of work within the sector, and to ensure agreeable standards of service provision for the vulnerable people it supports.

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APPENDIX 1 – INTERVIEW SCHEDULES

Front-Line Employees

1. Introductory questions and demographics

Age

Gender

Full time / Part time

Contract type – permanent / temporary / sessional / zero hours

Do you have any dependents?

How long have you worked with the organisation overall?

How long have you been in your current role specifically?

2. Reasons to work in (i) social care / (ii) the voluntary sector

What made you want to work in:

(i) social care?

(ii) the voluntary sector?

Have you ever had a job that wasn't in the voluntary sector?

What are the main differences?

Is there a discernible difference in relation to organisational culture or "how things are done"?

Have you ever worked in other voluntary sector organisations?

Have you ever worked for a private care provider?

What are the main differences?

Is there a discernible difference in relation to organisational culture or “how things are done”?

Would you ever consider working for a private provider doing so?

If yes/no, why?

3. Initial reasons for employment with the particular organisation

What particular aspects of work in the organisation attracted you?

What would you say are the top three factors?

[Cue Card 1]

- Mission
- Service User group
- Pay and rewards
- Flexible benefits
- Inclusion of service users social activities
- Work-life balance [i.e. hours, holidays etc. a good fit for childcare, family care & obligations]
- Perception of the organisation
- Opportunity to use your skills
- Service planning
- Terms and Conditions
- Career opportunities
- Job security
- Personal contacts
- Family background
- Personal beliefs – ethics, religion, etc.
- Service quality provided by the organisation

Did you know anybody who worked here socially?

4. Day-to-day work

If such a thing were to exist, what would a typical day look like?

What aspects of your job do you enjoy the most?

What aspects of your job do you enjoy the least?

What aspects of your job are the most difficult?

What could be done to make this easier?

5. Terms and conditions

(A) PERCEPTIONS

Do you feel that your job is secure?

Has this changed? If so, how?

(B) FINANCIAL BENEFITS

What is the level of pay?

Do you feel it represents how hard you work?

Has your pay gone up or down since you began with the organisation?

When was the last time you had a pay increase?

Do you know how the pay compares to other similar jobs in other organisations?

How is the pension package?

What is the level of sick pay?

What other benefits are available to you?

Do you use them? Why / why not?

Are employees who use flexible benefits perceived differently?

Do you feel that these adequately compensate you for the work you do?

(C) FLEXIBLE BENEFITS

How is the holiday entitlement?

Do you know how it compares to other employers?

Are they easy to book?

Can you take holidays when it suits you?

Do you make the decision based on your own personal needs and circumstances, or do the needs of the organisation or service users also play a part?

Do the needs of service users influence when you can take holidays?

(D) ATTENDANCE AND ABSENCE

When was the last time you took a sick day from work?

Have you ever come to work while ill?

Do you feel able to take sick days when it's necessary?

Do you feel pressured to consider service user needs when booking a holiday or taking a sick day?

Do you feel that holidays / absence are managed more strictly now?

(E) TRAINING AND INDUCTION

What kind of induction / training did you get when you started?

What kind of training have you had since?

Do you feel it's adequate?

Do you feel there should be more? Less?

Would you welcome more training?

Are you working towards any qualifications at the moment?

If so, are they funded by your employer? By yourself?

Are you expected to stay a certain length of time to qualify?

Is there scope for progression or promotion?

(F) APPRAISAL AND SUPERVISION

How often is appraisal?

When was your last one?

Did you find it useful?

Was enough time allocated?

Is customer feedback considered in appraisal?

Is feedback sharpened by customer input?

To what degree are formal appraisal and disciplinary procedures used as an expression of failure to meet customer outcomes?

To what degree are targets linked to service user outcomes used in appraisal?

How do you feel about that?

Are the outcomes realistic?

What stands in the way of them reflecting the actual work which takes place more accurately?

How often do you see your supervisor for (1) supervision, and (2) appraisal?

Has your (or other) line manager(s) taken on more people to manage?

Has this impacted the time you get to spend with them?

Do you get adequate support from your line manager?

(G) CHANGES IN TERMS AND CONDITIONS

Have you noticed a change in the employment package you're given?

If so, in what way?

(H) CHANGES IN SECTOR CONTEXT

What impact has the financial crisis had on your services?

Has this impacted your organisations values or mission?

How does this fit with your organisations values or mission

Have the moves to integrate social care and health services impacted your services?

Has it impacted your relations with funding bodies in either health or social care?

Has this impacted your organisations values or mission?

How does this fit with your organisations values or mission

Over the last 3 - 5 years has your organisation had to change any of the following employment policies:

[Cue card 2]

- a. Recruitment and Selection
- b. Terms and Conditions
- c. Training
- d. Induction
- e. Attendance and absence
- f. Appraisal
- g. Discipline and grievance
- h. Performance management
- i. Redundancy and Redeployment
- j. Skills mix
- k. Working time, hours, shift patterns

- l. Supervision
- m. Line management roles and numbers
- n. Casualisation moves to recruit zero hour contract workers.
- o. Use of relief staff
- p. Team working and team building
- q. Staff redeployment

Were these changes subject to negotiation or consultation with the unions?

What were the outcomes?

Have management union relations come under strain in recent years?

6. Personalisation

(A) GENERAL

Have you heard of personalisation?

What is it?

Is it effective?

What does the organisation do to promote/implement it?

Do you work with people who manage their own budget?

What impact has personalisation had on your services?

(B) PERSONALISATION AND THE 'CUSTOMER'

Has the word 'customer' ever come up?

In what context?

What do you think the use of the word 'customer' in the context of the service you provide?

Is it accurate?

Is it appropriate?

What do service users think of it?

Are services planned with input from service users, or their family?

(C) PERSONALISATION AND CHANGE

Are budgets adequate in terms of the services they need?

In your experience, how knowledgeable are service users about personalisation?

Do service users discuss their budgets / entitlements with one another?

Do they discuss them with you?

Since the introduction of personalisation, has there been any impact on:

[Cue card 3]

(1) deciding who you work with (service user);

(2) appraisal and performance management;

(3) training and development;

(4) working time;

(5) terms & conditions of employment;

(6) the management of absence;

(7) the use of relief staff;

(8) the type of team/project you work in;

(9) how services are planned (input of service user / their family);

Are these changes positive or negative for you?

Do you think it's good for service users?

Do you think it's good for you / employees?

Are there aspects of [your job / care] personalisation makes easier?

Are there aspects of [your job / care] personalisation makes harder?

What kind of training have you had for personalisation?

Is that adequate?

Have you ever been involved in the planning of services for a service user who uses personalisation?

Did the service user have a say in the outcomes?

Were service users or their families involved in your recruitment?

How does personalisation fit with the mission of the organisation?

Have you ever had to re-interview for a post to accommodate service user requirements or preferences?

7. Funding

How much does funding affect how the service runs?

Is it something people discuss?

8. Intensification

Do you ever work on before or after your shift?

Why is that?

Does everybody do this?

Can you always take breaks when they're due / when you need them?

How do you combat stress at work?

In the last three years, have any of the following gone up or down?

[Cue Card 4]

Pace of work

Volume of work

Number of jobs you are responsible for

Number of service users

Specific performance targets and indicators

Stress levels

Amount of form filling inventory

Level of responsibility

Working hours

Participation in your team

9. Unionism

Are you a union member?

Why is that?

Is it discussed in the workplace?

If you needed to use the union's service for something, would you know who to contact / how to go about it?

Are you aware of any union intervention or guidance campaigns around personalisation in their workplace?

10. Changes in commitment

Are your reasons for working in care the same now as when you started?

How have they developed / changed?

Has there been a time or incident in the last two to three years where the organisation has asked you to do something that was out-with your job description? What was it? How did it make you feel?

Has the organisation ever broken a promise?

Has there been a time or incident in the last two to three years where the organisation has gone back on promises that formed your initial reasons for working here?

What was it? How did it make you feel?

Has the introduction of personalisation led to a time or incident where you felt the organisation has broken a promise?

Has there been a time in the last two to three years where the organisation has asked you to do something that you feel goes against

(i) the organisations mission?

(ii) your own ethics?

Has there been a time in the last two to three years where you have avoided performing a particular task, or been tempted to?

If so, why?

Have you ever refused a task outright?

Has the introduction of personalisation made challenges to your commitment more frequent, less frequent, or roughly the same?

Have you ever felt your commitment challenged?

Have you been able to reconcile this?

How did you reconcile this?

Do you discuss things such as commitment with colleagues? Managers?

Has your commitment increased, decreased or stayed the same in relation to:

[see table below]

	In General	Austerity	Personalisation
Organisation			
Specific service / location			
Service User group			
The Social Care Profession			
The Voluntary Sector			

Have these changed as a result of:

(i) personalisation?

(ii) austerity?

If so, have these changes been positive or negative?

Have your perceptions of the organisation changed? If so, how?

Over the last three years, do you feel that your commitment has increased, decreased or stayed the same in relation to:

[Cue Card 5]

- (1) The organisation
- (2) Specific service / location
- (3) Service user group
- (4) The social care profession
- (5) The voluntary sector

If so, why?

11. The future – intentions to stay or leave

Do you plan to stay with the organisation for the foreseeable future? Why?

Do you ever look elsewhere for work?

What could the organisation do to persuade you to stay?

If you received an offer to work in another organisation doing a similar job, but with better pay, would you take it? If so, why / why not?

12. Closing

Is there anything else you would like to add?

Many thanks for participating.

Line Managers

1. Introductory questions and demographics

How long have you worked with the organisation overall?

How long have you been in your current role specifically?

2. Reasons to work in (i) social care / (ii) the voluntary sector

What made you want to work in:

(i) social care?

(ii) the voluntary sector?

What brought you to where you are now? / What is your career history?

What particular aspects of work in the organisation attracted you?

3. Changes in sector context

(A) AUSTERITY

What impact has the financial crisis had on your services? Has this impacted your organisations values or mission?

What impact has it had on your financial stability?

What impact has it had on your organisation's relations with its public sector funders?

Do you see further problems in the next 3 years from austerity in terms of

- a. Your organisation's financial stability?
- b. The services you delivery?
- c. Purchaser provider relations?

d. Values and mission

How much does funding affect how the service runs?

Is it something people discuss?

(B) PERSONALISATION

What is the organisations position or involvement with personalisation?

What does the organisation do to promote/implement it?

Do you work with people who manage their own budget?

Do you now use the word 'customer' in your relationships with people who would have been previously designated 'service users' or 'clients'?

In what context?

What do you think the use of the word 'customer' in the context of the service you provide?

Is it accurate?

Is it appropriate?

What do service users think of it?

What do your staff think of it?

In your experience, how knowledgeable are service users about personalisation?

Are services planned with input from service users, or their family?

What impact has personalisation had on your services?

What impact has personalisation had on your financial position?

How does personalisation fit with the mission of the organisation?

In the experience of your organisation, are the budgets (Direct Payments or Individual Budgets) adequate in terms of the services they are expected to resource?

Do you think on balance these changes are good for service users? (why?)

Do you think on balance these changes are good for you / your employees? (why?)

Do you now involve service users in the planning of service under personalisation?

Did the service user have a say in the outcomes?

(C) HEALTH AND SOCIAL CARE INTEGRATION

Have the moves to integrate social care and health services impacted your services?

Has it impacted your relations with funding bodies in either health or social care?

Has this impacted your organisations values or mission?

How does this fit with your organisations values or mission

(D) WORK AND EMPLOYMENT IMPLICATIONS OF CHANGE

Over the last 3 - 5 years has your organisation had to change any of the following employment policies:

[Cue Card 1]

- a. Recruitment and Selection
- b. Terms and Conditions
- c. Training
- d. Induction
- e. Attendance and absence
- f. Appraisal
- g. Discipline and grievance
- h. Performance management
- i. Redundancy and Redeployment

- j. Skills mix
- k. Working time, hours, shift patterns
- l. Supervision
- m. Line management roles and numbers
- n. Casualisation moves to recruit zero hour contract workers.
- o. Use of relief staff
- p. Team working and team building
- q. Staff redeployment

Did these changes result from:

- (1) Austerity
- (2) Personalisation
- (3) Integration of social care and health
- (4) A combination of these factors

Are any further HR – employment relations changes planned for the next two years?

Are any of the following relevant in causing your organisation to consider these forthcoming changes:

- a. Austerity
- b. Personalisation
- c. Integration of health and social care

(E) UNIONISM

Does the organisation recognise a union?

Were any of the aforementioned changes employment policies subject to negotiation or consultation with the unions?

What were the outcomes?

Have management union relations come under strain in recent years because of financial context and employment change?

4. Terms and conditions

(A) FINANCIAL BENEFITS

What is the level of pay for front line staff?

Has your pay gone up or down since you began with the organisation?

When was the last time they had a pay increase?

Has the organisation been able to maintain a pay increase since 2009?

How is the pension package?

What is the level of sick pay?

At what point do employees become eligible for these benefits? Is there a qualifying period?

What other benefits are available?

(B) FLEXIBLE BENEFITS

How is the holiday entitlement?

Are employees able to make decisions based on their own personal needs and circumstances, or do the needs of the organisation or service users also play a part?

Do the needs of service users influence when you can take holidays?

(C) ATTENDANCE AND ABSENCE

Do you or your employees feel pressured to consider service user needs when booking a holiday or taking a sick day?

Do you or your employees feel that holidays / absence are managed more strictly now?

(D) TRAINING AND INDUCTION

What kind of training and induction is in place?

Is it adequate?

How do employees respond to it?

Are employees funded to work towards any external qualifications?

(E) APPRAISAL AND SUPERVISION

How often is appraisal? / Tell me about the organisations appraisal system.

Is customer feedback considered in appraisal?

Is feedback sharpened by customer input?

To what degree are targets linked to service user outcomes used in appraisal?

How do you feel about that?

Have line managers taken on more people to manage?

Has this impacted the time individual employees get to spend with them?

5. Intensification

Do employees ever work on before or after their shift?

Why is that?

Does everybody do this?

Can staff always take breaks when they're due / when you need them?

Has your span of control increased, decreased or stayed the same?

Have your responsibilities increased, decreased or stayed the same?

In the last three years, have any of the following gone up or down?

[Cue Card 2]

Pace of work

Volume of work

Number of jobs you are responsible for

Number of service users

Specific performance targets and indicators

Stress levels

Amount of form filling inventory

Level of responsibility

Working hours

Participation in your team

Have these changes been a result of increasing personalisation?

Have these changes been a result of increasing austerity?

Have these changes been a result of health and social care integration?

6. Changes in commitment

How would you describe employee commitment in the organisation?

What type of things do you think drive employee commitment?

Over the last three years, do you feel that the commitment of employees has increased, decreased or stayed the same in relation to:

[Cue Card 3]

- (1) The organisation
- (2) Specific service / location
- (3) Service user group
- (4) The social care profession
- (5) The voluntary sector

If so, why?

7. The future – intentions to stay or leave

Do you plan to stay with the organisation for the foreseeable future? Why?

Do you ever look elsewhere for work?

What could the organisation do to persuade you to stay?

Have you seen peers (i.e. other managers) leave?

Voluntarily or involuntary?

Have layers of management been stripped out?

If you received an offer to work in another organisation doing a similar job, but with better pay, would you take it? If so, why / why not?

8. Closing

Is there anything else you would like to add?

Many thanks for participating.

Senior Managers

1. Introductory questions and demographics

How long have you worked with the organisation overall?

How long have you been in your current role specifically?

2. Reasons to work in (i) social care / (ii) the voluntary sector

What made you want to work in:

(i) social care?

(ii) the voluntary sector?

What brought you to where you are now? / What is your career history?

What particular aspects of work in the organisation attracted you?

3. Changes in sector context

(A) AUSTERITY

What impact has the financial crisis had on your services? Has this impacted your organisations values or mission?

What impact has it had on your financial stability?

What impact has it had on your organisation's relations with its public sector funders?

Do you see further problems in the next 3 years from austerity in terms of

- e. Your organisation's financial stability?
- f. The services you delivery?
- g. Purchaser provider relations?

h. Values and mission

(B) PERSONALISATION

What is the organisations position or involvement with personalisation?

What does the organisation do to promote/implement it?

Do you work with people who manage their own budget?

Do you now use the word 'customer' in your relationships with people who would have been previously designated 'service users' or 'clients'?

In what context?

What do you think the use of the word 'customer' in the context of the service you provide?

Is it accurate?

Is it appropriate?

What do service users think of it?

What do your staff think of it?

In your experience, how knowledgeable are service users about personalisation?

Are services planned with input from service users, or their family?

What impact has personalisation had on your services?

What impact has personalisation had on your financial position?

How does personalisation fit with the mission of the organisation?

In the experience of your organisation, are the budgets (Direct Payments or Individual Budgets) adequate in terms of the services they are expected to resource?

Do you think on balance these changes are good for service users? (why?)

Do you think on balance these changes are good for you / your employees? (why?)

(C) HEALTH AND SOCIAL CARE INTEGRATION

Have the moves to integrate social care and health services impacted your services?

Has it impacted your relations with funding bodies in either health or social care?

Has this impacted your organisations values or mission?

How does this fit with your organisations values or mission

(D) WORK AND EMPLOYMENT IMPLICATIONS OF CHANGE

Over the last 3 - 5 years has your organisation had to change any of the following employment policies:

[Cue Card 1]

- a. Recruitment and Selection
- b. Terms and Conditions
- c. Training
- d. Induction
- e. Attendance and absence
- f. Appraisal
- g. Discipline and grievance
- h. Performance management
- i. Redundancy and Redeployment
- j. Skills mix
- k. Working time, hours, shift patterns
- l. Supervision
- m. Line management roles and numbers
- n. Casualisation moves to recruit zero hour contract workers.
- o. Use of relief staff

p. Team working and team building

q. Staff redeployment

Did these changes result from:

(1) Austerity

(2) Personalisation

(3) Integration of social care and health

(4) A combination of these factors

Are any further HR – employment relations changes planned for the next two years?

Did these changes result from:

(1) Austerity

(2) Personalisation

(3) Integration of social care and health

(4) A combination of these factors

(E) UNIONISM

Does the organisation recognise a union?

Were any of the aforementioned changes employment policies subject to negotiation or consultation with the unions?

What were the outcomes?

Have management union relations come under strain in recent years because of financial context and employment change?

4. Terms and conditions

(A) FINANCIAL BENEFITS

What is the level of pay for front line staff?

Has your pay gone up or down since you began with the organisation?

When was the last time they had a pay increase?

Has the organisation been able to maintain a pay increase since 2009?

How is the pension package?

What is the level of sick pay?

At what point do employees become eligible for these benefits? Is there a qualifying period?

What other benefits are available?

(B) FLEXIBLE BENEFITS

How is the holiday entitlement?

Are employees able to make decisions based on their own personal needs and circumstances, or do the needs of the organisation or service users also play a part?

Do the needs of service users influence when you can take holidays?

(C) ATTENDANCE AND ABSENCE

Do you or your employees feel pressured to consider service user needs when booking a holiday or taking a sick day?

Do you or your employees feel that holidays / absence are managed more strictly now?

(D) TRAINING AND INDUCTION

What kind of training and induction is in place?

Is it adequate?

How do employees respond to it?

Are employees funded to work towards any external qualifications?

(E) APPRAISAL AND SUPERVISION

How often is appraisal? / Tell me about the organisations appraisal system.

Is customer feedback considered in appraisal?

Is feedback sharpened by customer input?

To what degree are targets linked to service user outcomes used in appraisal?

How do you feel about that?

Have line managers taken on more people to manage?

Has this impacted the time individual employees get to spend with them?

5. Intensification

Do employees ever work on before or after their shift?

Why is that?

Does everybody do this?

Can staff always take breaks when they're due / when you need them?

Has your span of control increased, decreased or stayed the same?

Have your responsibilities increased, decreased or stayed the same?

In the last three years, have any of the following gone up or down?

[Cue Card 2]

Pace of work

Volume of work

Number of jobs you are responsible for

Number of service users

Specific performance targets and indicators

Stress levels

Amount of form filling inventory

Level of responsibility

Working hours

Participation in your team

Did these changes result from:

- (1) Austerity
- (2) Personalisation
- (3) Integration of social care and health
- (4) A combination of these factors

6. Changes in commitment

How would you describe employee commitment in the organisation?

What type of things do you think drive employee commitment?

Over the last three years, do you feel that the commitment of employees has increased, decreased or stayed the same in relation to:

[Cue Card 3]

(1) The organisation

(2) Specific service / location

- (3) Service user group
- (4) The social care profession
- (5) The voluntary sector

If so, why?

7. Closing

Is there anything else you would like to add?

Many thanks for participating.

APPENDIX 2 – BENCHMARKING SURVEY:

Please insert figure or tick/circle as appropriate:

A. People Resourcing

	<u>Actual:</u>	<u>Estimate:</u>
1. In total, how many staff does your organisations currently employ? (excluding sessional or relief staff)	_____	_____
2. What is your organisational headcount? (excluding sessional or relief staff)	_____	_____

	<u>Number:</u>		<u>Percentage:</u>	
	<i>[Actual</i>	<i>Estimate]</i>	<i>[Actual</i>	<i>Estimate]</i>
Full time male (number)	_____	_____	_____	_____
Full time male (percentage)	_____	_____	_____	_____
Full time female (number)	_____	_____	_____	_____
Full time female (percentage)	_____	_____	_____	_____
Part Time male (number)	_____	_____	_____	_____
Part time male (percentage)	_____	_____	_____	_____
Part time female (number)	_____	_____	_____	_____

Part time female

(percentage) _____

3. Outline the percentage breakdown of the full workforce (all added together to be 100%) by contract type:

- Permanent (Full-time) _____
- Permanent (Part-time) _____
- Fixed Term _____
- Zero Hours - Permanent _____
- Zero Hours - Seasonal _____
- Annualised Hours _____
- Flexible Hours _____
- Compressed Hours _____
- Term Time _____
- Short Term Working (notice that hours can fall to a minimum agreed level) _____
- Other (please specify) _____

4. Please indicate what kind of contracts you offer for the front-line care staff, and indicate the percentage allocated?

- Zero hours only _____
- Guaranteed hours _____

5. Of those staff on guaranteed contractual hours, please outline the percentage on:

- Less than 16 hours _____
- 16 to 30 hours _____
- 31 or more hours _____
- Full time _____

6. What percentage of staff work:

- Continuous shifts _____
- Split shifts (morning shifts and evening shifts
on the same day) _____
- Permanent early shift _____
- Permanent late shift _____

7. What is the organisations turnover rate for the past 12 months? _____

8. Has your organisation used agency workers during the last financial year? [Yes /
No]

9. If you used agency worker support in the last 12 months what percentage of your
overall pay budget was spent on agency support? _____

10. Do you recognise a union, and if so, which? _____

11. How many staff are union members? (please specify if figure is actual or
estimated) _____

B. Finance

	<u>Actual:</u>	<u>Estimated:</u>
1. What is the annual turnover (in £'s) of the organisation?	_____	_____
2. What is your annual pay bill?	_____	_____
3. What percentage of your services are funded by government sources?	_____	_____
4. What percentage of your services are funded by other sources?	_____	_____
5. Please indicate the % of your overall income that is accounted for by funding that is part of self-directed support?	_____	_____
6. Please indicate the numbers of service users who access your services through:		
(i) Direct payments?	_____	_____
(ii) Individual Budgets	_____	_____
7. In the last year, has your organisation:		
(a) lost any contracts with the public sector? [Yes / No]		
(b) gained any contracts with the public sector? [Yes / No]		
8. What is the starting salary of a front-line worker?	_____	_____



Personalisation and the Voluntary Sector Workforce

Information form for employees

Dear colleague,

My name is Doug Young, and I am a PhD student at the University of Strathclyde's HRM department. I am currently writing a thesis on commitment in the voluntary sector, relating specifically to personalisation and financial austerity, and would greatly appreciate your involvement and input.

I would like your help with this project by taking part in an interview. Your participation would be completely voluntarily. If you do not wish to take part for any reason (or withdraw at a later date), that will be okay and will not affect you in any way.

Your participation would involve taking part in a short (approximately 1 hour) face-to-face interview to discuss a number of issues concerning your everyday work, including the your reasons for choosing employment in the voluntary sector, the scope and volume of work, and training and development. The interview will be undertaken at your place of work.

With your consent, I would like to record your interview. This is so that I can produce a written transcript of the interview for use in the analysis.

Anything you say will be treated confidentially and it will not be possible to identify you from anything you say in the results from this research. Any direct quotes used from any of the interviews will be completely anonymous. Also, the recording of your interview will be destroyed after your interview is transcribed.

The project is to be completed by late 2016, and upon completion you will be provided with access to the finished thesis.

I would like to stress that if at some point in the future you change your mind and would like to withdraw (even after you have done an interview), that will be okay and the data from your interview will be destroyed and not included in our analysis.

Thank you for reading this information – please ask any questions if you are unsure about what is written here.

Kind regards,
Doug Young.

If you have any queries relating to this research and your participation in it contact:

Doug Young
PhD Student
Dept of HRM
University of Strathclyde
The Graham Hills Building
50 Richmond Street
Glasgow, G1 1XU
douglas.g.young@strath.ac.uk

Participants should also note that they are able to contact the University of Strathclyde's Ethics Committee Secretary as an independent contact (Details below).

Dr Calvin Burns
Department of HRM
University of Strathclyde
Graham Hills Building
50 Richmond Street
Glasgow
G1 1XQ
0141 548 3564



Consent Form: Personalisation and the voluntary sector

I have read the contents of the accompanying letter concerning my participation in the research project *Personalisation and the voluntary sector*.

- I confirm that I have read and understood the information sheet for the above project and the researcher has answered any queries to my satisfaction.
- I understand that my participation is voluntary and that I am free to withdraw from the project at any time, without having to give a reason and without any consequences.
- I understand that I can withdraw my data from the study at any time.
- I understand that any information recorded in the investigation will remain confidential and no information that identifies me will be made publicly available.
- I consent to being a participant in the project

Hereby agree to take part in the above project

Name:

Date:

I consent to my interview being audio recorded

Name:

Date:



Participant Information Sheet
Department of Human Resource Management

Title of the study:

“The changing nature of employee commitment in the voluntary sector in relation to the dual pressures of public sector reform and financial austerity.”

I am a PhD student at the University of Strathclyde. I am conducting research to be used in my thesis and I would be grateful if I could interview you about this topic.

What is the purpose of this investigation?

The purpose of this study is to investigate how employees perceive any changes to their terms and conditions of employment, and the circumstances in which they perform their role, which may have taken place as a result of public sector reform and financial austerity.

Do you have to take part?

Your participation is completely voluntary.

What will you do in the project?

If you choose to participate, I will conduct an interview with you which will last between 45-60 minutes. The interview can be conducted at your place of work or the University of Strathclyde, or any other agreeable and convenient place.

Why have you been invited to take part?

I have invited you to take part in this study because the study focuses on the experience of front-line care providing staff. I intend to interview several employees at a number of different care providers.

What are the potential risks to you in taking part?

There are no extraordinary risks to taking part in this study.

What happens to the information in the project?

I will analyse the data from your interview along with that of other interviewees, and then present this in my thesis.

Anything you say during the interview will be treated confidentially. You will not be named in my thesis and it will not be possible to identify you in any way.

You have the right to stop the interview at any time, and to have your data withdrawn from this study even after the interview has been completed. If you allow me to audio record the interview, I will destroy this recording after it has been transcribed.

The University of Strathclyde is registered with the Information Commissioner's Office who implements the Data Protection Act 1998. All personal data on participants will be processed in accordance with the provisions of the Data Protection Act 1998.

Thank you for reading this information; please ask any questions if you are unsure about what is written here.

What happens next?

If you would like to participate, we will agree a time and place to conduct the interview.

This investigation was granted ethical approval by the Department of HRM's Ethics Committee.

If you have any questions/concerns, during or after the investigation, or wish to contact an independent person to whom any questions may be directed or further information may be sought from, please contact:

Chair, Department Ethics Committee
Department of Human Resource Management
University of Strathclyde, Graham Hills Building
50 Richmond Street, Glasgow
G1 1XU

Researcher Contact Details:

Doug Young
PhD Student
Dept of HRM
University of Strathclyde
The Graham Hills Building
50 Richmond Street
Glasgow, G1 1XU
douglas.g.young@strath.ac.uk

I confirm that I have read and understood the above.

Name:

Date: