



**Care in a time of austerity: the electronic monitoring of
homecare workers' time.**

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Review

Care in a time of austerity: The electronic monitoring of homecare workers' time.

Concerns about the labour market undervaluing of carework are longstanding (Graham, 1991; England, Budig and Folbre, 2002; Baines, 2004; Himmelweit, 2007; Rubery and Grimshaw, 2007; Mundlak, 2012). However, there has been little examination of the specific organisational mechanisms through which the value of paid carework is undermined (Palmer and Eveline, 2012). Since 2010, the UK government has implemented an austerity programme which has severely reduced state spending on public services. In this context, employers in the homecare sector have introduced telephone-based technology to monitor working time and support local authority commissioning of homecare from (mainly) private-sector providers (Rubery et al., 2011; UKHCA 2012; Bessa et al., 2013). Our study is the first to consider how homecare workers experience this electronic monitoring and is based on in-depth interviews with female homecare workers in two neighbouring local authority areas in the South West of England. It is both timely and distinctive because we position and understand paid carework within an economic, cultural, and political landscape of austerity.

In this article we demonstrate how electronic monitoring reduces the wages of homecare workers and contributes to an industry-wide problem of non-compliance with UK national minimum wage law (National Audit Office 2016:5). Our analysis engages with the neoliberal austerity narrative of financial and moral compensation for public-sector excess in the period preceding the 2008 financial crash (Potter and Westall, 2013; Pearson and Elson 2015). We suggest that an impact of austerity is to reduce the rights-bearing capacity and legal entitlements of low-waged women in homecare work. Accordingly, electronic monitoring is far more than the recording of working time. It is a 'technology relation' (Cockburn and Ormrod, 1993:154) which redefines homecare workers' labour in quantitative and qualitative terms and undermines the labour market value of paid carework.

Care in a time of austerity

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3 In the UK, over 95% of 'hands on' careworkers are women and homecare is a poorly paid
4 and highly gender-segregated occupation (Carroll et al., 2009; Eborall, 2010; Hussein and
5 Manthorpe, 2014). Homecare workers give personal care to older and disabled people;
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7 visiting them in their own homes to provide assistance with washing, dressing,
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9 continence/incontinence and basic nursing care. State funding accounts for about 80%
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11 service volume of the entire UK homecare sector (Holmes 2015:10). Wages are by far the
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13 largest component in the cost of homecare (IPC, 2012) and as a rule of thumb, the price of
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15 services purchased from the private-sector is half the average cost of public-sector homecare
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17 provision (UKHCA, 2010). Local authorities have a huge influence over, and legal
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19 responsibility for, the efficient and effective functioning of the homecare market in their
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21 respective geographic areas (see Care Act 2014 s.5). They also exercise a high degree of
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23 control over the price of homecare; whether services are commissioned by local authority
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25 officers on behalf of service-users, or are bought-in directly by service-users in receipt of
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27 direct payments issued from the local authority (Atkinson and Lucas, 2013; Laing 2014).
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35 In the context of austerity, commissioning local authorities increasingly require employers to
36
37 use electronic monitoring technology to capture real-time data about the start and end times
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39 of homecare visits (IPC, 2012). It appears that local authorities regard electronic monitoring
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41 as a remedy for the negative consequences of cuts to their budgets, as well as for concerns
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43 about care quality (in the sense of wanting assurance that visits to older and disabled people
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45 are actually made by the organisations with which they contract). A social tendency to
46
47 believe in technology as a panacea for all problems, even social ones, is longstanding
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49 (Weinberg, 1966). Yet technology is always adopted within the context of existing,
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51 gendered, norms or values and raises significant questions of social equality; who benefits,
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53 who suffers, who accumulates, who accommodates? (see Bush, 2009:119).
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3 In England alone, the pay of hundreds of thousands of private-sector homecare workers is so
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5 low as to be unlawful according to national minimum wage law (Public Accounts Committee,
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7 2014:8; Gardiner, 2015). There have been repeated calls for local authorities to attend to
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9 their commissioning practices in relation to minimum labour standards (Low Pay
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11 Commission, 2013; House of Commons Scottish Affairs Committee, 2014; EHRC, 2011).
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13 Nevertheless, government intervention has been slow to materialise and the most recent
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15 statutory guidance falls short of imposing a requirement that local authorities ensure the pay
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17 of homecare workers employed by contracting organisations meets legal minimum standards
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19 (Department of Health 2016:4.30-31).
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24 Despite poor terms and conditions, the UK's homecare workforce is growing rapidly. Since
25
26 the financial crash, social care has become a main source of women's low-waged
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28 employment and it is estimated that the care at home workforce will double in size across the
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30 UK within a decade, providing approx. 2 million jobs (Wittenberg et al., 2011; Centre for
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32 Workforce Intelligence 2013; Fenton, 2013). Unless funding for adult social care is
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34 increased, intense pressure on labour costs is likely to remain (Atkinson and Lucas, 2013;
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36 Kingsmill, 2014; Koehler, 2014).
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40 Recent literature has explored recruitment and retention issues in the homecare industry,
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42 problems of national minimum wage non-compliance and the widespread use of zero-hours
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44 contracts (Bessa et al., 2013; Rubery et al., 2011; Hayes 2015). We build on a growing
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46 literature focused on the management of working time in homecare (IPC, 2012; UNISON,
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48 2012; Bolton and Wibberley, 2013; Pennycook, et al, 2013; Rubery et al., 2015). We find
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50 that although electronic monitoring works alongside zero-hours contracting in the homecare
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52 industry, zero-hours contracts are not a necessary condition of electronic monitoring. As
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54 organisational strategies, both may be co-implicated in the devaluing of caring labour but
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56 they are also distinguishable. While zero-hours contracts attempt to informalise obligations to
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provide or undertake work, electronic monitoring formalises a disjunction between paid time and working time.

We develop an account of austerity in relation to social care and draw attention to ways in which particular understandings of time are produced and promoted through the application of electronic monitoring technology. Time is the inseparable backdrop against which care takes place. Under conditions of austerity, homecare services are reconfigured and care itself is reductively constructed as a consumption of time, service-users are constructed as needy (or greedy) time-consumers and homecare workers as resource-wasting time-takers. We point to austerity as a temporal ideology aimed at persuading populations that individual deprivation in the present-moment, self-sacrifice and the suppression of personal need in the here-and-now is a necessary requirement to underpin a more secure national future. By transforming our understandings of 'care' into those of 'time-consumption', and by emphasising the virtue of present-tense deprivation, a politics of austerity appears to justify time-monitoring in care-provision and the rationing of homecare workers' pay. However, resultant deprivation is not straightforwardly economic. It dovetails with matters of legal standing since austerity requires homecare workers to eschew a rights-bearing, present-tense identity, and accept the denial of the right to be paid fully in accordance with minimum wage law as a sacrifice to the future. In the face of ongoing budgetary pressures, electronic monitoring promotes the acquiescence of homecare workers by embedding organisational behaviours and giving rise to individual work routines which purport to rationalise service provision and certainly reduce service costs.

Electronic monitoring is a technological driver for very real degradations of employment and pay. It has introduced fundamental changes to the basis upon which homecare workers are employed, their capacity to deliver care and their expectation of an entitlement to receive pay for doing so. We draw attention to ways in which electronic monitoring recasts

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2
3 understandings of ‘care’ in relation to ‘time’ (Harrington, 2012) and suggest that the
4
5 electronic monitoring of homecare workers’ labour represents the rationing of social care in a
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7 ‘time of austerity’.
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10 **Austerity, gender and social care.**

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13 Although gender has proven to be a remarkably persistent site of inequality, it is also evident
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15 that over time, welfare states have delivered a quantifiable reduction in social inequality and
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17 practical support for women to engage in paid work (Taylor-Gooby 2009). Yet as a
18
19 consequence of austerity, much of the social infrastructure which promoted women’s
20
21 effective participation, as well as their access to legal protections at work, is under threat
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23 (Walby 2009; Theodoropoulou and Watt 2011; Walby 2012, Rubery 2015). EU populations
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25 are required to attend to individualist and market-led models of citizenship that
26
27 emphasize self-reliance and relegate recognition of human dependencies to the contingencies
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29 of interpersonal relations (Cameron 2009; Taylor-Gooby 2009; Finlayson 2010). A politics
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31 of austerity thus hinges upon gendered assumptions about the capacity of families to provide
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33 care, welfare and support on the basis of kinship; as well as on the harnessing of women’s
34
35 unpaid labour within a domestic or community context.
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41 Across the EU, states have begun to withdraw from prior political commitments to meet
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43 welfare needs collectively as a state function (Taylor-Gooby and Stoker 2011). This has
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45 coincided with an increasingly confident articulation of social policy in neoliberal terms that
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47 enables the state to drive the development of markets in welfare, health, and care provision
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49 and seeks to harness economic competition and market forces in support of a rationing of
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51 entitlement (Walby, 2009; Levitas, 2012; Walby, 2012). Austerity demands that prior
52
53 political commitments to social support, as a collective function of the welfare state, are
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55 claimed to be no longer affordable (Clarke and Newman, 2012). Austerity has been
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3 characterised as a process of ideological shift from questions centred on the financial
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5 industry, to a political project intent on placing blame elsewhere (Allen and Taylor, 2012;
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7 Clarke and Newman, 2012).

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10 The erasure of the idea that the severity of the global economic crash was exacerbated by
11
12 systemic uncertainty (based on a widespread consensus of economists), has permitted an
13
14 austerity response in which vast swathes of people are denied the stability and certainty that
15
16 accompanied notions of state support and welfare (Corsetti, 2012). In the UK, national
17
18 assistance laws in place since the welfare state was founded have been repealed and replaced
19
20 by new legal principles based on 'well-being' and 'prevention' that individualise care needs
21
22 as a matter of social and economic privacy (see Care Act 2014 s.1; Hayes, 2017). Local
23
24 authority duties to meet care needs are being consequently recast as undertakings to do the
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26 minimum necessary and eligibility for state support is re-engineered so as to apply only to
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28 those for whom barriers to achieving wellbeing, 'can and can only' be overcome by the
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30 intervention of a local authority (Clements, 2015; for example Welsh Government, 2015, part
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32 4). An intensification in the rationing of adult social care suggests that the work of caring is
33
34 being increasingly pushed into the private, unpaid and unregulated, realm of the family.
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36 However, there are also considerable impacts on the paid care workforce (Lethbridge, 2011;
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38 Fernandez, et al, 2014). Austerity in the UK has intensified a pre-existing and well-
39
40 established neo-liberal obsession with the transfer of public provision into private-sector
41
42 markets and it has amplified the gendered impact of this shift (Allen and Taylor, 2012;
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44 Fawcett Society, 2012; Walby, 2015). Hence, whether care is paid or unpaid, it is frequently
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46 women who fill the gaps left by the retrenchment of the state (Duffy, et al, 2013; Fawcett
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48 Society, 2013).

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51 Both in its formal manifestations and in families, care is the foundation of the state's human
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53 infrastructure (Kessler-Harris, 1982; Boydston, 1990; Glenn, 1992; Glenn, 2010). In respect
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3 of elder care, the austerity approach would seem especially complex. For several decades the
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5 populations of member states across the EU have seen falling birth rates and rising life
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7 expectancy. The meeting of elder care needs is a pressing issue with which EU Member
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9 States must engage (England and Folbre, 1999; Lethbridge, 2011; Duffy, et al, 2013; Taylor-
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11 Gooby, et al, 2015) and depends in part on their ability to organise social care as a major site
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13 of paid employment (Lethbridge, 2011; Carers UK, 2012; Novitz and Syrpis, 2015).
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17 However, the very existence of an aging population is recurrently constructed as an
18
19 intractable social problem (Langan, 1990; Pierson, 2002; Stone and Weiner, 2001; Hansard,
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21 2013). Care for the elderly is conceptualised as a bottomless pit of need and expenditure
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23 which threatens to precipitate on-going economic crisis (Mullan, 2000; Rasmussen, 2004;
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25 Carers UK, 2012). Indeed, in the UK, political attention to the care of older people is overtly
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27 driven by a desire to contain or reduce demands on the public purse (Dilnot Commission,
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29 2011). Elder care is presented as if synonymous with accounts of ‘financial crisis’ (see
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31 ‘Good Care Costs Less’ speech by Health Minister Jeremy Hunt, October 2014; Commission
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33 on Public Service Governance and Delivery, 2014, paras1.31-41). These conflated sites of
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35 ‘crisis’ – the aging population, and the financial crash of 2007/2008 - appear alongside each
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37 other in a dynamic and shifting narrative about the need for public spending cuts (see for
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39 example Foreword and Introduction in Corsetti, 2012; Wallace, et al, 2013). The spectre of a
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41 care ‘crisis’ at the heart of an ongoing financial ‘crisis’, is thus one aspect of a wider political
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43 project; tackling a perceived societal problem of state-supported human dependency
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45 (Taylor-Gooby and Stoker, 2011). The notion of domestic care-giving as a source of formal,
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47 paid employment is systemically undermined by the discursive co-incidence of care with
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49 economic crisis as well as by the state’s desire to (re)orientate political recognition of human
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51 dependencies from being public to private concerns. Implications for increased gender
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53 inequality arise from ‘the association of care with the feminine, and therefore the subordinate,
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[which] is both a statement about the values of a society and the demographic profile of those who perform paid and unpaid care' (Duffy, et al, 2013:148).

Carework as time-work, and the rise of electronic monitoring

The discussion above has introduced 'austerity' as a multi-faceted term; it straddles many fields in economic, political, legal and cultural forms (Taylor-Gooby, 2009; Evans, 2012; Latimer, 2013; Oxfam U.K, 2013; Potter and Westall, 2013; Wynn, 2013; CLES, 2014).

However, austerity is also a 'time-orientation' that produces or promotes particular understandings of time (Nuttin, 1985:11). Heather Latimer argues that austerity is 'future orientated' in the sense that it focuses its justification for the harsh treatment of particular social groups on preserving the good life for future generations. Accordingly, austerity exhibits a generational temporality which anticipates the future, as it takes effect in the present (Brammall, 2013; Latimer, 2013). This orientation supports a discourse in which 'good' citizenship is expressed as an individual sustainability of the self which is future-focused, in place of a prior emphasis on citizenship and individual rights which might be secured in the present moment (see Lonergan, 2015).

Discourses of austerity represent the ideological (re)generation of new and old gender regimes as values of worth and worthlessness are assigned to particular social communities (Latimer, 2013). Perceptions of generational division are used to justify an accelerated roll-back of the welfare state and this is perhaps exemplified in the UK government's decision to rule out meeting the future additional costs of care for older people through general taxation on grounds that it would unfairly place 'a heavy burden on people of working age' (HM Government, 2009:18). Contrast this with the emblematic 'cradle to grave' foundations of the British welfare state which expressed the commonality of aging as a shared journey in common time (see Schües, 2011). This appeal to the homogeneity of human experience

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stands in sharp contrast to austerity's appeal to self-reliance amongst aging 'individuals' who are living-longer and required to manage the consequences of their own over-consumption of (life) time.

Concerns about the inadequacy of public spending on adult social care pre-date the UK's austerity programme (Fernandez, et al, 2014). However, adult social care is the largest category of local authority expenditure and a principle casualty of austerity (CLES, 2014; Fernandez, et al, 2014; National Audit Office, 2014). Between 2010-2014, local authorities absorbed an effective 26 per cent cut in funding and have consequently redoubled their efforts to purchase care from private-sector contractors at ever lower prices (ADASS, 2015; Public Accounts Committee, 2014). The imposition of tighter eligibility thresholds means that about a third of elderly people who would previously have been eligible are now unentitled to state-funded care (Age UK 2015; Fernandez, et al, 2014). It has been estimated that a million elderly individuals are left to struggle alone with tasks that are fundamental to their day-to-day existence (Triggle, 21/10/16). The shift of the homecare workforce over two decades from the public to the private-sector has effectively removed this large cohort of low waged women from access to legal protection against discriminatory pay-setting, as well as from the benefits of provisions set out in collective agreements covering public-sector workers which included occupational pensions, and (what are now considered) generous sick pay and holiday entitlements (Thornley, 2006; Lewis and West, 2014; Hayes, 2014). Across the UK, an overwhelming majority of homecare jobs are with private-sector employers and most homecare workers are employed by care companies, although direct-hire arrangements between workers and service-users are facilitated where local authorities provide 'direct payments' to enable service-users (or their family/representatives) to arrange care themselves (Fenton, 2013; Hasler and Marshall, 2013; Hayes 2017).

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3 Several studies have connected employment insecurity and low wages in homecare with the
4 use of zero-hours employment contracts (Rubery and Urwin, 2011; Bessa et al., 2013;
5 Kingsmill, 2014; Koehler, 2014). This form of contracting is now standard within the
6 industry (Gardiner 2014) and it means that there is no legal obligation between employers
7 and workers to provide or perform work (Adams and Deakin, 2014). Zero-hour contracting
8 reflects employer preference for work-on-demand scheduling (Jacobs and Padavic, 2015).
9 Under these arrangements, staff bear the risk of a loss of work or pay when a service-user is
10 admitted to hospital or a care home. Zero-hour contracts make it easier for employers to
11 insist on irregular working hours, resulting in episodic and unpredictable working time, while
12 staff tend not to be paid for time spent travelling between clients (Rubery et al., 2011).
13 Indeed, zero-hour contracts are a key mechanism through which ‘unproductive’ time is
14 managed out of the labour process, with paid and unpaid working time blurred since
15 homecare workers are required to be constantly available to their employers and have to wait
16 around in periods between visits. Accordingly, homecare is discursively constructed as an
17 industry in which there is ‘not enough time to care’ and it would seem that austerity is
18 producing new narratives about temporal deficit in homecare (see UNISON, 2012; Bolton
19 and Wibberley, 2013)

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41 The marketisation of care is a reductive process which strives to conceive of care as a
42 commodity for capitalist exchange. Yet, as previous UK studies of homecare work have
43 evidenced, formal organisational strategies seeking efficiency and profit in the context of
44 care-contracting fail to capture the relational complexities of homecare work (Bolton and
45 Wibberley, 2013; Rubery et al., 2015). Homecare work is an embodied practice which
46 requires mental and physical patience (England, 2005). It is not set in a free-floating
47 ‘timelessness’, but demands an appreciation of the changing and adaptive human body. It is
48 in the relational connection between care-giver and care-receiver that homecare is ‘co-
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3 produced' (Needham and Carr, 2009) and hence homecare workers must exhibit an
4
5 interactive capacity to wait for direction or response. These values of patience, change and
6
7 waiting (Stoller, 2011) point to the temporal dimensions of homecare. The labour of
8
9 homecare workers is experienced by service-users as 'time' in the sense of their appreciation
10
11 of homecare worker presence (see Eustis and Fischer 1991; Edebalk, et al, 1995; Francis and
12
13 Netten 2004). Homecare workers invest in relationships with service-users which require
14
15 that they have time to 'be with' another person; to be curious about them and develop
16
17 solidarity with them (Cameron and Moss, 2007). 'Time' is the inseparable backdrop against
18
19 which 'care' takes place. This is not to say that the only experience of homecare service-
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21 users is the experience of presence, nor that homecare is the gift of time, but rather that 'time'
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23 and 'care' are inseparable conceptual domains.
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28 Electronic monitoring technology has increased the capacity for local authorities and care
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30 companies to extract unpaid labour from homecare workers by targeting the organisation of
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32 their working time. Homecare workers are required to use landline telephones or GPS
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34 mobile telephone systems to register the minutes they spend inside each service-users' home
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36 and it is on the basis of these minutes that the homecare worker is paid. Since the local
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38 authority is paying only for contact time (rather than paying a set price for the pre-
39
40 programmed length of the visit it has commissioned), the cost savings are sizable. For
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42 example, by requiring homecare providers to operate electronic monitoring systems,
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44 Hampshire County Council saved in excess of £1million in 2013/2014 (CM2000, 2014).
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46 Devon County Council and South Gloucestershire similarly reported savings equivalent to 10
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48 per cent of their entire purchasing budgets for adult social care by paying only for 'actual'
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50 care delivered. The collecting of real-time data about homecare workers' whereabouts and
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52 visit durations enables invoices to be automatically generated between their employer
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54 organisation and the commissioning local authority. Fees are paid on the basis of this contact
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3 time only and the employer remains responsible for the full costs of service delivery (which
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5 includes the cost of homecare workers' time associated with training, supervision, team
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7 meetings, sickness, holidays and missed calls due to service-user's arrangements or
8
9 hospitalisation). The labour cost of non-contact time however is effectively erased because it
10
11 is constructed as unpaid working time in the context of downward pressure on local authority
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13 care budgets. From a managerial perspective, electronic monitoring is discursively
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15 constructed as a means to 'enhance [careworker] performance' in order to deliver services at
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17 the rates required by local authorities (for example see person specification/job description at
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19 Renaissance Personnel, 2016). However, the logic is to save money by reducing the
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21 proportion of homecare workers' time which is paid time, and to intensify labour (IPC,
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23 2012). The narratives of the homecare workers we interviewed substantiate this argument.
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29 **Methodology**

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31 Care workers' views are largely absent from research about social care (Hayes 2017, Eaton,
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33 2000). However, we are aware of two prior empirical studies which have produced insights
34
35 about the use of electronic monitoring. Brown and Korczynski's study of an electronic
36
37 monitoring pilot scheme in public-sector homecare services found that it intensified labour
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39 but did not reduce the discretionary effort of workers (2010). In contrast to our study, results
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41 were ascertained through the use of workplace surveys by a directly employed local authority
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43 workforce for whom pay and hours of work were assured irrespective of electronic
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45 monitoring.
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50 The Department of Health commissioned Rubery et al to embark upon a comprehensive
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52 mixed-methods study of recruitment and retention in the social care workforce (including day
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54 care, residential care and homecare provision across the public and private-sector 2007-
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56 2010). Although the research did not focus on electronic monitoring, its final report noted
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3 that if electronic monitoring was to become widespread in homecare it might reduce pay by
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5 ‘restricting paid work time, to time actually spent in people’s houses’ (Rubery et al., 2011:4).

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7 A more recently published examination of working time based on data from the same study
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9 characterised HR practices as relying on the ‘goodwill’ of homecare workers to work more
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11 hours than those for which they are paid (Rubery et al, 2015; see also Wibberley and Bolton,
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13 2013).

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17 Our research was funded through a British Academy/Leverhulme small grant. We sought to
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19 explore the impact of electronic monitoring on wages, hours and the employment experiences
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21 of women working in homecare in one city in the South West of England. We considered
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23 that participation in this research might expose our participants to unfavourable treatment at
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25 work and hence chose not to recruit through employer contacts. The focus was on the
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27 private-sector where union membership is very low and hence we did not engage homecare
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29 workers through trade union routes. Rather we used social media sites to promote our
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31 research and additionally recruited participants through local networks. Following initial
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33 expressions of interest from potential participants we conducted a telephone discussion with
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35 each of them to ascertain their eligibility for inclusion in the study.
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40 In the summer of 2014, we conducted in-depth interviews with 14 homecare workers about
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42 their recent experience of electronic monitoring. Nine of our participants were currently
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44 working for private-sector care companies (each had a different employer); six of these
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46 participants worked on the basis of a zero-hours contract, three did not – they had a contract
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48 which provided a minimum guarantee of paid hours of work. A further five participants had
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50 recently left their employment with care companies and were now working under direct-hire
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52 arrangements as personal assistants to older and disabled people. Despite a tendency to
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54 change their jobs between one care provider and another, all participants were committed to
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56 continue working in the care sector and felt a strong sense of professional commitment to the
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3 older and disabled people with whom they worked. Interviews lasted up to 3 hours and all
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5 but two took place in participants own homes. Therefore, the levels of information disclosure
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7 may have been higher than if the interviews had taken place in a more formal setting. Each
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homecare worker gave written consent for the data to be published, all data has been
anonymised and pseudonyms used.

We triangulated our data through analysis of documentary evidence from two neighbouring
local authorities responsible for commissioning homecare services and separate interviews
with six local authority officers; a senior manager for a leading provider of electronic
monitoring software / systems; a senior manager at a disabled persons' independent living
centre which offers support to care-users in receipt of direct payments, and three employers.
There are a total of 28 interviews with 25 participants. The data presented in the findings
below is drawn from the interviews with homecare workers.

Findings

Our interview data evidenced that homecare workers understood electronic monitoring as a
system which limited their pay and, on the most favourable assessment, would allow their
pay to correspond to the length of time they spent in a service-users' home. Charlotte
explained how electronic monitoring worked on a day-to-day basis. When she arrived at a
service-users' home, she would say 'hello' and then ask to use the landline telephone to ring
a freephone service. She would use her own personal code to activate the automated answer
facility service (hosted by the electronic monitoring service provider). It would enquire of
her, 'is this the start of the call or the end of the call?' and she would use the keypad to
answer the question. According to Charlotte the purpose of the system was:

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3 They can clock if you're five minutes late, a minute late or whatever.
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5 The same going out, they know exactly what time you leave. But you
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7 could leave dead on time but they don't give you any time for
8
9 travelling. You can be stuck in traffic for twenty minutes, half an
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11 hour, but you don't get paid for that. And then they're questioning
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13 you why are you late? It's not a case of skiving off anywhere, you are
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15 stuck!
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18
19 Charlotte talks about the electronic monitoring system as 'they' - a disembodied power that
20
21 controls her, transcending her individual employer. 'They' check if her time-keeping matches
22
23 minute by minute with her schedule; 'they' are aware of her leaving a call; 'they' are
24
25 responsible for failing to pay for the time it takes her to get to the next appointment and
26
27 'they' regard her with suspicion and hold her to account. This (dis)identification points to the
28
29 dimensions of the 'technology relation' in which many of the homecare workers situated
30
31 themselves. When Charlotte was not 'clocked in', her work was not recognised as paid
32
33 labour. The technology relation essentially determined when she was either visible or
34
35 invisible for the purposes of controlling her movements and her pay.
36
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38
39 Although electronic monitoring restricted earnings by anchoring paid time within service-
40
41 users' homes, differences arose between the intended contact time and the actual time for
42
43 which homecare workers were paid. The unpredictability inherent in working both 'on the
44
45 road' and 'in the home' meant that neither the visit times, nor the duration of visits, would
46
47 necessarily match with official intentions. Hence, the idea that it was only 'travelling time'
48
49 which was unpaid was not the full story. Unpaid labour also included large periods of time
50
51 when calls overran, as well as time involved in meeting statutory requirements (such as
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53 attending induction or manual handling training) and maintaining good working relations (for
54
55 example time in supervision or at team briefings).
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Care in a time of austerity

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3 The UK Homecare Association (the employers' representative body) has estimated that about
4
5 19 percent of homecare workers' time is spent travelling (and hence is generally unpaid)
6
7 (UKHCA 2015:19). However, our research participants typically regarded their 'working
8
9 time' as the length of time for which they wore their uniform and on this measure, it was only
10
11 about half of their working time that would qualify for pay under the electronic monitoring
12
13 regime on a typical day. Shelley had been employed in a series of different homecare jobs
14
15 under a variety of contractual arrangements and she explained, 'I can't think of any other job
16
17 where you would actually be ready to work, keep your uniform on all day and only be paid
18
19 for a few hours. It's just absolutely nutty, not enough for a wage to live from'. Her
20
21 experience was of committing herself to work a 15-hour day, wearing her uniform for this
22
23 length of time, yet receiving anywhere between 5-8 hours of pay in return.
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28 Amongst our research participants, dissatisfaction with pay was not only deeply and widely
29
30 felt, it was also directly attributed to electronic monitoring. The proportion of a working day
31
32 that attracted pay appeared arbitrary to many homecare workers because electronic
33
34 monitoring was necessarily inflexible, yet service-users' care needs and personal
35
36 requirements could change on an hour-by-hour or day-to-day basis. Many homecare workers
37
38 were frustrated at a growing realisation that they had little choice but to behave in ways
39
40 which put the correct operation of the telephone system at the centre of their attention, ahead
41
42 of what they believed should have been a primary concern for the quality of care services.
43
44 The operation of the technology actually reduced homecare workers' autonomy and left them
45
46 ill-equipped to deal with the demands of the job. As Kate, a homecare worker with many
47
48 years' experience explained, 'some people can spend half an hour on the loo, or they could
49
50 have an accident where they mess themselves and you've got to stay there and clean them.
51
52 You can't walk away'. Set within the technology relation, such integral and responsive
53
54 aspects of care-giving were rendered problematic and placed workers under huge pressure in
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Care in a time of austerity

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3 situations already charged with emotion. Inevitably, unforeseen circumstances required
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homecare workers to stay and deal with the situations in which they found themselves. However, under the electronic monitoring scheme there was no corresponding commitment that workers would be paid. Because of low pay, Tessa was considering leaving her current job and she described how management placed responsibility for her irregular earnings directly with the commissioning local authority:

They said to us, if we went over our time with a service-user we wouldn't get paid because that's not the contracted hours. The council won't pay them, the agency, so the agency won't pay us. So if we did an extra hour, which happened quite often if somebody had a fall or someone wasn't well and you stay on because it's your duty of care, we wouldn't get paid for that.

Anne had been working for a homecare agency up until 8 months ago, and now worked as a personal assistant. She recalled a time when a stair-lift had broken down and she was faced with ameliorating the distress of both her service-user suspended in the chair and the service-users' husband, also a disabled person, who was stranded upstairs. She spent several hours trying to manage the situation until engineers arrived and yet 'didn't get paid for the hours of being there [but] you can't just walk out of the door and leave and say 'well, my time is up now, I've got to go!'.
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Although a majority of the homecare workers in our study were engaged on the basis of zero-hours arrangements, several had employment contracts which guaranteed a minimum number of paid hours, to be worked flexibly. However, these guaranteed hours contracts did not provide for fixed hours of work. For example, Alison had a contractual guarantee of 37 hours of paid work each fortnight. She explained: 'obviously you don't get [paid] from the time of
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Care in a time of austerity

1
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3 starting work to the time of finishing'. The pay guarantee essentially bound Alison to work
4
5 for as long as it would take her to register at least 37 hours of homecare provision via the
6
7 electronic monitoring system. In return, she would receive at least 37 hours of pay each
8
9 fortnight. However, she had no control over the allocation of her work and she worked at the
10
11 demand of her employer, on a flexible basis. Gaps in between visits, extra time when visits
12
13 overran, and her travelling time, all remained unpaid. Even a well-organised work schedule
14
15 could involve an hour and a half of unpaid 'hold ups' each day and Alison explained, 'over a
16
17 week, that's nearly a whole day's pay that you are working for nothing'. Her guarantee of
18
19 37 hours was not a guarantee which fixed her working time. Rather, it provided her with the
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21 promise of a minimum income based on a minimum number of paid hours to be accumulated
22
23 within an unknown number of working hours.
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28 Cycles of over and under staffing were commonly experienced by our research participants.
29
30 Even though Tessa had a contract which guaranteed her a minimum of 16 hours of pay each
31
32 week, she was adversely affected when her employer took on new workers and competition
33
34 for hours of paid work increased. She found that many of her regular calls would be
35
36 assigned to new workers and she had to work for longer periods of time to fill up her
37
38 'guarantee' of 16 hours paid work. She was sent further afield, her travelling time increased
39
40 and she had to work on her notional 'days off'. Tessa said it felt like, 'you were working for
41
42 nothing, really not working for anything'.
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47 Rita was a homecare worker who described electronic monitoring in derisory terms as, 'this
48
49 system where we are on peanuts'. She perceived that electronic monitoring put her under
50
51 intense pressure to meet externally driven time constraints which were simply unachievable.
52
53 As a result, she lost pay. Employed on a zero-hours contract she was subject to electronic
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55 monitoring, and paid on a minute-by-minute basis. Visits which had been scheduled for 30-
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57 minutes could actually net her only 15 minutes of pay if she arrived late; and her late arrival
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Care in a time of austerity

1
2
3 was frequent. Rita's heart went out to 'the poor clients' who suffered when a call was too
4
5 short, but the over-riding imperative of working to the diktat of the electronic monitoring
6
7 scheme meant she knew she had to leave on time to get to the next person.
8
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10 On days when Rita's rota was crammed with more calls than could be properly serviced, the
11
12 greater intensity of her work perversely resulted in her earning less. Each separate visit
13
14 introduced new sources of potential unpaid time and she claimed her co-worker calculated
15
16 that the introduction of electronic monitoring had resulted in a wage drop of £50 a week.
17
18 Rita identified the different ways 'you're losing out' with each call, even when the job was
19
20 going smoothly: waiting for colleagues to turn up to assist with a two-person task such as
21
22 hoisting a heavy service-user; not being able to clock in until family members had finished
23
24 their own personal telephone calls; explaining to service-users 'about ten times' why the
25
26 telephone call was necessary and reassuring them it would not add to their telephone bill.
27
28 Sometimes, the technology would fail. At other times, and particularly when she was in a
29
30 hurry, Rita would simply forget to clock in, so she lost money that way. Both homecare
31
32 workers and employers in our study identified that forgetting to log-in or out was quite a
33
34 common occurrence and could result in neither the worker nor the homecare provider being
35
36 paid for the visit.
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42 For Shelly, shifts were never guaranteed but her dissatisfaction with income irregularity went
43
44 beyond the issue of zero-hours contracting and she reasoned, 'I really enjoy the work but it's
45
46 just the clocking in system is awful'. If she arrived late for call which was officially
47
48 scheduled to last for 30-minutes, the fixed end-point of pay for the visit would not be
49
50 extended, meaning, 'you can only clock it in as quarter of an hour, but invariably it takes you
51
52 longer than that'. Homecare workers considered that visits scheduled for 15-minutes'
53
54 duration were particularly exploitative because the increased volume of visits meant there
55
56 was a greater concentration of visits which would overrun, and hence a greater proportion of
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Care in a time of austerity

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3 their working time went unpaid (such short visits are used by 74% of local authorities, see
4 UNISON, 2016:3). Shelley tried not to leave care tasks unfinished and this meant she was
5 always behind the clock and really struggled to make ends meet. She claimed that electronic
6 monitoring limited the people who could 'survive' in a homecare job to those 'people who've
7 got some other support financially because it's not viable to do it'.
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14 Indeed, low pay meant that homecare workers who did not have partners in well-paid work
15 were dependent on state benefits, particularly for housing costs. Karen's manager had
16 explicitly told her that she was expected to rely on her husband to manage the
17 unpredictability of her earnings. Tessa was under pressure from her partner to stop working
18 because she didn't get paid for enough of her working time and consequently her
19 employment was of marginal economic benefit to the family. Morag had been forced to
20 borrow money from her children and other family members when her pay packet was so
21 small that she didn't have enough for food and heating.
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33 Gillian resented being expected to treat service-users like machines who would perform to
34 cue when working for a homecare agency and had recently started working directly for an
35 older person instead. She felt that under conditions of electronic monitoring she had been
36 expected to think about service-users like there was no need for 'human care' and 'be like,
37 right come on Mrs so-and-so, we've got to get you in and get you washed, dressed ... put
38 drugs in you, whip the Hoover around quickly and then out again'. Her concerns were echoed
39 by Donna, who said that the set times covered by electronic monitoring bore little relation to
40 the actual performance of her work and 'we have to cut corners sometimes' like neglecting
41 the washing up or failing to empty the bins. Her strong sense of commitment to her service-
42 users however, meant she would often return to the same home later in the day to finish her
43 duties, outside of the watch of the electronic monitoring system and consequently, without
44 pay. Other interviewees were either unwilling or unable to engage in such discretionary
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Care in a time of austerity

labour and expressed embarrassment at being pushed into situations of ‘professional incompetence’ when they were working in a hurry.

Homecare workers claimed that the intensification of labour imposed under electronic monitoring produced a greater proportion of unpaid time into their working lives and also increased the risk of error because ‘people started rushing it ... mistakes happen’. The work of correcting for these mistakes was another source of unpaid labour. Homecare worker Rita recalled an occasion when a service-user had been given the wrong medication because an overstretched homecare worker ‘forgot to concentrate.’ Getting appropriate medical support, reassuring the service-user, and informing their family, not only involved Rita in many hours of unpaid time, but it also meant that all her other calls for the day were allocated to someone else and she ‘lost the work, through no fault of [my] own’.

Discussion

Our study highlights that the relationship between paid and unpaid working time determines earnings in homecare and that the construction of ‘care’ as ‘time-consumption’ connects homecare workers’ wages to issues of care quality. Electronic monitoring re-scripts what matters most; and what counts inside the homes of older people is conformity with pre-determined and disembodied calculations of clock time. Hence, electronic monitoring is not merely a tool used to implement time management practices and deliver budget cuts for local authorities; its collective significance is to reconfigure understandings of working time and of care.

Electronic monitoring purports to monitor care quality (in the sense of ensuring that visits are made), at the same time as it strips care of its interactive flexibility and attempts to deny the relational underpinnings of individual service. The exercise of caring skills and the quality of care provided are hidden from view. Electronic monitoring is a disembodied and all-

Care in a time of austerity

1
2
3 pervasive form of control which reduces the practice of care to the fulfilment of a series of
4
5 tasks within a pre-determined time period, which is often illusory. Bolton and Wibberley
6
7 (2013) have suggested that homecare is organised as a combination of formal and informal
8
9 (often discretionary) labour. Our findings suggest that electronic monitoring explicitly
10
11 demarcates formal from informal labour, removes social interaction and has the potential to
12
13 undermine the discretionary labour which is noted in other studies as being as a central
14
15 feature of homecare work and the gendered relations which underpin it (Bolton and
16
17 Wibberley, 2013; Rubbery et al, 2015).
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21 All the participants in our study thought that they were underpaid; not on the basis of their
22
23 hourly wage, but because they considered that the quantity of unpaid work now required of
24
25 them was unjust and exposed them to considerable wage uncertainty. The reconfiguration of
26
27 paid and unpaid working time under electronic monitoring appears to have made it clearer to
28
29 homecare workers that a significant proportion of their labour is unpaid. In the
30
31 ‘unknowability’ of the circumstances and events which will define each visit, homecare
32
33 workers experience anxiety because the quantity of working time required for care-giving
34
35 may not match the time formally made available as paid time. It suggests that electronic
36
37 monitoring forces women into relations of economic dependence, because of low pay and
38
39 because of unpredictable pay. Ironically, wage uncertainty coexists with the very clear
40
41 demarcation between paid and unpaid time which electronic monitoring purportedly embeds.
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47 Our findings have implications for the legal regulation of pay in the homecare sector,
48
49 particularly in light of the current Conservative Government’s National Minimum Wage
50
51 policy which has introduced a higher rate ‘National Living Wage’ for workers aged 25 and
52
53 over from April 2016. Although this policy has the potential to improve pay in low wage
54
55 industries, it does not address the problems which lie behind an established pattern of
56
57 widespread non-compliance with national minimum wage law in the homecare sector (Bessa
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Care in a time of austerity

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3 et al., 2013; National Audit Office 2016:8, Low Pay Commission 2016:paras 8.74-8.92); fails
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5 to address gendered weaknesses in the statutory framework which facilitate unpaid working
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7 time (Hayes, 2015; Hayes, 2017); and does not impose national minimum wage liabilities on
8
9 local authorities for the wages of workers who deliver public services and are employed by
10
11 contactor organisations. It would seem that while contractors and commissioning local
12
13 authorities purport to cede control over pay-setting to a technology, homecare workers are
14
15 highly aware that commissioning local authorities require and orchestrate unpaid working
16
17 time. Rubery and others have argued that social care policy-making overlooks the
18
19 significance of employment relationships in homecare and disregards expectations of
20
21 contractual commitments and the enforcement of labour standards (Rubery and Urwin 2011;
22
23 Rubery et al 2012). Our findings additionally suggest that electronic monitoring exacerbates
24
25 homecare workers' sense of subordination in the labour market through facilitating the
26
27 explicit control of their paid working time by local authorities who are not their employers
28
29 and do not carry legal responsibility for wages.
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34
35 Zero-hours contracting and electronic monitoring are discrete strategies deployed in the
36
37 homecare market. While zero-hours contracting dispenses with contractual commitments to
38
39 provide regular work, it can blur the relationship between paid and unpaid labour by
40
41 expecting workers to be available for work as and when they are required. Yet, zero-hours
42
43 contracts, on their own, do not necessarily require work without pay. An effect of electronic
44
45 monitoring however is to empty the employment contract of its basic legal premise that
46
47 wages will be provided in rational exchange for work undertaken. Electronic monitoring
48
49 demarcates, in abstract, what is paid and what is unpaid. However, as the participants in our
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51 study explained, electronic monitoring shaped the haphazard way in which pay attached to
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53 working hours in practice.
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57 58 **Conclusion** 59 60

Care in a time of austerity

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3 A legacy of structural conditions and gendered norms, through which the caring labour of
4
5 women has been disregarded and undervalued, continues to shape paid carework. By
6
7 exploring electronic monitoring from the perspective of homecare workers, we can see that
8
9 its introduction signals the degradation of work, intensification of labour and removal of
10
11 autonomy over work. Although technology facilitates social change, it always ‘enters the
12
13 present culture, accepting and exacerbating the existing norms and values’ in and through
14
15 time (Bush 2009:119). In considering questions of social equality raised by the
16
17 implementation of this technology we have argued that electronic monitoring gives
18
19 expression to gendered hierarchy by constructing care as a temporal commodity in order to
20
21 exercise economic control over women in domestic spaces. It enables the state, in the form
22
23 of local authorities, to engage in third party surveillance within the employment relation and
24
25 to benefit from the consequent quantitative reduction of paid working time. Rubery and
26
27 Rafferty (2013) predicted that austerity would have a disproportionate impact upon women,
28
29 and that women would resist removal from the labour market. Our findings bear this out, but
30
31 also point to very real reductions in pay and conditions for women working in this rapidly
32
33 expanding sector.
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39 Time is socially produced by practices which persuade that a specific time frame should
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41 govern in a specific context (Eriksen 2001; Gurvitch 1963). Austerity has foregrounded
42
43 specific representations of time which have been taken up and intertwined with the
44
45 production of social care. The plausibility, and hence implementation of electronic
46
47 monitoring in homecare, hinges upon establishing that it is legitimate and justified to measure
48
49 care in a time of austerity; and then to use that measuring to ration service provision and limit
50
51 the extent to which homecare workers are paid for the care they provide. In our study,
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53 electronic monitoring was shown to reconstruct homecare provision by imposing a routine of
54
55 clocking in and out which served to emphasise that time was rationed and externally
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Care in a time of austerity

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3 adjudicated. It did not introduce regularity into care arrangements, did not advance rational
4
5 nor realistic work scheduling, and seemed unable to ensure sustainable relationships between
6
7 care workers and service-users.
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11 Electronic monitoring also exerts gendered and qualitative forms of control by producing
12
13 carework as an unpaid activity. It represents a power to determine when workers may be
14
15 rendered practically and economically invisible in the performance of their duties. This
16
17 technological capacity to ‘appear’ or ‘disappear’ homecare workers is integral to the
18
19 construction of care in a time of austerity. As a ‘technological fix’ for the under-resourcing
20
21 of social care, electronic monitoring communicates political suspicions that public monies
22
23 may be wasted in paying for care and hence stringent controls and rationing can be ostensibly
24
25 justified. This speaks to the austerity project of erasing recognition of human dependency as
26
27 anything other than a private concern; to gendered expectations of women’s propensity to
28
29 give care without pay; and it reinforces the perceived inefficiency of ‘problematic’ aged or
30
31 disabled bodies. Such an influence strengthens the ability of corporations to accumulate
32
33 economic benefit from the commodification of care in a time of austerity and does so by
34
35 (re)turning to powerful associations which connect paid employment and legal entitlements
36
37 with the protection of male interests.
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42
43 In a time of austerity, both services users and homecare workers are expected to
44
45 accommodate the consequences of underfunding. Griffin (2015) has claimed that austerity
46
47 discourses appropriate women’s purported tendencies to behave responsibly and iron out day-
48
49 to-day problems as a form of crisis management to which women are ‘naturally’ suited. Our
50
51 study suggests that, situated within the technology relation of electronic monitoring,
52
53 homecare workers bare emotional, physical and economic responsibility for the failure of
54
55 care systems to deliver adequate care services. They are required to fill gaps in care
56
57 provision which arise in the wake of retrenchment by the state. Electronic monitoring itself is
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Care in a time of austerity

1
2
3 a 'time perspective' (Nuttin, 1985:16) in the sense that it structures and specifies the
4
5 behavioural acts we label 'care' and quantifies them as 'time consumption'. Thus contests
6
7 over the appropriate adoption of legally or managerially instituted notions such as 'travel
8
9 time', 'clock time' or 'working time' are also struggles to assert the legitimacy of subjective
10
11 notions such as 'time to care'.
12

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14 We agree with Harrington that 'struggles over time ... are also commonly struggles over basic
15
16 ethical and political values (2012:5). Electronic monitoring appears to be ostensibly justified
17
18 on the basis that a 'crisis' of underfunding in adult social care can be controlled by enforcing
19
20 stringent controls on the labour cost of the homecare workforce. Its focus on effectively
21
22 punishing homecare workers for late arrivals by reducing their pay, shifts blame for the
23
24 practical effects of under-resourcing onto their shoulders as individuals. Electronic
25
26 monitoring also undermines the ability of homecare workers to concentrate on the provision
27
28 of care in the psychological present. They are constrained in anticipation of future need (in
29
30 the shape of concerns about the timing and requirements of their next visit, as well as by an
31
32 intensification in service rationing, short visit times and their experience of low and irregular
33
34 wages). Under systems of electronic monitoring, a lack of regard for homecare workers as
35
36 the bearers of employment rights, and an emphasis on their moral and social responsibilities
37
38 as 'good citizens, is brought sharply into focus by the highly gendered requirement that an
39
40 increasing proportion of their working time is provided without pay. In a time of austerity,
41
42 their individual expectations of a right to be paid on the basis of their actual labour are
43
44 disappeared from view.
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