Decent Work for Women in Wales: A Sectoral Study

A qualitative research study exploring decent work and barriers to progression for women in the Domiciliary Care and Food and Drink Sectors

October 2017

Produced for:

OXFAM

Produced by
Natasha Davies, Dr. Lucy Knight and Dr. Hade Turkmen
3.5. Priorities for change

3.6. Conclusions

Chapter 4: Summary and Recommendations

Bibliography
Foreword

The question of decent work is one that must be at the heart of discussions of gender equality. Women continue to face disadvantage in the workplace and are more likely to be in insecure, poorly paid employment that offers little opportunity to progress. Those sectors that are more likely to offer poor quality employment, such as care and retail, are also more likely to employ women.

The cost of this disadvantage is felt by women, but also the wider economy.

Chwarae Teg were therefore pleased to prepare this report on behalf of Oxfam Cymru during 2017. The context of these discussions in Wales has shifted slightly since the report and recommendations were written. The Welsh Government’s economic action plan has been published, which includes a welcome focus on securing inclusive growth. Notably, care and food and drink are included as key foundational sectors that will benefit from additional support and investment from Welsh Government, including action to improve career progression within them.

The Fair Work Board has been set up and a Chair appointed, and it has been made clear that the Board will be tasked with looking at issues such as the gender pay gap, as well as the broader fair work agenda.

In this context the findings from this report, and the other reports in this suite of studies, are all the more important. Securing decent or fair work for all must remain a top priority to ensure that prosperity truly is felt by all. These discussions must always include a gender lens, so that the continued economic inequality felt by women throughout Wales is tackled and the gender pay gap becomes a thing of the past.
Chapter 1
Research Background

Introduction

The desire for decent work is an important issue for many people in Wales today. Since women continue to be disproportionately concentrated in lower paid sectors and on precarious contracts, and are therefore at greater risk of living in poverty, the gender element of this matter cannot be ignored. A recent report by Hays Recruitment shows that for both men and women, pay is the top priority when considering staying in their current job, followed closely by workplace culture, career progression and then benefits or perks.¹ Women are slightly more interested than men in culture (+2.2%) and slightly less interested in pay (-1.5%) and progression (-0.7%) although these differences are minimal, thereby dispelling myths that women are uninterested in money or progression. Oxfam’s report on decent work in Scotland (2016) supports this notion. In a ranked list of 26 priorities for low-paid workers, six points related to pay, including the top spot on the list, followed closely by culture, working hours, progression and then benefits.²

Given that pay is the most important factor for workers, it is essential to consider the National Living Wage (NLW) and National Minimum Wage (NMW) when discussing decent work.³ In February 2017, the UK Government published a list of 360 companies found to be paying workers less than the National Living and Minimum Wage.⁴ This meant that 15,500 of the UK’s lowest paid workers were underpaid by a total of almost £1 million. Of these 360 companies, 36 (10%) are in the care sector and 80 (22%) are in the food and drink sector.⁵ Seven companies in these two sectors are based in Wales, where 179 workers were underpaid by £62,574.34.⁶ Nurseries, hotels, and hair and beauty salons also featured heavily in the list. By underpaying workers who already earn around the lowest legal wage, there is the risk that those workers will fall into or remain in a standard of living significantly below the national average.

In addition to concerns around pay, women in the care and food and drink sectors face further barriers to decent work. Care work, which is heavily female-dominated, often involves long working hours, zero-hour contracts, insufficient training and little opportunity for progression. Gender segregation in the food and drink sector is not

² UWS-Oxfam, Decent work for Scotland’s low-paid workers: a job to be done, p. 3.
³ The National Living Wage is the new name for the National Minimum Wage for people over the age of 25, currently set at £7.50 an hour. This is not to be confused with the Living Wage, also known as the Voluntary Living Wage or Real Living Wage, a sum calculated by the Resolution Foundation on what it would take to improve living standards. This is currently set at £9.75 in London or £8.45 for the rest of the UK.
⁴ UK Government, Record number of employers named and shamed for underpaying, 15 February 2017.
⁵ Excluding nurseries and childcare.
⁶ Including restaurants.
⁷ UK Government, Record number of employers named and shamed for underpaying, 15 February 2017.
as pronounced as the care sector, although there is a relatively large gender pay gap, and full-time, permanent contracts are far from the norm. All of these factors can lead to in-work poverty for women in these industries.

This section of the Decent Work report therefore looks specifically at the care and the food and drink industries, in particular the barriers to decent work for women in Wales.

**Delivering decent work - The role of government**

The Well-being of Future Generations (Wales) Act 2016 places sustainability at the heart of Welsh policy making. The Welsh Government is required to consider how all legislation and policy can help deliver on the seven well-being goals, including making Wales more prosperous, resilient and equal. Against this backdrop, as well as increasing in-work poverty and stagnant wages, discussion of inclusive growth and “decent work” has increased. Most recently the Welsh Government convened its Fair Work Commission which will establish an agreed definition of fair work, review the evidence and identify time-sensitive issues for the Welsh Government that could impact on fair work.\(^8\)

However, the current devolution settlement can present some difficulties for the Welsh Government. Despite publicly stating it’s commitment to the voluntary Living Wage, improving working conditions and tackling in-work poverty, the Welsh Government has limited policy levers with which to affect change with regards employment. As long as employment legislation remains non-devolved, the question for Welsh Government will continue to be how to maximise the policy levers they do have to encourage or require changes to employment practices.

In relation to the two sectors presented in this study there have been a number of important policy developments in recent years which must be considered as we explore the issue of decent work.

**Care**

**Overview**

In this report we will predominantly consider domiciliary care. As a sub-sector within social care, domiciliary care has had significant focus from the Welsh and UK Governments and has unique challenges and opportunities given the nature of the work. Issues within this sector around pay and conditions have also been well publicised in recent years.\(^9\)

---

\(^8\) The Fair Work Commission was convened in June 2017 following an announcement at the Welsh Labour Conference in March 2017.

\(^9\) For example *Number of care workers on zero hours contracts jumps to one in seven* The Guardian 17/11/2016 [https://www.theguardian.com/uk-news/2016/nov/17/care-workers-zero-hours-contracts](https://www.theguardian.com/uk-news/2016/nov/17/care-workers-zero-hours-contracts-).
There are approximately 19,500 domiciliary care workers employed in Wales caring for 23,000 service users and providing 260,000 hours of care per week. 80% of these care workers are women and around 50% are over the age of 40.10

Care work is skilled work and carries a high level of responsibility yet this is not reflected in care workers’ pay, with the vast majority being paid on or around the National Living Wage.11 While precise wage figures by gender are not available for domiciliary care itself, for Human Health and Social Work more broadly the gender pay gap in 2016 stood at 18%, with men’s average wage standing at £14.27 compared to £11.73 for women.12

With an ageing population, there will be increased demand for care in the near future. Public Health Wales estimates there will be 184,000 people in Wales aged 85 or over by 2036, an increase of 145% since 2011.13 This higher demand for domiciliary care presents Wales with both an opportunity to create jobs and a challenge to meet the needs of service users within given budgets. A failure to meet these challenges will result in care workers, the majority of whom are women, remaining at higher risk of poverty despite working in an increasingly demanding sector.

The crisis facing the care sector has had a lot of media coverage in recent years, particularly the “triple whammy” of issues around staff pay and recruitment, funding cuts and the ageing population.14

Lack of decent work

As outlined above issues with pay and working conditions in the domiciliary care sector have been well publicised. Low pay is common and 56% of care workers in Wales are on zero-hour contracts.15 As a result workers often earn a completely different sum each month, making it difficult for them to budget or to get a mortgage. Inconsistent pay packets coupled with low wages exacerbates the problem of in-work poverty, with evidence suggesting that fluctuations in income can affect benefit claims, denying people much-needed income if their hours are reduced.16 The Welsh Government, however, has recently announced plans to curb zero-hours contracts in the domiciliary care sector, and to offer workers who have been on such contracts for three months the choice of staying on zero-hours or moving to a minimum-hours contract.17

unison-minimum-wage / A day in the life of a care worker: 23 house calls in 12 hours for £64.80; The Guardian 17/11/2016; Britain’s Home Care Crisis BBC Panorama first aired 20/03/2017
http://www.bbc.co.uk/iplayer/episode/b08k9zgn/panorama-britains-homecare-crisis

10 Social Care Wales, March 2016, p. 2.
11 Social Care Wales, March 2016 p.4
12 ONS Pay Gap by Industry Wales ASHE 2016
15 Social Care Wales, March 2016, p. 4.
16 Citizens Advice, July 2013
17 BBC News, 12 June 2017.
A 2014 report on care work in England found that care providers were using “ruses” to avoid paying care workers properly, including inappropriate deductions and not paying expenses, and that 48% of care providers in England were guilty of non-compliance regarding National Minimum Wage regulations. A number of Welsh care providers have recently been named and shamed for paying below the National Living or Minimum Wage, so it is possible that similar practices have also happened in Wales, thereby increasing the risk of those workers experiencing in-work poverty.

Care workers typically work very long shifts, where they travel between services users, yet they often do not get paid for their travel time. In other words they work long hours, including what they describe as “dead time” travelling between jobs, for very little pay. In Wales in 2016, only 2 out of 22 local authorities paid care workers for travel time.

A BBC documentary aired in March 2017 featured care workers from North Wales, one of whom said that she is unable to buy a house since she is on a zero-hour contract, and another who had left the profession due to low pay and long hours. The documentary found that care providers need to be paid at least £15 per hour if they are to cover costs and pay care workers fairly. Funding cuts within local authorities have meant that councils are not paying this sum, leaving 25% of care providers at risk of insolvency and many to close down completely.

Care workers also face a variety of poor working conditions that cause many to leave the profession or potential care workers not to apply in the first place. Unison Wales states that “over-stretched sources are depriving the mostly-female workforce of any dignity at work”, that care workers feel exploited financially, and that many would feel better off “working on the tills at a supermarket”. Additionally, care workers have recently seen cuts to supplements for sleep-ins at service users’ homes, holiday pay, sick pay and bank holiday working premiums. Care work also involves a lot of lone working, leaving many care workers feeling vulnerable. Many care workers have reported that they feel “rushed” because appointments are booked too closely together. The International Longevity Centre reports that 93% of care workers [in England] have suffered verbal abuse and 53% have suffered physical abuse from the people they care for.

Lack of career progression is a further issue, which is in part due to problems with qualifications and training. Qualifications Wales describes the wide range of care qualifications as “complex, confusing, patchy, potentially misleading and, most significantly, does not provide a clear pathway of progression for learners to reach

---

18 ILC (International Longevity Centre) and Anchor, *The future care workforce*, February 2014.
19 UK Government, 15 February 2017 (see ‘Introduction’ above).
21 CSSIW, October 2016, p. 47.
22 Social Care Wales, March 2016, p. 4.
23 BBC Panorama: Britain’s Home Care Crisis, first aired on 20 March 2017, 8:30pm on BBC1
24 Unison Wales, 8 March 2017.
26 Social Care Wales, March 2016, p. 12.
27 ILC February 2014.
their chosen destination”.\textsuperscript{28} The Welsh Government argue that a level 2 qualification is “too low to underpin the skilled nature of care work”.\textsuperscript{29} However, care workers with relevant qualifications higher than level 2 are likely to want better pay.

On-the-job training is also reportedly inadequate. Social Care Wales points out that huge proportions of care workers are not trained to do required tasks, such as changing catheters or Percutaneous endoscopic gastrostomy (PEG) feeding.\textsuperscript{30} Furthermore, there are limited opportunities for progression, partly due to the large number of care workers (19,500)\textsuperscript{31} compared to the low number of managerial positions: there were 618 registered domiciliary care managers in Wales in 2016.\textsuperscript{32} This equates to 32 care worker positions for every one managerial position.

Work will begin on developing a new set of qualifications in 2019\textsuperscript{33} and mandatory registration of domiciliary care workers will come into effect in 2020,\textsuperscript{34} which should lead towards improved opportunities for career progression. Yet until funding issues are addressed, the majority of care workers will remain at a higher risk of poverty.

Challenges

Funding cuts in the public sector - which pays for the majority of care in Wales - coupled with the incremental rise in the National Living Wage could cause serious problems in the sector, leading to some suggesting that the only way to solve this issue would be to commission fewer services.\textsuperscript{35} This would be detrimental to care workers and services users alike. With an ageing population, more people will be requiring care in the near future, so fewer services will lead to graver problems.

The ageing population increases pressure on the already stretched service. The population aged over 65 is expected to increase from 600,000 in 2013 to 900,000 by 2037.\textsuperscript{36} Furthermore, a 2013 survey showed that 63% of people would prefer to spend their final days at home,\textsuperscript{37} which is likely to further increase the demand for domiciliary care. On the one hand, this could be a great opportunity to create new jobs, with one estimating that 25,000 jobs could be created to meet demand in North Wales alone by 2033.\textsuperscript{38} Yet new jobs can only be created if funding is available.

Perceptions of care being low-paid, low-status and more suitable for women is also problematic, as this makes it difficult to recruit and retain suitable workers. People continue to see caring roles as female roles and “entrenched social perceptions” stop men from considering care work.\textsuperscript{39} Social Care Wales highlights not only the perception that care work is generally believed to be “essentially a female

\textsuperscript{28} BBC News, 15 July 2016.
\textsuperscript{29} Welsh Government, 17 March 2016.
\textsuperscript{30} Social Care Wales, March 2016, p. 3.
\textsuperscript{31} Social Care Wales, March 2016, p. 2.
\textsuperscript{32} Care Council for Wales, 2016, p. 5.
\textsuperscript{33} BBC News, 15 July 2016.
\textsuperscript{34} Welsh Government, 17 March 2016.
\textsuperscript{35} ADSSC, 11 January 2015.
\textsuperscript{36} Social Care Wales, March 2016, p. 2.
\textsuperscript{37} Ibid., p. 23.
\textsuperscript{38} Daily Post, 24 April 2013.
\textsuperscript{39} BBC News 31 August 2015.
profession” but also that it is perceived as “a low-status occupation associated [with] low pay levels and low entry requirements”. A YouGov poll conducted in 2015 found that 75% of respondents consider care work to be the most unappreciated profession in the UK. The result of these factors is that there is a high turnover of care staff and managers face difficulties in recruiting and retaining them.

Opportunities

Despite the challenges, there are many reasons why people are attracted to care work, including making a difference, job satisfaction, flexibility, and the opportunity to work with people. In the near future, the demand for care work will certainly increase, resulting in the potential for job creation, and the positive factors of care work will attract people to these jobs. Nonetheless, more needs to be done to address issues of funding, pay and working conditions to improve prospects for care workers and to facilitate decent work.

Two recent pieces of legislation seek to improve the provision of social care in Wales: The Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act.

The Social Services and Well-being (Wales) Act came into force in April 2016. The Act imposes duties on local authorities, health boards and Welsh Ministers, requiring them to work to promote the well-being of those who need care and support, or carers who need support. Supported by regulations and Codes of Practice the Act made a number of changes including a requirement for Local Authorities and health boards to come together in new statutory partnerships to drive integration, innovation and service change.

The Regulation and Inspection of Social Care (Wales) Act, which received Royal Assent on the 18th January 2016, makes a number of changes in relation to the care workforce. These include Welsh Ministers having to write a report about the social care market in Wales and the right to check service providers, Social Care Wales (previously the Care Council for Wales) having more power to improve services and support people who work in care, the introduction of new training standards and a better system for monitoring training.

Crucially, this piece of legislation extends the remit of Social Care Wales (SCW) in relation to the social care workforce. The Regulation and Inspection of Social Care (Wales) Act extends the duties, powers and functions of Social Care Wales to include promoting high standards in the provision of care and support services; high

40 Social Care Wales, March 2016, p. 5.
42 Panorama: Britain’s Home care crisis, first aired on 20 March 2017, 8:30pm on BBC1.
43 Ibid; Social Care Wales, March 2016, p. 5.
44 Welsh Government, Social Services and Well-being (Wales) Act 2014 The Essentials p.2
45 Welsh Government Regulation and Inspection of Social Care (Wales) Act 2016 Summary for Young People
standards of practice amongst social workers; high standards in the training of social care workers and public confidence in the social care workforce.\textsuperscript{46}

As outlined above, steps are now being taken to address the problem of zero hours contracts in social care in Wales. The issue has been the subject of much debate with a number of consultations by the Welsh Government on how to address the problems in domiciliary care in particular.\textsuperscript{47} This has culminated in the current consultation that seeks views on new regulations to ensure payment for travel time and the option for careworkers to move onto a guaranteed hours contract after three months.\textsuperscript{48}

**Commissioning**

With limited powers over employment, procurement is an effective way for Welsh Government to influence the private sector, putting in place requirements around working conditions, such as abuse of zero hours contracts. This approach has recently been used to great success in Scotland, with guidance produced on how to ensure fair work as part of public sector contracts.\textsuperscript{49}

---

**Scotland**

**Statutory Guidance on the Selection of Tenderers and Award of Contracts – Addressing Fair Work Practices, including the Living Wage, in Procurement\textsuperscript{50}**

Produced by the Scottish Government under the Procurement Reform (Scotland) Act 2014, this guidance supports public bodies on how to evaluate fair work practices when selecting tenderers and awarding contracts.

The guidance highlights a number of factors that would demonstrate fair work including:

- A fair and equal pay policy that includes a commitment to supporting the Living Wage, including; for example being a Living Wage Accredited employer
- Clear managerial responsibility to nurture talent and help individuals fulfil their potential

---

\textsuperscript{46} Ibid
\textsuperscript{47} Responses Domiciliary Care Workforce – Improving the recruitment and retention of domiciliary care workers in Wales 2016 and Welsh Government Phase 2 implementation of the Regulation and Inspection of Social Care (Wales) Act 2016 Worforce Aspects June 2017
\textsuperscript{48} Welsh Government Phase 2 implementation of the Regulation and Inspection of Social Care (Wales) Act 2016 Worforce Aspects June 2017
\textsuperscript{49} Scottish Government, 2015
\textsuperscript{50} Scottish Government, 2015 p.10
• Promoting equality and opportunity and developing a workforce which reflects the population of Scotland
• Support for learning and development
• Stability of employment and hours of work, and avoiding exploitative employment practices, including for example no inappropriate use of zero hours contracts
• Flexible working (inclusion for example practices such as flexi-time and career breaks) and support for family friendly working and wider work-life balance

Given the amount of social care that is commissioned by local authorities, the introduction by Welsh Government of further procurement regulations for public bodies could be particularly impactful in this sector. There has been a commitment to maximising the social impact of procurement for some time in Wales and action has been taken in relation to commissioning and procurement of social care and more generally.

Firstly, research commissioned by the Welsh Government in 2016, which informed the consultations mentioned above, pointed to inadequate funding coupled with certain commissioning models leading to low unit prices. This in turn was contributing to low wages in domiciliary care. The most recent consultation document states that “the National Commissioning Board is also working with commissioners, service providers and representatives of service users and carers to develop a toolkit that will move the commissioning and provision of domiciliary care support service away from ‘time and task’ method to one that focuses on outcomes.”

Beyond social care specifically, the Welsh Government also published their Code of Practice: Ethical Employment in Supply Chains in March 2017. This aims to ensure that workers in public sector supply chains are employed ethically. The Code sets out that those managing public contracts should ensure that false self-employment is not undertaken, that zero hours contracts are not used unfairly and should consider payment of at least the voluntary Living Wage.

51 Welsh Government Social Research Factors that affect the recruitment and retention of domiciliary care workers – Summary Report 2016 p.2
52 Ibid
53 Welsh Government Phase 2 Implementation of Regulation and Inspection of Social Care (Wales) Act, 2017 p.9
Food and drink

Overview

The food and drink sector is difficult to define, given the complexity of its supply chain (which includes animal care workers and veterinarians, biological scientists and food technology specialists, environmental health workers, fishing and agricultural workers etc.) and its overlap with the tourism and leisure industries (particularly restaurants, cafés and bars). For purposes of this report, the food and drink sector refers to produce picking, food manufacturing, catering, and restaurant and bar staff. These sub-sectors provide a cross-section of low paid roles in the food and drink sector.

Figures on the number of workers in this industry in Wales vary, depending on how each source defines the sector. According to Stats Wales, there were 50,700 people working in the food and farming sector in Wales in 2016, of whom 34,200 (67.5%) were men and 16,500 (32.5%) women. This definition includes farming, produce pickers and food manufacturing. The Welsh Food and Drink Skills project states there are 230,000 people working in this sector in Wales in 2016, although their definition includes food hospitality and food retail in addition to the sub-sectors of the Stats Wales definition. Stats Wales say the food and farming sector is worth over £6 million annually, whereas research by the Welsh Government and sector skills councils found that the industry and its supply chain generated over £6 billion in Wales in 2010.

Both the Food and Farming and Tourism sectors are currently seen as being integral to Wales’ economic development. Both sectors were included in the Welsh Government’s Priority Sectors and therefore gained additional investment and are represented by sector panels who provide advice and guidance to the government to help drive growth.

Although food and drink is not female dominated, like the care sector, the gender pay gap is relatively large, making it an important sector when considering decent work for women. In 2016 the median gender pay gap in food and farming stood at 16.5% (compared to the UK-wide median gender pay gap of 9.4%), with men earning an average of £9.10 an hour compared to £7.60 for women. Lack of decent work in this sector therefore impacts on women more profoundly, since they earn lower wages in addition to other factors such as insecure contracts.

55 Stats Wales 2016.
56 The Welsh Food and Drink Skills Project aimed to ensure that the Welsh food and drinks industry and supply chain has the skills needed to meet the challenges facing the sector. The project sought to raise awareness of cross-sectoral skills, increase the profile of the sector as an employer and deliver training.
57 http://foodanddrinks.co.uk [accessed 26.06.17].
59 According to the Stats Wales definition of the sector, Stats Wales 2016.
60 ASHE, October 2016.
61 Stats Wales 2016.
Similarly to the care sector, the food and drink industry in Wales is facing a ‘triple whammy’ of issues: pressure on manufacturers from supermarkets, consumer demand regarding pricing, and political debate around obesity and public health. The potential impact of these pressures on trading conditions could result in slow growth, which in turn would affect wage growth. However, there remains a broadly optimistic outlook within the sector, with 95% of firms in the food and drink sector across the UK forecasting growth over the next five years. Should this growth be realised this would likely lead to an increase in demand for workers and the development of more highly skilled roles.

**Lack of decent work**

One of the major issues in the food and drink sector regarding decent work is the lack of full-time or permanent contracts. Many jobs in this sector are part-time, second jobs, temporary, seasonal, casual contracts, or unreported employment. According to Stats Wales (2016), 16% of the 50,700 workers in food and farming work part-time and a further 2,000 people work in this sector as a second job. In the tourism industry, which includes bars and restaurants, the proportion of part-time workers rises to 43% of 132,400 workers and 11,500 people work in this sector as a second job. Additionally, there are many seasonal jobs in the food and drink sector, particularly produce pickers during the summer, a high proportion of whom come from outside the UK. Precarious contracts make it difficult for workers to plan career progression or to make mid- to long-term financial plans, such as buying a house or car.

Low pay is particularly problematic in the food and drink industry compared to other sectors. Wales had the second highest proportion of workers being paid below the voluntary living wage in the UK in 2014 after Northern Ireland and the problem was most apparent in the food and drink sector. According to the Living Wage Commission, bars, restaurants and caterers top the list of industries paying below the voluntary living wage, with this problem affecting 85% of bar and waiting staff, and 80% of kitchen staff and catering assistants. In February 2017, 80 companies in this sector, including five in Wales, were named and shamed by the UK Government for paying workers below the National Living or Minimum Wage. Using tips to top up minimum wages was banned in October 2009, although some reports would suggest this still happens on occasions.

---

62 Food and Drink Federation, September 2015, p. 2.
63 Ibid p.2
64 Lloyds Bank, 2016 p.4
65 Unreported employment is also known as ‘off the books’ or ‘cash in hand’ work.
66 Stats Wales 2016. Figures for the tourism industry include work not in the food and drink sector, such as hotels and tourist attractions.
68 This is Money, 24 June 2014
69 This is Money, 24 June 2014.
70 UK Government, 15 February 2017
71 Politics.co.uk, 9th February 2016; The Guardian, 18th March 2017; Evening Standard, 21st August 2015
The Food and Drink Federation says that the National Living Wage has had a bigger impact on older, more experienced workers, since it is cheaper to hire workers under the age of 25.\textsuperscript{72} Employers say they will be forced to reduce or restructure their workforce and reduce employees’ hours as the National Living Wage rises.\textsuperscript{73} All of these factors will have a negative impact on workers in this industry, either forcing them into poverty or into pursuing an alternative career path.

Automation is a key consideration in the food and drink industry, with 66% of companies across the UK increasing their investment in this area.\textsuperscript{74} It is generally seen as a key way to boost productivity in the sector and could in fact deliver more, higher quality jobs as the need for skilled workers to develop, manufacture and retain new technology grows. It’s suggested that automation could ease the skills shortage by allowing the human workforce to focus on areas where it would add more value.\textsuperscript{75}

However, automation always comes with a concern about job losses, especially for those in lower skilled roles. Some report that the introduction of the National Living Wage has prompted more automation investment\textsuperscript{76}, as “automation that used to be too expensive is now cheaper than the people it can replace”.\textsuperscript{77}

Challenges

Brexit is likely to have a notable impact on the food and drink sector. Europe is the supply chain for many UK food and drink companies\textsuperscript{78} so alternative sources will have to be found if Britain does not maintain access to the single market. Furthermore, British farmers employ around 80,000 seasonal workers as produce pickers each year, mainly from Romania and Bulgaria.\textsuperscript{79} A recent survey of food growers found that 78% have had difficulty in recruiting enough workers. Finding British workers to do this work instead is problematic, since farms tend to be located in areas with low unemployment, and British workers prefer year-round jobs as opposed to seasonal work.\textsuperscript{80} Survey respondents also blame the weak pound, since this makes wages relatively lower for overseas workers.\textsuperscript{81} Furthermore, between 15% and 20% of the hospitality sector in the UK are EU citizens, and they are an important part of the tourism workforce in Wales.\textsuperscript{82}

Seasonal work will remain a feature of the food and drink sector given the need to harvest crops and usual peaks and troughs in tourist numbers. This presents a particular challenge when looking to deliver decent work, of which regular and stable hours is an important factor.

\textsuperscript{72} Food and Drink Federation, 2015, p. 7.  
\textsuperscript{73} Ibid.  
\textsuperscript{74} BDO, 2017 p.3  
\textsuperscript{75} BDO, 2017 p. 20  
\textsuperscript{76} The Manufacturer, 23\textsuperscript{rd} February 2016  
\textsuperscript{77} Financial Times, 21\textsuperscript{st} March 2017  
\textsuperscript{78} Verdict, 20 April 2017.  
\textsuperscript{79} The Guardian, 22\textsuperscript{nd} June 2017; BBC News, 22\textsuperscript{nd} June 2017  
\textsuperscript{80} BBC News, 22\textsuperscript{nd} June 2017  
\textsuperscript{81} BBC News, 22 June 2017. Source: a survey of the British Leafy Salad Association and British Summer Fruits; these two associations account for 90% of growers in this sector.  
\textsuperscript{82} Wales Tourism Alliance, October 2016.
**Opportunities**

Unlike the care sector, there are better opportunities for career progression in the food and drink industry, at least in principle. The Regional Skills and Learning Partnership South West and Mid-Wales reports that there will be more demand for high-skilled roles in this sector in the future, including production managers in food manufacturing and biochemists.\(^{83}\) Careers Wales state that in the future the sector will require more highly skilled, managerial and technical jobs with a need for sales and merchandising skills, environmental awareness and business and administration skills.\(^{84}\) There is an opportunity here to upskill existing workers in lower paid roles in order to meet this shortfall while simultaneously improving their prospects.

Although we do not yet know the full implications of Brexit on the food and drink industry in Wales, there are opportunities for increased activity within the hospitality sector as a whole. Partly due to the weakened pound, the summer season of 2016 was very good for hospitality in Wales. The number of overseas visitors increased, since it is now cheaper to holiday here than in previous years, and many UK nationals are choosing to holiday in the UK rather than going abroad.\(^{85}\)

The Welsh Government currently run a number of initiatives to support people in the food and drink industry. Project Helix, launched in March 2017, will involve conducting research into global food production to help Welsh SMEs in this sector. It is expected to create 370 new jobs and safeguard 2,000 existing jobs.\(^{86}\) A new Welsh farming grant was launched in May 2017 worth £40 million over the next four years.\(^{87}\) The grant is designed to help farmers in Wales improve the economic and environmental performance of their agricultural holdings, providing 40% towards capital investments in equipment and machinery.\(^{88}\)

The Food and Drink sector has been a focus for Welsh Government for a number of years with a variety of policies and strategies in place.

Dating back to previous Welsh Governments are the *Food for Wales, Food from Wales 2010-2020 Food Strategy for Wales* and *Towards Sustainable Growth: An Action Plan for the Food and Drink Industry 2014-2020*. Together these set out a vision for growing the food and drink industry in Wales, with a focus primarily on the production and marketing of Welsh produce. These documents make reference to the need to invest in skills and training for the workforce and lists actions such as:

- engaging with Secondary and Higher Education, manufacturing businesses and stakeholders to develop key partnerships in the “skills supply chain”;
- developing food industry competencies;

---

\(^{83}\) Regional Skills and Learning Partnership 2016, p. 51.
\(^{84}\) Careers Wales, *Spotlight on the Food and Drink Industry* Accessed 15.08.17
\(^{85}\) Wales Tourism Alliance, October 2016.
\(^{87}\) Business Wales, 4 May 2017.
\(^{88}\) Ibid
promoting careers in the food supply chain and
incentivising SMEs to encourage industry training.\textsuperscript{89}

These documents also outline the role of the Food and Drink Industry Board, which includes a responsibility to liaise with the food industry and education and training providers and an expectation to work with the Welsh Government to determine the best strategy to raise the profile of food industry careers and plug skills gaps.\textsuperscript{90}

Also of relevance is the 2015-2020 Food Tourism Action Plan. The Welsh Government state that food is an essential part of tourism and therefore makes a clear link between food and drink production and hospitality.\textsuperscript{91} It states that hospitality businesses are helping to promote Welsh food and drink as part of the overall visitor experience.\textsuperscript{92} The Food Tourism Action Plan makes reference to the need to develop people engaged in hospitality but the actions listed in the plan are limited.\textsuperscript{93}

It's clear that Food and Drink policy in Wales has had less focus on workforce issues than policy around social care. While there seems to be an awareness that the Food and Drink and hospitality sectors are linked, there is a sense that hospitality as a sector in its own right, and a large employer in Wales, is given little attention.

**Conclusion**

While different in many respects the care and food and drink sectors share some common ground. It appears that in both, many of the factors regarded as being indicative of decent work are uncommon. Low pay and insecurity remain key concerns, with a clear impact on women.

Both sectors face a number of challenges and opportunities and are likely to see growth in coming years. It’s therefore important within the current Welsh policy context to hear from people working in these sectors and determine what can be done to make decent work the norm.

This study seeks to understand the barriers to progression for women working in these sectors and offer solutions that will support the provision of decent work and reduce the risk of poverty.

\textsuperscript{90} Ibid p.9 / p.14
\textsuperscript{91} Welsh Government *The Food Tourism Action Plan for Wales 2015-2020* 2015, p.1
\textsuperscript{93} Welsh Government *2015-2020 Food Tourism Action Plan* p.1
Chapter 2
Methodology

This research uses qualitative research methods to explore the experience of women working in domiciliary care and food and drink sectors. It seeks to provide evidence to develop policy recommendations that secure decent work for women in low paid sectors and tackle barriers to progression.

The initial research design proposed organising focus groups. Largely due to the varied and highly mobile working patterns of employees working in these sectors, and the limited timescale of the project, it became clear that focus groups would not deliver the depth of data required. Thus, the proposed methodology of the research was amended and focus groups were replaced with 13 semi-structured interviews with women working in the sectors. In addition, 8 strategic interviews were also carried out with workplace representatives and sector representatives to ensure a comprehensive picture of the current context in these sectors.94

Within the scope of this study, it was not possible to reach a representative sample group through either focus groups or interviews or ensure coverage of the wide variety of sub-sectors within the food and drink sector. Therefore, while the sample is not big enough to represent all working in these two sectors, common themes and concerns came through clearly in the interviews, which read in conjunction with current literature, suggest key barriers to progression and a lack of decent work.

Interviews with women in non-managerial roles in the sectors were based on a set of open-ended, structured questions. This allowed us to collect data on-line in addition to interviews face-to-face and via the telephone. The majority of interviews were carried out via the telephone, recorded and transcribed. Strategic interviews were focused around a topical guide with a set of questions. In both sets of interviews, open-ended questions allowed a semi-structured interview, which enabled the interviewer to hear more about the journeys these women had been on, their experiences and their opinions about decent work in their sector. The interviewer was also able to probe and follow-up points made in a way that is more difficult in a focus group setting.

Interviews lasted between 15 and 60 minutes, and were carried out during July and August 2017.

Details of our research participants are available in Annex A.

94 We use the term strategic interviews for this group as these interviews deal with broader, more general issues, whereas interviews with women workers provide insight into their own situation as well as their observations about the sector as a whole.
1. Exploring decent work in domiciliary care and food and drink sectors

In the context of decent work, these two sectors share many characteristics. Work in the sectors is often low paid, involves long hours and lacks job security. It can be difficult to identify and access progression opportunities, it’s common to regularly work over contracted hours and work varying hours from week to week. Commonly, there is a lack of recognition of the skilled nature and the value of much of the work.

Another shared characteristic is the impact that this kind of work has on those employed in it. While the term ‘poverty’ was not necessarily used in our interviews, it was clear that low pay has a very real and long-term impact. A care worker we spoke to said that currently her income does not cover her basic expenditure. A worker from the food and drink sector described money as a “constant issue”. A common theme was the desire to own a home, but being “years away” from this or unable to save as this would mean cutting something else when already looking at ways to save money each month to pay for the basics.

These concerns were also reflected in our conversations with Trade Union representatives. One said:

“\textit{I was in one of my care homes last week and talked to a group of women and one of them said ‘I haven’t had heating or hot water for three years, I can’t afford to fix the boiler’}…..another woman was telling me that she had to sell her house and move back in with her mother and father.”

She continued:

“\textit{They are all using foodbanks. I’ve never known that! In 2017, our members using foodbanks…and they are working people. These are not people claiming benefits in their daily life. These are working people, full-time jobs, sometimes two jobs and still cannot manage to provide for their families.”}\textsuperscript{99}

One participant highlighted the tension between working and claiming benefits, having opted to only work 16 hours per week, as when she’d previously increased her hours she’d lost out in benefits – there was no incentive to work more hours as financially she was worse off if she did.\textsuperscript{100}

\textsuperscript{95} DC 2
\textsuperscript{96} FD 1
\textsuperscript{97} DC 2 / FD 2
\textsuperscript{98} SI 1
\textsuperscript{99} SI 1
\textsuperscript{100} FD 2
Low pay in these sectors has a substantial impact on the lives of those working in them. While these sectors have clear similarities and common challenges in relation to decent work, important differences remain which will demand different solutions.

In the food and drink sector, job roles are incredibly varied, self-employment is common and there are fewer opportunities for the Welsh Government to directly affect terms and conditions of employment. In comparison, social care is a much more clearly defined sector with defined job roles common in most delivery settings. Given the need for regulation of the sector, the existence of a workforce regulator in Social Care Wales and the close relationship between providers and public bodies there are greater opportunities for the Welsh Government to affect change directly and as outlined earlier, some of this work is already underway.

2. Domiciliary Care

Through our interviews we explored what those in the care sector regard as priorities for decent work and the extent to which those factors we know are important – such as decent pay, job security, purpose and meaning, training opportunities, flexible hours and opportunities to progress – are experienced.

Below we explore these issues in three broad categories:

- Nature of work
- Pay and conditions
- Career progression

2.1. Nature of work

Despite perceptions, domiciliary care work is skilled work. Workers have to “multi-task and multi-manage” to ensure that their client’s health safety and well-being is accounted for throughout the call. They have to understand and pay due regard and attention to a range of complex pieces of legislation and guidance including health and safety, fire safety and safeguarding. They have to engage with family members, social workers, GPs and local authorities. It is a varied, demanding job that involves a high degree of dedication and for service users, has a very real impact on their quality of life.

Care workers are often working with the most vulnerable people in our communities who often have multiple and complex needs. Many of those that go into care work do so because they are passionate about the work.

“I always worked helping people. That was what I always wanted to do” (DC2)

---

101 Oxfam Scotland Decent Work for Scotland’s Low Paid Workers: A Job to be Done 2016
102 DC 5
“I find it [care work] rewarding and interesting” (DC1)

However, despite this it was clear that the perception of care work as being of low value and being low skilled persists, not just with those outside the sector but also among the workers. The phrase “just a carer” was heard a number of times from domiciliary care workers and those in management or strategic roles reflecting on what they hear from workers.

“ ‘I am just a care worker’ I quite often hear that from care workers. You are not just a care worker, without you people cannot live at home” (DC3)

“A lot of women seem to have these skills, so they don’t see it as a real job almost! ‘I can’t do anything, I will just go look after someone’ When actually it is a hugely skilled job” (SI4)

Sector representatives - such as Social Care Wales and trade unions - , and some businesses are keen to change the perception of the care sector. There are campaigns to challenge the negative perceptions (figure XX), but for now, it persists and contributes to on-going challenges around funding, skills, recruitment and retention.

![Figure 1: A leaflet by a private care company picked up from a local shop in South Wales.](image)

While rewarding, the role of domiciliary carer is also physically and mentally demanding, involves large amounts of lone working and for many, work-life balance
is difficult to maintain. One interviewee reflected on her role as a live-in carer stating that the job is difficult when she doesn’t have enough free time each day.\textsuperscript{103} Another who does similar work said:

“…given the nature of the people I’m working with, who mostly have dementia, I’m actually on call the whole time because I keep...having to stop them doing unsafe things and reminding them to do safe things.”\textsuperscript{104}

A domiciliary care worker, who lives in the same locality as she works, stated that she sees her clients outside of work hours and that she is thinking and worrying about them – “even though you are not in work, you are still on the job”.\textsuperscript{105}

This was also reflected in some of our strategic interviews. One Trade Union (TU) representative talked about how the only person a worker might see is the person coming to take over from them and that due to pressures there is an issue with people genuinely “over-working and over-working”.\textsuperscript{106} The issue of overworking was also stressed for sleep-in cases, as the shifts are long and demanding.\textsuperscript{107}

Another reflected on the differences between domiciliary care and working in a care home noting that a clear benefit of the latter is that you are working in a team all the time.\textsuperscript{108} We heard a similar view from one of the care workers we spoke to:

“I feel as if with the residential care, you have the home backing you because if anything happened of course you’ve got people around you. If it’s the domiciliary, obviously, you have to think on your feet and you’re the only person there, usually. But if anything happens, I’m just very wary that you are on your own.”\textsuperscript{109}

Consistent lone working in a highly responsible position has a significant impact on the well-being of the domiciliary care workers; and it not only makes it difficult for domiciliary care workers to develop support networks but also makes it much harder for effective workplace representation and to collectively call for change. This was a barrier that most of our TU representatives commented on and a unique challenge for this part of the social care sector.

### 2.2. Pay

Discussion of pay and working conditions dominated many of our conversations. It is inescapable that low pay is a persistent issue in the sector and more often than not it was the key factor raised by the women we spoke to and women that our strategic interviewees engage with. Often low pay was listed as a top priority for decent work

\textsuperscript{103} DC 4
\textsuperscript{104} DC 6
\textsuperscript{105} DC 2
\textsuperscript{106} SI 4
\textsuperscript{107} SI 4, SI 1
\textsuperscript{108} SI 7
\textsuperscript{109} DC 4
in the sector, with a sense that current rates of pay do not match the high level of responsibility care workers have.

One domiciliary care worker we spoke to said that while she had security and flexibility, her income was poor and that her wage was “below low”.110 A number of those that we spoke to who have progressed into management roles in the sector also reflected on low pay as an issue.

“We pay minimum wage, which is, really, not acceptable. And the reason we pay minimum wage is because of how we are commissioned”111

Among our strategic interviewees a common theme was the disconnect between pay and the responsibilities of the role, and how this left them competing for staff with jobs that offer comparable rates of pay for less demanding roles.

“We were trying to attract people to work for us who have great values but who are happy to be very flexible, who were capable of supporting people who often have quite complex medication, supporting people who have behaviours that are quite challenging or quite complex and yet they were being paid minimum wage.”112

“Other industries are offering better salaries, certainly hourly rate”113

A common example given to underline the low-pay rates in the sector was the comparison with rates in supermarkets, “where there is no stress, no responsibility and [people] get paid more money.”114

“if you can get £7.50 where you have this you know a lot of responsibility, go through a lot of training and safeguarding issues, all of those things or you can work in a supermarket so some people would rather work in a supermarket. So I think it’s going to be an increasing challenge.”115

A selection of job adverts seen during the two months fieldwork was carried out show the wages on offer in these sectors in South East Wales.
Figure 2: Leaflets for customer assistant and cleaner positions in a supermarket. The starting rate for the positions is £8.45.

Figure 3: Job adverts from two private care homes spotted on South Wales. The starting rate for the position is £8.00, which is lower than the rates in the supermarket.
Alongside the low hourly rates, another issue raised regarding the low pay in the sector is about sleep-in cases. In the interviews, it has been mentioned that the workers in sleep-in calls are not paid hourly, but fixed rates which sum up lower than the hourly rate.\textsuperscript{116} One of the participants who is on call for sleep-ins and living-in care said:

“At sleep nights, it’s fixed rate; it’s £75 a night. And wake nights; which means if that client, is suffering from dementia or is awake all evening … And then live-in, which I’m going to start tomorrow until, And you’re there during the day and you’re there during the night; you get paid £112.50.”\textsuperscript{117}

To deliver decent work in domiciliary care, tackling the low pay issue must be a priority but there is no simple solution. Interviews with sector representatives provided a complex picture of low pay in domiciliary care. One commented on the impact of the National Living Wage on pay differentials between pay grades. With reduced differentials between support workers and team leaders, the incentive to take on additional responsibilities is reduced.\textsuperscript{118} This was echoed with an interview with a TU representative who said:

“The National Living Wage has gone up, which is great, but there is no incentive if the National Living Wage is £7.50 to be a supervisor for £7.55 is there? Especially in the sector we have loads of POVA [protection of vulnerable adults] referrals….so why would I take on the responsibility of a manager at 5p more an hour?”\textsuperscript{119}

Many pointed to the limitations that current commissioning models put on providers around pay and conditions.

2.3. Contracts and Working conditions

Much of the discussion around employment contracts in the care sector has focused on zero hours contracts. Our interviews reveal a similarly complex picture as to that around low pay.

Among the domiciliary care workers we spoke to, flexibility in employment was important and zero hours contracts which offered this, were not necessarily linked with insecurity. One worker, who was employed on this kind of contract said that she felt secure in her job.\textsuperscript{120} However, another highlighted zero hours contracts as a key issue in the sector. She stated that, along with not having enough time with clients and not being given time for travel, these steered her to become a self-employed carer rather than working for agencies.\textsuperscript{121}

\begin{itemize}
  \item \textsuperscript{116} SI 4, SI 5, DC 4
  \item \textsuperscript{117} DC 4
  \item \textsuperscript{118} SI 6
  \item \textsuperscript{119} SI 8
  \item \textsuperscript{120} DC 2
  \item \textsuperscript{121} DC 1
\end{itemize}
Not having enough time with clients came up more than once, with another domiciliary care worker stating that workers are not given enough time to look after clients; “you are going in and quickly leaving”. The reason of having very limited time with clients is the way that the care agencies are commissioned, which is currently task and cost oriented. This way of commissioning, and allocated limited time with the clients were criticised by almost all our participants. A manager said that:

“We all want to provide that care and support. But we have been commissioned in a task oriented way. We commissioned on the tasks we do; personal care, taking them to toilet, giving medication. But it [care] is a lot more than that.”

Another carer mentioned that they cannot provide enough care due to the time allocated to them with clients: “You have formal hours, you are going in and quickly leaving. (...) there is not enough care. Not enough time, not enough care”. She also mentions that the need of every house is different and set times do not work for some houses.

Limited time with clients not only affect the quality of care, but also the pressure on the workers both physically and mentally. Some care providers allocated at least half an hour with each clients regardless of the allocated time slots by the commissioners. This issue is on the agenda of Welsh Government, and currently a consultation process is being carried out to improve the conditions.

Zero hours were subject to more critical discussion during our interviews with TU representatives. For some workers, the flexibility that domiciliary care work can offer is a draw, for example being able to work a few hours in the morning and a few in the afternoon. Others pointed to responsible use of zero hours contracts, similar to the bank system used in the NHS, whereby staff that regularly work a set number of hours of week for a period of time are able to request a formal contract. However, the concern is that some workers find that when employed on zero hours contracts they must be available whenever the employer calls, and should they turn down a shift this impacts on how readily they are offered work in the future. This was a view we also heard in our interviews with women working in the sector.

Sector representatives and those in management roles added further complexities to the zero hours contract debate. It was suggested that for some workers, zero hours contracts are genuinely a useful way to work flexibly, such as working less during

---

122 DC 2
123 DC 3
124 DC 2
125 SI 5, DC 3, DC 5
126 SI 1
127 SI 8
128 SI 1
129 DC 3
term time or picking up extra hours in the holidays. However, it was also suggested that such contracts were a necessity given the manner in which care is commissioned, and not necessarily a positive choice by employers. One interviewee commented that zero hours contracts are necessary as should a client go into hospital for a week the Local Authority would not pay for their care for that week and therefore the provider would be out of pocket to have their usual carer working. Another recognised that when zero hours contracts work in favour of the worker, i.e. they genuinely have the ability to pick and choose the hours they can work, and suit the service, they can be a good thing but generally they were uneasy about the prevalence of them.

A number of interviewees suggested that working conditions and pay vary between third and public sector providers and private providers.

“What we’ve heard from some people…is that some employers, for example the NHS or the Local Authority, will give better terms and conditions than private employers”

“…over the years the greater influence of private sector organisations who push the hourly rate down because the focus is delivering as cheaply as possible, we’re now in a position where people doing that job are on a minimum wage, which wasn’t the case a few years ago…”

New regulations being consulted on by the Welsh Government in 2017 seek to address some of the issues highlighted above. However, what emerged in our interviews with TU representatives and managers was that in some cases, the current regulatory minimums are not being met or are being treated as tick box exercises. We heard of instances where travel rates are below that required in regulations (45p per mile), workers being paid less than minimum wage for sleep-in shifts and staff being underpaid as a result of not being paid for travel time. One interviewee described scenarios where providers place workers on low hour contracts to meet requirements from commissioners to only have a proportion of staff on non-guaranteed hours contracts. Providers are merely “ticking the box of the local authority” as these workers are usually working well over their contracted hours.

New regulations will need to be robust and properly monitored if they are to have a tangible impact on pay and conditions in the sector.

130 SI 6
131 DC 5
132 SI 7
133 SI 6
134 Welsh Government Phase 2 implementation of the Regulation and Inspection of Social Care (Wales) Act 2016 – Workforce aspects, June 2017
135 DC 3 / SI 4 / SI 1
136 DC 3
137 DC 3
2.4. Career progression

To understand career progression it’s important to also understand who is entering and remaining in the sector and why.

As outlined above, many people entering this sector do so because they are passionate about helping people. However, it was also clear from our interviews that there are some distinct groups of people entering the care workforce. One of our strategic interviewees spoke of an older workforce who move into care as a career change.\textsuperscript{138} Three of our participants made such a move after finishing a career in teaching, though for some this was a partly forced career change rather than a free choice.\textsuperscript{139}

We also heard about those who enter domiciliary care as a way of gaining hands on experience for other related careers such as nursing, physiotherapy and occupational therapy.\textsuperscript{140} One of the domiciliary care workers we spoke to was planning to move into nursing as the next step in her career. For these groups, progression within domiciliary care is not likely to be a top priority.

From our strategic interviews we also heard about recruitment challenges. A number spoke about issues around the skill levels of some recruits, sometimes witnessing a lack of basic skills such reading and writing, or not being able to support clients with basic cooking.\textsuperscript{141}

One of TU representatives talked about the long standing attitude of steering women with lower skills into “hair or care” still being a bit of a problem but noted that with changes coming in from Social Care Wales this attitude was starting to shift.\textsuperscript{142} Another also stated this perception needed to shift as the work is very demanding:

“I think in the past it has been as ‘if you can’t find a job and are not very skilled, go into care or go into tourism, because you don’t need any skill, you don’t need anything and you just get on with it’. It’s changed and it’s not like than any more”\textsuperscript{143}

Issues around retention also came through in the interviews. There was a sense among the managers and sector representatives that we spoke to that the sector relies on “a lot of good will” when retaining workers.\textsuperscript{144}

\textsuperscript{138} SI 7  
\textsuperscript{139} DC 1/ DC 4 / DC 6  
\textsuperscript{140} DC 5  
\textsuperscript{141} DC 3  
\textsuperscript{142} SI 1  
\textsuperscript{143} DC 5  
\textsuperscript{144} DC 3
“I think with someone committed and passionate about care will stay in care for a long time. It is not very well-paid, you do work extra hours but you do it because you actually care to make a difference to people.”

“It’s loyalty to the people that they are supporting in the community and loyalty to the employer and the security of minimum wage. That’s why they are staying here. Because there isn’t any money in the sector and that’s the harsh reality.”

This seemed to be confirmed from some of the care workers we spoke with. One stated that “I am fed up with the poor conditions but I will continue because I actually like the work”. Another reflected on the experience of a family member who also worked as a carer:

“…she’s dedicated to what she does and she works extremely hard, yet her friend earns three times as much in a supermarket, with time off.”

High turnover was highlighted as an issue, particularly among younger workers in the sector, with people either moving to another care provider for better pay and conditions or moving out of the sector completely. One commented that they get about 50% the “right workers”, i.e. people with a few years experience, but among the other 50% turnover is very high as they move for work with better pay.

Despite issues with retention, progression does happen in the domiciliary care sector. Most of the people we spoke to said that managers tend to have come into the sector as domiciliary care workers but there seemed a consensus that progression is slow and can be difficult to achieve. Management structures are quite flat in domiciliary care with only a handful of management tiers, which can make progress slow. One TU representative linked this to money, stating that because of the money “there are very few roles. It’s very lean”, as did one of our care workers.

There is also a trend of people moving into the NHS or other care settings in order to access better progression opportunities – “you can’t rely on one place to progress.”

Two of the women we spoke to had themselves progressed from care worker roles to management. From their experiences (Case studies 1 and Case Study 2) we can identify some common features which supported their progression.

---

145 DC 3
146 DC 5
147 DC 6
148 DC 4
149 SI 5
150 SI 8
151 DC 4
152 SI 1
Case study 1

Entered the sector as a domestic care worker and is now an Assistant Director. Thanks to a supportive manager, was able to move into a more senior role as a lead support worker after a couple of years. Working at this level and in this environment gave her the confidence to pursue a nursing qualification. After coming back in the care sector went into a back office role, gained further qualifications and worked up from registered manager, to area manager, to regional manager and now assistant director.

“…it’s been absolutely hard work…Now I’ve got the qualifications and experience behind me I feel like I can fulfil my role.”

Case study 2

Entered the sector as a community care worker, who already had NVQ Level 2 and Level 3. Soon progressed to a senior care worker, team leader and managed packages in the community. Gained qualification to become an assessor and opened up a training department.

This led to gaining HR responsibilities and eventually becoming a Training and HR manager. Has gone on to be registered manager and Recruitment and Training Manager.

“I had lots of opportunities, lots of support, being able to access lots of funding.”

The role of a supportive manager and being able to access training is clearly important. Training came up often in our interviews. It seems that while basic training is accessible across the board, the ability to access more specialised training or training at a higher level is not consistent. While the employers we spoke to all seemed to offer more extensive training than the mandatory minimum, they told us that this was not necessarily the case in the sector more broadly. This could be a result of those we spoke to being primarily third sector providers, or employers that are going beyond the minimum being more likely to participate in the research.

The issue of on-line training came up in a number of interviews. One TU representative raised it as an issue stating that many have to undertake e-learning in their own time and potentially accept the costs. Another commented on basic health and safety training being provided by DVDs, with carers needing to watch the DVDs on service users TVs at night. The topic also came up with a couple of the care workers we interviewed. One worker discussed the requirement to complete on-

---

153 SI 1
154 SI 8
line training once a month but questioned the effectiveness of it – “they’re all, what do you call, tick box questioning you know, and it’s, you don’t really have to engage with it. You can do it, can you can tick the boxes, and then you can soon forget it.”

A number of our participants spoke about the increasing need for more specialised training, for example around dementia, as demand increases. However, it seems that as it stands there is little financial reward for undertaking specialised training.

“That’s one of the fears, I think, is setting expectations that if people do specialised training they can get paid more as that will depend on where you were and how you were contracted, for what kind of service. I think by and large you couldn’t promise it.”

If there is little to no financial reward for undertaking such training, there is little incentive for individuals to do it, especially if they have to self-fund. Strategic interviewees again highlighted commissioning as a key barrier here, as if services are not commissioned on a specialised basis it is unlikely that workers would be recruited and employed on that basis, reducing the likelihood of financial reward for specialist skills.

While progression clearly does happen in the domiciliary care sector, it remains slow and difficult for people to access. There are steps being taken to improve progression opportunities in the domiciliary care sector. Social Care Wales are working on a Careers, Recruitment and Progression Framework and qualifications are being reviewed.

However, improvements to progression cannot come in place of efforts to ensure that everyone working in the sector has access to decent work. There are some working in the sector who “just love the job” and do not wish to progress into management roles that take them away from providing care. Work must also be done to deal with issue of low pay, insecurity and a lack of work-life balance to ensure that everyone working in domiciliary care has decent work.

2.5. Priorities for change

All of those we interviewed recognised that change was needed in the domiciliary care sector to help secure decent work and improve progression and most seemed to agree that there is no single solution, or single individual or group that can deliver the change that is required.
As would be expected, dealing with pay and conditions was a key priority. This came through in interviews with care workers, managers, TU representatives and employers.

“…there are the technical issues of getting a decent wage and having reasonable terms and conditions as a baseline. If we could get the baseline straight, and I think for this area of work there is something about making a difference in people’s lives”\textsuperscript{159}

There was also agreement that more needed to be done to challenge the perception of care work and ensure that it is valued.

“Care should be thought of as a proper career. The rewards should be publicised more”.\textsuperscript{160}

“We need to change the stigma, we need to change the attitude, we need to change the culture”\textsuperscript{161}

One of our strategic interviewees spoke at some length about the need for better recognition of professionalism in the sector:

“The work we do is much more intensive, it is much more higher level than perhaps 20 years ago…the skills of colleagues should be recognised by other professions. They’ve seen these people everyday, they are working with them intensively everyday, perhaps giving medications and other support so the skills and observations of colleagues should be recognised.”\textsuperscript{162}

From our interviews with sector representatives and those in management positions, it is clear that broader change is required in order to improve pay and conditions. Commissioning of care services was a key issue raised in the majority of our interviews. Current approaches that are based around time and task and that are awarded primarily on the basis of cost rather than quality, leave many providers with little room for manoeuvre. Many of the employers we spoke to want to offer higher wages and more secure contracts but the manner in which their services are commissioned do not support this. When discussing pay and conditions one interviewee commented that it’s not that employers don’t want to change the way they organise their workforce but “it’s because actually they don’t have the money to do anything about it”.\textsuperscript{163}

A TU representative set out their view that all companies should have to tender on a set of basic terms and conditions.

\textsuperscript{159} SI 7
\textsuperscript{160} DC 1
\textsuperscript{161} DC 5
\textsuperscript{162} SI 5
\textsuperscript{163} DC 5
“If they had to tender on a basic amount of hourly pay and set of terms and conditions that included sick pay, which included appropriate enhancement for bank holidays, which included a decent pension, which actually in the long run would reduce public expenditure then we would have a level playing field to provide quality care for people.”\textsuperscript{164}

Linked to issues with commissioning was the view that social care continues to be underfunded. A number of strategic interviewees talked about the need to ensure that care is adequately funded. It was stated that improving funding would enable providers to improve pay and conditions and therefore ease issues around recruitment and retention.\textsuperscript{165} This was echoed in your discussions with care workers, one of whom commented:

“...they have to put more money; because like I said, they’re...people are living longer today. And we mustn’t forget all these people.”\textsuperscript{166}

2.6. Conclusions

Low pay and poor working conditions remain a key challenge to securing decent work and improving recruitment, retention and ultimately progression.

The perception of the sector as being low-skilled and of low value persists and is out-of-step with the reality of the work. This perception contributes to ongoing low pay, recruitment issues, such as the low skill level of some of those entering the workforce, and retention. Work in the sector is demanding and the prevalence of lone working can leave workers without support networks. This can have a negative impact on workers well-being and is a barrier to collective action.

Zero-hours contracts are not a clear-cut issue within the care sector. Some employees appear to value the flexibility while for others this can lead to insecurity and financial worries. Employers are not necessarily in favour of offering these contracts as standard but feel that current commissioning models leave them little room for manoeuvre and the issue is much broader than just zero hours contracts, with problems arising from contracts offering very low guaranteed hours. It also appears that efforts to reduce the proportion of workers on non-guaranteed hours contracts may not be having the transformative impact envisaged.

Career progression, while possible, is difficult in domiciliary care. A supportive manager who can identify opportunities, and access to training are crucial but not all workers are fortunate to have these. We also see many moving out of domiciliary care, or at least out of private care provider settings, in order to progress. Some domiciliary care workers do not want to progress into management as they wish to continue delivering care services. Therefore as well as addressing barriers to progression action must also be taken to ensure that entry level pay and conditions

\textsuperscript{164} SI 8
\textsuperscript{165} SI 6
\textsuperscript{166} DC 4
are adequate and do not leave people at risk of poverty or constantly concerned about money.

Commissioning is key. Many providers would like to increase pay and offer more secure and flexible ways of working but are unable do so under the current model.

3. Food and Drink

While we set out to speak to women in a range of roles across the food and drink sector, the majority of our participants worked in hospitality or were engaged in cooking as opposed to food manufacturing. While we heard about similar issues to those in the care sector there were some notable differences, partly a result of the workforce not being dominated by a single gender. Solutions that would increase the provision of decent work are also less clear-cut.

Below we explore our findings under the same broad themes as above:

- Nature of work
- Pay and Conditions
- Career progression

3.1. Nature of the work

As in care, there appears to be a disconnect between the perception of working in food and drink as being low skilled, when in reality it is demanding work that requires varying degrees of skill depending on job role.

“I think it’s one of those jobs where I think people don’t know how much work goes into creating a meal for someone in a restaurant….” 167

“You know…they don’t see that fact that ok I keep the lines stupidly clean so you always get a good tasting beer….the glasses have to be cleaned properly otherwise again it will affect the pint that you drink….but they don’t put that together with the price and costings.” 168

“I think there is a misunderstanding of what it [food manufacturing] is. It is really repetitive work to a high standard, thousands and thousands of times over in a day on repeat. It’s hard physical work…” 169

The food and drink sector is comprised of a wide variety of roles and from those we spoke to, all involve difficult and demanding work. One participant reflected on the fact that kitchen work is particularly difficult with “longer hours, much longer days,

167 FD 5
168 FD 7
169 FD 6
less flexibility”. We heard from a couple of participants about the difficult nature of work for managers in the hospitality sector.

“They [managers] are the first port of call if something goes wrong on shift, they are the first port of call if there are allergies, complaints. Anything like that goes straight to the managers. Sometimes they can be very thinly stretched because so much happens for example on a peak Saturday shift…”

“If you’re going to put someone into a managerial, you need to know that they are able to think for themselves and you know go that extra mile and look after what needs looking after which is all of it. It’s a bit of a juggling act”

The issue of being subject to abuse or aggressive behaviour also came up, either from members of the public or colleagues. One participant commented that it’s changing but “you’re hospitality so you put on the smile and you…you do your job and take whatever’s coming”. Another stated that “I had a lot of bullying throughout hospitality.”

Long hours and overworking is common and is yet another feature shared with care work. One participant described being on a 19 hour contract but can easily work 30 hours and stated that “there is no work-life balance basically in hospitality. This was echoed by other participants. One, who runs her own business stated she works 7 days a week, a sentiment expressed by another who’s run a number of pubs. The impact of these difficulties on people’s lives was clear with a participant expressing concern about childcare as “there is no one else to cover her in work.”

With all of this in mind, it was perhaps unsurprising to hear concerns about the well-being of those working in the sector.

“It was the lack of sleep. That was a big issue. I was working 11 to 15 hours a day and back in work after a few hours sleep. I had to be constantly on top form.”

“I know a lot of people in this industry drink far too much… you want to go home and have a beer afterwards.”

Unlike care, lone working is not common and it was clear that the team is an important source of support. One participant talked about being in it together and

---

170 FD 5
171 FD 5
172 FD 7
173 FD 7
174 FD 4
175 FD 4
176 FD 3/FD 7
177 FD 2
178 FD 3
179 FD 7
another highlighted her close relationship with her team as being an important part of her enjoyment of her job.\textsuperscript{180}

A key difference between care and the food and drink sector is the extent to which the food and drink workforce is segregated by gender.

“I don’t see an awful lot of women in the kitchen, I think another reason as well as, you know, people assuming that the strength isn’t there, or the stamina or whatever, another things I’ve through the years is the language and the ways things are in the kitchen is not suitable for women.”\textsuperscript{181}

“The majority of workers decorating cakes seem to be women. The workers putting dolly mixtures on tray bakes seem to be women…and then you have the lifting of bags of flour and sugar and the moving of pallets done by men.”\textsuperscript{182}

“In hospitality you still end up with the majority of women being in the cleaning and waiting staff, and [the] hierarchy is generally male dominated…”\textsuperscript{183}

### 3.2. Pay

Pay was raised as a point of concern in a number of interviews, but was not as consistently highlighted as a main priority as in our care interviews. A couple of participants commented on money being a worry with one stating that work as a cook is good “but it is not an easy job, and for this amount of money, it is not well-paid.”\textsuperscript{184} Another stated they felt that employers follow rules instead of choices about how they pay their staff, paying minimum wage as this is the rule they have to follow according to the government.\textsuperscript{185}

“The pay isn’t great, conditions are hard, it’s hard working in that sector”\textsuperscript{186}

Interestingly the issue of low pay was also raised by a business owner we spoke to who herself took home less than minimum wage.

“The staff always get paid before I do, if there is money left then I get mine, lower, way lower than minimum wage. That’s just part of owning your own business sometimes.”\textsuperscript{187}

As with domiciliary care though this was linked to external factors.

\textsuperscript{180} FD 7 / FD 5
\textsuperscript{181} FD 7
\textsuperscript{182} FD 6
\textsuperscript{183} SI 2
\textsuperscript{184} FD 1
\textsuperscript{185} FD 2
\textsuperscript{186} FD 6
\textsuperscript{187} FD 3
“...I have been really lucky and have really amazing staff and would pay them more if I could but unfortunately with the prices of ingredients, the rent, the rates, the electricity, the water, everything costs. So basically in order to survive you have to keep the minimum wage unfortunately.”\textsuperscript{189}

Another participant linked it to a drop in custom, which has resulted in pub work being less lucrative than it used to be.\textsuperscript{189}

3.3. Contracts and working conditions

From our sample it’s clear that there is a variety of contracts available in the food and drink sector. We spoke to people on 16 hour, 19 hour and full-time contracts and heard about staff employed on zero hours contracts. A business owner we spoke to said that they have staff employed on a range of contracts from full-time to part-time and some on zero-hour contracts, who are mainly students fitting work around studies.\textsuperscript{190} Worryingly, we heard from one participant that it’s rare to even get a contract.\textsuperscript{191}

While there may not be much consistency in contract type, what is common is to work over contracted hours, as outlined above.

In our strategic interviews with trade union representatives, we heard about concerns for migrant workers who may not understand rights due to language barriers and therefore might be “easier to exploit”.\textsuperscript{192}

“...people who’s first language is not English, because they don’t understand written policies and procedures, and what they signed in terms of their contract, because language is different. Spoken and written language is very different. They don’t know what their rights are.”\textsuperscript{193}

We also heard about limited opportunities for workers to highlight concerns with working conditions. The approach of “if you don’t like it here, go” was described by one participant, echoing the concerns of one of our care interviewees who described a similar attitude in the care sector.\textsuperscript{194}

3.4. Career Progression

As with domiciliary care, people go into the food and drink sector for different reasons. Some, are genuinely passionate about the sector. One participant

\textsuperscript{188} FD 3  
\textsuperscript{189} FD 7  
\textsuperscript{190} FD 3  
\textsuperscript{191} FD 7  
\textsuperscript{192} SI 3  
\textsuperscript{193} SI 2  
\textsuperscript{194} FD 6 / SI 1
described frustration with the lack of good bread in Wales as driving the decision to set-up a bakery. Another stated that they entered the sector as the “want to show people where food comes from and show them what they can actually do with it.”

For others, working in the sector offers the flexibility they need to pursue other interests and passions.

“Basically, my passion lies with musical theatre and acting. It’s because of this job I can pursue elements of that while working full-time and supplementing my life with constant income.”

Inevitably, for some the decision is made as that is the work that was available. One of our participants is trained as a teacher, but due to being unable to do this work in the UK opted to take a job working as a cook. While they would consider progressing in this sector if possible their long-term goal remains to move out of the sector.

“I wouldn’t say this is my career path in a way that I don’t want to progress to be on the executive team but there have been points where I have been given extra responsibilities.”

“I would like to earn more, that’s why I am starting another career”

Moving around within the sector was also commented on, particularly for those working in the kitchen, who are more commonly men:

“In the kitchen we have a lot of aspiring cooks and chefs who are working to get some experience and also to bump up their CV with experience so they can go on to do more professional stuff in other ways.”

This was the same for food manufacturing where people move around for better pay and conditions, presenting a challenge to maintain skilled workers.

Food and drink seems to have a similarly transient workforce to the care sector, with people moving both within and out of the sector in order to access progression opportunities.

We did hear about progression happening within the sector and experience of working in more junior roles is valued in those seeking managerial roles in

---

195 FD 3 / FD 4
196 FD 5
197 FD 1
198 FD 5
199 FD 4
200 FD 4
201 FD 6
hospitality. We heard about examples of formal training and progression processes in larger companies. One of our participants reflected on what was available in her place of work, outlining that staff who express an interest in progressing are supported to set out a career development plan and are able to access training opportunities, which include spending time in another outlet to gain management skills and experience. Experience of frontline roles were highly valued with a requirement for managers to be certified in all front and back of house roles in order to progress.

Similarly to the care sector, the importance of a manager to identify and support progression opportunities came through.

“I always look...you can tell if you take someone new on, even if they’ve never done it before, you can see when there’s a little sparkle and you just, you know, keep that sparkle going and help them...”

Commenting on the food manufacturing sector, one participant stated that there is a lack of understanding of how to nurture and develop people, “there’s not time for that. That’s what they say”.

Training is of course important for progression. Generally, participants spoke positively about receiving training, especially standard training for entry level roles. However, not all of our participants felt that training leads to progression. One expressed frustration at training to become a cook but not having any opportunity to progress further in the kitchen. Another felt that training and qualifications related to food and drink are not given enough recognition:

“It’s like, oh well...you didn’t do any exams or anything else like that, so we’ll just pop you on an NVQ, and there’s never...it doesn’t ever see any gravitas to those qualifications. ...It needs to be recognised a bit more.”

Another participant outlined that investment in training is due to compliance rather than personal development and that in their experience the food manufacturing sector was more likely to fill management roles with people from other companies in comparable roles rather than look to nurture their current workforce. If more were invested in personal development training it was their view that staff would feel more valued, which would in turn result in staff that are more engaged and would give more.

202 SI 7
203 FD 5
204 FD 5
205 FD 7
206 FD 6
207 FD 1
208 FD 7
209 FD 6
210 FD 6
While we heard some positive stories, the overall picture is complex. Progression can be difficult for many in the sector, and is perhaps exacerbated by the often bottom heavy structure of many businesses.

“We may have 650 people working on production and maybe 20 jobs a grade up, if they want to make the next step up.”

One participant reflected on her time working as a cook outlining that when they had first entered the sector they thought they would progress, but in reality they have been on the same wage for five years, with no recognition for length of service. As a result they feel demoralised by the fact they are paid the same as people just starting.

The barriers we heard about were far ranging. Gender segregation in the sector has been discussed above and it seems that gender stereotyping and discrimination are still hindering women’s careers.

“Women are not welcome, or not given the opportunity to show their skills, although they have the qualifications.”

One participant drew a direct link between sexism and the lack of women in some roles, another described being discriminated against as employers had assumed she couldn’t hold big pots or manage with the oven.

When asked about the lack of women in professional kitchens, one participant commented:

“I think that they expect women to be in the front house, not working in the kitchen.”

One of our strategic interviewees also highlighted discrimination faced by migrant women workers in the sector. She described a scenario where a woman working as a waitress was unable to continue this work due to health issues and despite a willingness to move into another role within the hotel she wasn’t able to do this.

“..she was essentially working as a waitress and she spoke three languages…and she kept saying “give me some training” and they basically wouldn’t even put her on reception. They said “we haven’t got anything”, nothing there and the woman was speaking three languages.”
Connected to the issue of gender stereotyping is childcare. We know that women are still more likely to take on the primary caring role in a household, and according to one of our participants, balancing a career in the hospitality industry with home life is particularly difficult.

“If you are single you are fine, but if you have family commitments, or if you want to take breaks then you won’t be looked the same…you have to be there 24/7…I think you have to definitely sacrifice your family and social life.”

This was further supported by comments from another participant who said that in their experience it was uncommon for employers in the food manufacturing sector to offer alternative working patterns to enable staff to balance work with caring responsibilities.

Another barrier to progression identified by our strategic interviews with TU representatives was the pressures of low pay:

“I think they are just struggling with things ticking over. And that’s their priority, their priority is being able to put food on the table.”

This might be exacerbated by the limited incentive to progress into managerial roles. As we touched on earlier, the role of manager, in hospitality settings in particular, can be difficult. Discussing the role of manager one of our interviewees commented on the lack of work-life balance and limited financial reward.

“You’re on call seven days a week…whether you’re there or not, you’re on the end of phone, you know, as a manager and if something goes wrong it’s you that fixes it. If someone calls in sick, it’s you that covers it and …that’s never fairly reflected…

...whereas for a manager, generally you’re salaried…so you’re doing all the hours and most of the time it works out at a lot less than, you know, hourly, it works out a lot less than minimum wage.”

A final consideration for progression in food and drink is self-employment. For many who are passionate about the sector, self-employment or entrepreneurship is the goal, rather than climbing the ladder within a company. Two of our research participants are now self-employed or running their own business. For one, a key factor was the desire to have a better work-life balance. However, we know the pressure of running a business can be significant and heard from one business owner who works seven days a week and takes home less than minimum wage.
There is potentially a need to further explore what decent work means for those that are self-employed or running their own business and determine the extent to which they experience decent work.

3.5. Priorities for change

In contrast to the care industry, priorities for change among our participants were quite varied and there does not appear to be an obvious answer as to how we can ensure decent work for women in the food and drink sector.

Dealing with low pay and contracts was a priority for a number of our participants. This came through particularly strongly from our participant from the food manufacturing sector, who called for stability of employment and wanted to see more workers offered permanent contracts as opposed to being kept on zero hours contracts for as long as possible.\(^{224}\) Another participant went so far as to call for a standard contract for all workers in hospitality, although other participants seemed to value the flexibility they had over hours and days of work, demonstrating that here as much as in care, zero hours contracts are a complicated issue.\(^{225}\)

There was a clear call from some of our participants that more needs to be done to ensure that the sector is seen as a career.\(^{226}\)

“I think there needs to be more advise for the people that want to go into the industry…there are so many different jobs that you can apply for that people don’t even know about.”\(^{227}\)

We know that there are challenges around retention in the sector, with a high turnover of staff highlighted as an issue in our interviews. This was linked with a number of issues, but the importance of investing in staff and making them feel valued came through.\(^{228}\) This is obviously linked in part to training, which a number of participants flagged as an area for change. The importance of flexible training was flagged by a business owner, that enables staff to do a “day here and there” around work responsibilities.\(^{229}\) This need was echoed by another participant who said that:

“…people need access to training, free training, to train themselves. It needs to be accessible”\(^{230}\)

Training for managers in particular was highlighted by one participant, who felt that many managers do not have management skills when they first move into the role.\(^{231}\)

\(^{224}\) FD 6
\(^{225}\) SI 2 / FD 5
\(^{226}\) FD 7 / FD 4
\(^{227}\) FD 4
\(^{228}\) FD 6
\(^{229}\) FD 3
\(^{230}\) SI 2
\(^{231}\) FD 4
Participants also commented on the need for more support, both for the sector and the workforce. Some stated that more support for the sector from government, to ease financial pressure and recognise the contribution of the sector would better enable employers to improve pay for their workforce and help improve the appeal of the sector as a career option. Others spoke of the need for consistent support for workers in the sector, so that the well-being of workers can be protected.

One participant concluded that fundamentally, what needed is a change in culture that sees attitudes and approaches shift so that there is recognition of the need to develop the sector’s human capital. And while there was a steer from some that pressures on food and drink businesses leave little room for manoeuvre in improving pay and conditions, one participant suggested that larger companies, who have the facilities to absorb new ideas and run with them should be doing so.

3.6. Conclusions

Similarly to domiciliary care, the perception of the food and drink sector is at odds with reality of the work. This has an impact on the ability to recruit and retain staff and potentially on the way staff that engage with the general public (e.g. waiting staff) are treated.

The food and drink workforce remains notably segregated on the basis of gender and issues of sexism and discrimination remain. This can be more marked for those workers who have come from outside the UK.

Low pay is an issue and doesn’t reflect the difficult nature of many jobs in the sector. As in care, contracts are a complex issue and overworking is the norm. While the flexibility offered by zero hours contracts are welcomed by some, a lack of permanent contracts is seen by others as affecting retention.

There is a long-hours culture in the food and drink sector and a lack of work-life balance is a key issue. This has an impact on the well-being of staff and can make progression much tougher for women, who are more likely to have caring responsibilities outside of work.

Career progression is not the aim for everyone in the food and drink sector. For some, jobs in the food and drink sector are a job ‘for now’ while they pursue other interests and passions, which are linked to their career aspirations. For those that do...
wish to progress, it can be difficult and the rewards for moving into managerial roles can be minimal.

Initial training for compliance is good, but there is limited investment in professional development training. While there are examples of good training and development programmes, these tend to be in larger corporate settings in the hospitality industry.

While our sample is small, there appears to be a difference in approach in hospitality and food manufacturing whereby moving from front-line roles into management is common, and in fact desirable, in hospitality but not in food manufacturing.

For some, progression in the sector means setting up their own business. This raises different questions about what decent work looks like and there could be scope to explore this topic with those that are self-employed or running their own business.
Chapter 4
Summary and Recommendations

Securing decent work for women in Wales is crucial to reducing poverty levels. This study has taken an initial look into two sectors that are likely to grow but remain characterised by low-paid, poor quality work that offers limited opportunities to progress.

Supporting progression in low paid sectors such as these is important, but it cannot replace action to ensure that all workers have access to secure, quality employment that supports a minimum standard of living and ensures well-being.

Our analysis has shown that these sectors share a number of challenges and will require a variety of actors to work together to secure decent work for low-paid women workers in Wales.

Recognising the value of low-paid sectors
Perceptions of both the domiciliary care and food and drink sectors have been shown to be at odds with the reality of working in them. The perceived low value of the work done in these sectors continues to drive many of the challenges that must be dealt with to secure decent work including low pay, insecure contracts, high turnover of staff, recruitment and retention challenges and limited investment.

Recommendation 1
The Welsh Government should ensure that the new economic strategy recognises the important contribution that foundational sectors, such as care and food and drink, make to Wales’ economy and ensure that these sectors benefit from investment in innovation and skills development.

Recommendation 2
The Welsh Government should adopt a broader definition of success in the new economic strategy to include a measure of the quality of employment alongside more traditional measures such as Gross Value Added (GVA).

Collectivism
Collectivism, either through trade unions or other networks and forums, is challenging in these sectors, partly as result of the mobile and transient nature of the workforces. This limits the ability of workers in these sectors to call for change and access support and training opportunities.

Recommendation 3
Trade Unions to prioritise activities to adapt to a new work environment, with more mobile and transient workforces, making full use of new technology to enable workers in low-paid sectors to benefit from union membership.
Recommendation 4
Businesses to encourage and support the creation of internal networks to enable staff to better access peer support and explore options for professional development and training.

Supporting progression: Access to training
Access to training, beyond induction and basic training for compliance, is difficult in these sectors. While there are example of good practice, particularly in larger companies who have greater resources, training is not consistent and the cost of undertaking training can land on employees who are already struggling financially. Training that is currently available, such as apprenticeships and leadership and management training, is often funded by European structural funds and with Brexit on the horizon there is a risk that access to training could become even more difficult.

It remains unclear in the Autumn of 2017 what exactly will replace structural funds. During the 2017 General Election, Theresa May pledged a UK Shared Prosperity Fund to replace structural funds that will seek to reduce inequalities between communities across the four nations, while the Welsh Government has spoken about a “made in Wales” successor in *Prosperity for All: A National Strategy.*

Recommendation 5
Welsh Government to work with UK colleagues to determine what will replace current EU structural funds, which are used to deliver training including apprenticeships and management training, and ensure such schemes remain a priority,

Recommendation 6
Businesses to work with sector bodies to define career pathways, share resources and best practice to widen access to training and development opportunities.

Supporting progression: The role of managers
In both care and food and drink it’s clear that the opportunity to progress can depend on working with a manager who is able to identify and support employees to take advantage of opportunities. However, without support and training themselves it can be difficult for managers to perform this role, and while we heard examples of good practice, it can come down to luck of the draw for many employees.

Recommendation 7
Welsh Government and sector bodies to better promote management training opportunities to ensure that managers are able to effectively champion training and development and the progression of workers within their workplaces.

---

236 The Conservative Party *Forward Together: Our Plan for a Stronger Britain and a Prosperous Future* 2017 p. 35
235 Welsh Government *Prosperity for All: A National Strategy* 2017 p. 9
Culture change
In both sectors, a lack of work-life balance, long hours and overworking were reported as being the norm. This has an impact on worker’s well-being but also presents further barriers to progression for women, who are more likely to have pressures on their time outside of work.

Gender stereotyping is also present in both sectors, but manifests itself in different ways. It shapes the demographic of the care workforce, which continues to be predominantly female, and in food and drink it leads to a heavily segregated workforce, continued issues of sexism and limits progression opportunities for women.

Recommendation 8
Welsh Government should ensure that businesses across Wales have access to bespoke support to explore how they can structure their workplaces differently that enable employees to better balance work and home life.

Recommendation 9
Businesses need to prioritise improving the diversity of their workforces, so that they better reflect the communities they serve and are able to recruit from the broadest talent pool.

A sectoral approach
While these two sectors share a number of challenges and some cross-sector solutions can be developed, there remains a need for a sectoral approach to deliver decent work. The context in each sector is very different and a one-size-fits-all approach is unlikely to address the key barriers to decent work in different sectors.

Recommendation 10
The Welsh Government should ensure that the new Fair Work Commission considers sectoral differences and engages with both employers and employees in different sectors when considering what constitutes ‘fair work’ and prioritises actions to improve the provision of it.

Care Sector Recommendations
Over the next few months a number of changes will be made that seek to professionalise the social care sector, clarify career paths and qualifications and improve working conditions. Many of these changes are welcomed by those we spoke to and could have a notable impact on the provision of decent work in the sector.
**Recommendation 11**
Forthcoming changes in the social care sector should be closely monitored to ensure that they are delivering the anticipated improvements to pay and working conditions and are improving progression opportunities within the sector.

Ultimately, we have to conclude from our interviews that the social care sector needs to see an increase in funding. However, we recognise that if such a move is possible, it will require action from the UK and Welsh Governments and Local Authorities and is unlikely to happen in the near future. In the meantime, some impact can be had by improving commissioning models.

**Recommendation 12**
Local Authorities should change the weighting used when awarding contracts for the delivery of care so that quality is considered equally with cost.

**Recommendation 13**
Welsh Government and Local Authorities should require all companies submitting bids to deliver care contracts to do so on an agreed set of terms and conditions, to prevent companies from squeezing terms and conditions in order to offer a lower cost.

**Food and Drink Sector Recommendations**
The food and drink sector workforce remains heavily segregated on the basis of gender and we heard from a number of participants that sexist attitudes and behaviour remains more prevalent than in other sectors. While there wasn’t a suggestion that legal minimums were not being met, it does seem that in practice legislation around discrimination has not led to a shift in the culture in some food and drink workplaces.

**Recommendation 14**
Businesses should adopt a no tolerance policy for any discrimination based on gender and sexist comments from staff or customers to tackle discrimination and segregation and bring about a meaningful shift in workplace culture.

The food and drink sector is not necessarily viewed as one in which people can forge a career. While progression from front-line roles is favoured in some parts of the food and drink sector, career pathways overall are not as clearly defined as in social care and there is less consistency in job roles across the sector.

**Recommendation 15**
Welsh Government, sector bodies and businesses should work together to communicate the career pathways available in the food and drink sector, including entrepreneurship.
Bibliography


BDO UK, *Food and Drink Report Creative responses to Challenging Times, 2017*


Careers Wales Spotlight on the Food and Drink Industry

Citizen’s Advice, Citizen’s Advice warns on zero hours contracts, July 2013

The Conservative Party Forward Together: Our Plan for a Stronger Britain and a Prosperous Future 2017

CSSIW (Care and Social Services Inspectorate Wales), Above and beyond: National review of domiciliary care in Wales, October 2016.


Evening Standard, Exposed: how Cote staff miss out as entire service charge goes to company, 21st August 2015 https://www.standard.co.uk/news/uk/restaurant-chain-cote-takes-entire-service-charge-instead-of-giving-it-to-staff-a2918366.html [accessed 15.08.17]

Financial Times, UK retailers axe low-skilled workers as higher wage bills bite, 21st March 2017 https://www.ft.com/content/d38c30b8-0a3c-11e7-97d1-5e720a26771b [accessed 15.08.17]

Food and Drink Federation, FDF response to Low Pay Commission consultation on the National Minimum Wage (MNW) and National Living Wage (NLW), September 2015.


Guardian, The, ‘The manager was selling coke to staff’: the truth about top restaurants, 18th March 2017 https://www.theguardian.com/lifeandstyle/2017/mar/18/manager-selling-coke-staff-restaurants-tips-pay-chefs [accessed 15.08.17]


ILC (International Longevity Centre) and Anchor, The future care workforce, February 2014.


Scottish Government *Statutory Guidance on the Selection of Tenderers and Award of Contracts – Addressing Fair Work Practices, including the Living Wage, in Procurement*, October 2015


Verdict, *UK election: these are the top three issues for the food and drink industry*, 20 April 2017, [http://www.verdict.co.uk/uk-election-3-top-issues-food-drink-industry/](http://www.verdict.co.uk/uk-election-3-top-issues-food-drink-industry/) [accessed 26.06.17].

Wales Tourism Alliance, WTA Policy Issue Briefing, October 2016


Welsh Government, Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care, 17 March 2016.


Welsh Government, The Social Services and Well-being (Wales) Act 2014

Welsh Government, Regulation and Inspection of Social Care (Wales) Act 2016

Welsh Government, Responses: Domiciliary Care Workforce – Improving the recruitment and retention of domiciliary care workers in Wales, 2016

Welsh Government, Phase 2 implementation of the Regulation and Inspection of Social Care (Wales) Act 2016 Workforce Aspects, June 2017

Welsh Government, Code of Practice: Ethical Employment in Supply Chains, 2017

Welsh Government Prosperity for All: A National Strategy 2017 p. 9
## Annex A

### Research Participants

**Strategic interviews**

<table>
<thead>
<tr>
<th>Interviewee</th>
<th>Sector</th>
<th>Occupation</th>
<th>Organisation</th>
<th>Date</th>
<th>If recorded, duration of the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>SI 1</td>
<td>Care, Hospitality, Retail <code> Officers</code></td>
<td>Officers`</td>
<td>GMB</td>
<td>28.07.2017</td>
<td>1:06:00</td>
</tr>
<tr>
<td>SI 2</td>
<td>Care</td>
<td>Officer</td>
<td>Unite</td>
<td>04.08.2017</td>
<td>0:31:57</td>
</tr>
<tr>
<td>SI 3</td>
<td>Care</td>
<td>Director</td>
<td>Housing Association-care and support provider Wales and South West England</td>
<td>07.08.2017</td>
<td>0:35:45</td>
</tr>
<tr>
<td>SI 4</td>
<td>Care</td>
<td>Former manager</td>
<td>A third sector organisation</td>
<td>08.08.2017</td>
<td>0:29:37</td>
</tr>
<tr>
<td>SI 5</td>
<td>Care</td>
<td>Manager</td>
<td>Social Care Wales</td>
<td>22.08.2017</td>
<td>0:56:28</td>
</tr>
<tr>
<td>SI 6</td>
<td>Care</td>
<td>Officer</td>
<td>Unison</td>
<td>04.09.2017</td>
<td>1:02:00</td>
</tr>
<tr>
<td>Interviewee</td>
<td>Sector</td>
<td>Occupation</td>
<td>Area of Coverage</td>
<td>Date</td>
<td>If recorded, duration of the interview</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------</td>
<td>-------------------------------------------</td>
<td>---------------------------</td>
<td>----------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>DC 1</td>
<td>Home Care</td>
<td>Carer - Private sector</td>
<td>North Wales</td>
<td>03.08.2017</td>
<td>Online response</td>
</tr>
<tr>
<td>DC 2</td>
<td>Home Care</td>
<td>Carer – private sector</td>
<td>Bargoed</td>
<td>10.08.2017</td>
<td>N/A</td>
</tr>
<tr>
<td>DC 3</td>
<td>Care</td>
<td>Director in a housing association</td>
<td>South Wales</td>
<td>16.08.2017</td>
<td>0:44:35</td>
</tr>
<tr>
<td>DC 4</td>
<td>Home Care</td>
<td>Carer – private sector</td>
<td>Aberdare</td>
<td>21.08.2017</td>
<td>0:56:00</td>
</tr>
<tr>
<td>DC 5</td>
<td>Home Care</td>
<td>Recruitment and Training Manager - private sector</td>
<td>Ceredigion</td>
<td>23.08.2017</td>
<td>0:42:00</td>
</tr>
<tr>
<td>DC 6</td>
<td>Home Care</td>
<td>Carer – private sector</td>
<td>West Wales (occasionally North Wales)</td>
<td>25.08.2017</td>
<td>0:43:00</td>
</tr>
</tbody>
</table>
## Food and Drink

<table>
<thead>
<tr>
<th>Interviewee</th>
<th>Sector</th>
<th>Occupation</th>
<th>Area of coverage</th>
<th>Date</th>
<th>If recorded, duration of the interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>FD 1</td>
<td>Food</td>
<td>Cook</td>
<td>Cardiff</td>
<td>26.07.2017</td>
<td>N/A</td>
</tr>
<tr>
<td>FD 2</td>
<td>Food</td>
<td>Cook</td>
<td>Cardiff</td>
<td>26.07.2017</td>
<td>N/A</td>
</tr>
<tr>
<td>FD 3</td>
<td>Food/Hospitality</td>
<td>Business owner and baker</td>
<td>Cardiff</td>
<td>01.08.2017</td>
<td>0:37:26</td>
</tr>
<tr>
<td>FD 4</td>
<td>Food and hospitality</td>
<td>Cook and dining manager</td>
<td>Torfaen</td>
<td>18.08.2017</td>
<td>1:02:00</td>
</tr>
<tr>
<td>FD 5</td>
<td>Hospitality</td>
<td>Front of House</td>
<td>Cardiff</td>
<td>23.08.2017</td>
<td>00:37:00</td>
</tr>
<tr>
<td>FD 6</td>
<td>Food Manufacturing</td>
<td>Training Manager</td>
<td>South Wales</td>
<td>24.08.2017</td>
<td>0:48:40</td>
</tr>
<tr>
<td>FD 7</td>
<td>Restaurant/Hospitality</td>
<td>Consultant</td>
<td>Wales</td>
<td>29.08.2017</td>
<td>00:45:39</td>
</tr>
</tbody>
</table>