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Is it time for job quality? Conceptualising temporal arrangements in new models of homecare

Diane Burns[1] | **Kate Hamblin**[2] | **Duncan U. Fisher**[3] | **Cate Goodlad**[1]

[1]Sheffield University Management School, University of Sheffield, Sheffield, UK

[2]Centre for International Research on Care, Labour and Equalities (CIRCLE), University of Sheffield, Sheffield, UK

[3]Centre for Care, University of Sheffield, Sheffield, UK

Correspondence
Diane Burns.
Email: d.burns@sheffield.ac.uk

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Abstract

Time is a key organising principle in the formal provision of care to older people in their own homes. It is used when delivering homecare services, calculating fees and care staff's pay entitlement. Research in the UK highlights how the predominant service model of compartmentalising care into pre-defined tasks, delivered in strictly scheduled time-based units, offers poor quality jobs, characterised by low pay, insecure and tightly controlled work. Our case study research of 'new models' of homecare however, found variation in the way time measures were operationalised. Drawing from Thompson's (1967, *Past & Present*, 38, 56–97) conceptualisation of clock-time (where care work is controlled by external measures of time) and nature's time (where care work is performed through internal notions of time) as a lens, we examine how service delivery models and job quality are temporally connected through homecare work. Through our analysis, we exemplify how the use of strict time-based measures can limit care work according to nature's time. We also consider the potential of ambitemporality—the accommodation of clock and nature's time—in organising service delivery

as a means of enriching job quality. Finally, we discuss the pertinent implications of conceiving job quality in homecare work through a temporal lens.

KEYWORDS
domiciliary care, homecare, innovation, job quality, time

INTRODUCTION

Meeting the growing demand for care and support associated with rapidly ageing population present important financial and social challenges for governments around the world (World Health Organisation [WHO] 2022). Care policy responses in many nations have prioritised spending on support that enables older people to continue living in their own homes for as long as possible, that is, age in place (Song & Chen, 2015). In the UK, the purchaser-provider service delivery model dominates, whereby local authorities (LAs) 'contract out' the provision of care to third party provider agencies. Within England, for instance, the cost of contracting out homecare amounted to £1.7 billion in 2019/2020 (Laing, 2021), and yet demand continues to grow. At the same time, the operation of this model, which splits purchasers (who assess needs) and the providers (who are contracted to provide care services), commonly organises care into predefined work tasks delivered in strict time frames (e.g., Meagher et al., 2016; Tufte & Dahl, 2016) Although the rationale for splitting the purchaser and provider includes increased efficiencies and consistency of service (Wilberforce et al., 2012) in practice, issues with its implementation such as pricing and workforce shortages have led some governments to abolish the model, for example, New Zealand (Iacobucci, 2013) or adapt it, for example, Iran (Takian et al., 2015).

In the UK, however, where the model continues to dominate, studies indicate several related outcomes including overly regularised care provision and poor job quality (Atkinson & Crozier, 2020; Bottery & Ward, 2021; Cunningham, 2016; UNISON, 2019). While pay and working conditions, job security and content are widely recognised as essential components of decent work (Green et al., 2013), homecare jobs are characterised by low pay, insecure contracts of employment and poor working conditions. At the same time, numerous studies have shown that persistently high rates of staff turnover and job vacancies in the sector (Skills for Care, 2022) are related to the unattractive nature of the jobs, including low-level autonomy, workload intensification, low task-diversity, as well as low pay (Davies et al., 2021; Rubery et al., 2015; Turnpenny & Hussein, 2021). A fundamental challenge therefore is how to organise service delivery of homecare that can keep in step with demand, without creating poor job quality.

Many research studies have examined how time operates not only as the unit of currency for the procurement of homecare services commissioned by LAs (Wilberforce et al., 2012) but also for understanding how this system produces limited opportunity for 'good' jobs in homecare (e.g., Atkinson & Crozier, 2020; Davies et al., 2021; Hayes, 2018; Rubery et al., 2015). Research into alternative service delivery models in the UK is relatively less developed, yet alternative forms for organising, often first developed in the US and other countries, are emerging in the UK (Laing, 2021). Little is known about how time may be utilised to organise provision in these models and the consequences for homecare jobs.

Using Thompson's (1967) conceptualisation of 'clock-time' (work time as externally measured) and 'nature's time' (work time as an internally experienced rhythm) as a lens and drawing

on our empirical case study research of four innovative UK agencies recognised as providing 'new models' of homecare (see Bennett et al., 2018), we conceptualise clock time as 'bounded' (where care work is tied to external measures of time) and as 'negotiated' (when care work is adjusted to meet observed needs). Drawing on our analysis, we consider the potential of ambitemporality—'accommodating seemingly contradictory temporal orientations' (Reinecke & Ansari, 2015, p. 620) in the organisation of homecare. More specifically, we illuminate the organisational factors (work conditions and working-time rules) that provide workers with the opportunity to utilise both clock and nature's time in their care work. This article contributes to the understanding of how care workers navigate temporally framed care jobs (Hayes, 2018; Tufte & Dahl, 2016) to consider the intricate ways in which alternative temporal orientations are encouraged, limited, and in some instances, co-exist in formal, paid care. We also indicate how the orientations to time utilised to structure homecare services and work have consequences for job quality.

To accomplish this, the first section discusses theoretical perspectives on temporality of work, followed by sections on the UK context of homecare and issues of job quality in care work. We then introduce the case study research method before moving to the analysis of clock time, nature's time and ambitemporality and a conclusion.

THEORETICAL PERSPECTIVES—TEMPORAL ORIENTATIONS TO WORK

In this paper, we draw on the conceptualisations of time in Thompson's (1967) theory of time, work discipline and industrial capitalism. Thompson's work examined 'how far, and in what ways, did this shift in time-sense affect labour discipline, and how far did it influence the inward apprehension of time of working people?' (p. 57). To address these questions, Thompson traced the use of nature's time in the tasks people carried out during the pre-industrial era through to the emergence and predominance of clock time in the control of employees' labour in industrial times. Nature's time, recognised through task-orientation, 'appears to be natural' (p. 60), as temporal markers are linked to external realities such as daylight hours or the seasons in agricultural work. Thompson proposed three points about tasks-orientation:

> First, there is a sense in which it is more humanly comprehensible than timed labour. The [worker] appears to attend upon what is an observed necessity. Second, a community in which task-orientation is common appears to show least demarcation between "work" and "life" [time owned by the worker]. Social intercourse and labour are intermingled - the working-day lengthens or contracts according to the task - and there is no great sense of conflict between labour and "passing the time of day" [original emphasis].
>
> (1967, p. 61)

For Thompson, an orientation to nature's time becomes complicated at the point where people are employed for their labour for two reasons. As precision clock time was deemed necessary to control worker's labour time under industrial capitalism, it transformed 'labour discipline'. Industrialisation emphasised the importance of computing how long it would take to achieve a work-action and make best use of a worker's labour. The use of a straightforward time measure was viewed necessary and clock time schedules embodied this simple relationship. Those

who were employed experienced a distinction between their employer's time and their own time. In this shift to clock time, where a person's labour time is reduced to money, 'time is now currency: it is not passed but spent' (Thompson, 1967, p. 61).

The strict implementation of clock time in the predominant model of homecare in the UK is commonly used to control the duration of care visits. The duration of a visit in this model is calibrated by the number and type of tasks, for example, a 15-min visit to prepare lunch and administer medication. In this approach, the combination of pre-defined tasks tied into tightly controlled time-based units requires the worker to attend to pre-specified tasks rather than respond to the person's presenting needs (National Institute for Health and Care Excellence [NICE], 2015). It is argued that compartmentalising care work into pre-specified tasks is antithetical to care when defined, as Cancián suggests, as 'a combination of feelings of affection and responsibility, with actions that provide for an individual's personal needs or well-being in a face-to-face interaction' (2000, p. 137). While responsive care attuned to the physical, social and emotional needs of clients is what care workers seek to offer through care jobs (Atkinson & Crozier, 2020), it is understood as largely incompatible with models that use strictly scheduled measurements of time (England & Dyck, 2011).

However, research studies examining alternative orientations to clock time in homecare, in Denmark for instance, indicate how workers translate measured time using rotas and timetables into process time—where care is performed in reality to the person's needs (Tufte & Dahl, 2016). Although the possibility for alternative orientations to clock time is context-contingent, it can be possible under conditions related to the tightly controlled service delivery model in the UK. Hayes (2018) found nature's time to be visible when care workers use their own unpaid time to meet the needs of their clients. These studies suggest, perhaps, that care workers may use the time-based resources available to them (their employers' time or their own) to perform care at the pace that older people require (Moore & Hayes, 2017). Although resisting the limiting effects of clock time schedules on their care work increases workers' disadvantage in terms of pay (as Hayes, 2018 found), it is the response from employers that ignore, encourage or prevent care work that is performed through an orientation to nature's time and the consequences for job quality that we explore in this paper.

The UK homecare sector and workforce

The imbalance between the societal demand for homecare and inadequate levels of state funding has encouraged LA commissioning approaches skewed towards 'economic-rationing' of provision (Bottery, 2018; NICE, 2015). Research has shown how time-based approaches to commissioning used to manage state budget expenditure (Wilberforce et al., 2012) encourage the fragmentation and simplification of care labour (Atkinson & Crozier, 2020; Moore & Hayes, 2017), limiting care to specified (usually bio-medical) tasks that are strictly scheduled and time-monitored (Bolton & Wibberley, 2014). Consequently, for provider agencies, the number of hours LAs commission tends to be considered as the key principle for organising their service and designing the care jobs needed to deliver the contract (Homecare Association, 2021), tying tasks to time in short visits (often of 15-min duration) (Bottery & Ward, 2021). Although the use of a rationalised approach to organise care provision is viewed to require a strict temporal ordering of care work (Tufte & Dahl, 2016), in England where the state has shifted the responsibility for providing homecare services to independent, and often for-profit provider agencies, time is considered to have become the key currency through which all care is costed, purchased and delivered (Atkinson & Crozier, 2020).

Although research has highlight that a sense of satisfaction from caring for others can be a reward for some workers, even when job content is confined to performing pre-defined, time-based

tasks (Clarke, 2015; Stacey, 2005), the comparatively high turnover and vacancy rates in the UK, indicate that the jobs present significant problems to care workers, particularly concerning pay (Bottery, 2018). In 2018, homecare workers in EU member states earned 80% of the average hourly earnings, compared to 67% in the UK; only Italy and Bulgaria had lower hourly earnings (Eurofound, 2020). Despite regulations including payment for travel time between clients' homes, a 2018 survey reported that 63% of care workers in the UK were only paid for the time they were physically present in the homes of care recipients, with fewer than 7% of contracting LAs in England and Wales specifying that provider agencies pay workers travel time (UNISON, 2019). In the UK, 43% of jobs in the adult social care sector are paid below 'the real living wage'[1] (Eurofound, 2020). Precarity is also an issue-in England alone, for instance, 54% of all homecare workers are employed on zero-hour contracts (ZHC), compared to 3% of the labour market overall (Skills for Care, 2022). Consequently, the severe challenge of recruiting and retaining enough homecare workers (Skills for Care, 2022) is argued to be the result of a crisis in job quality (Turnpenny & Hussein, 2021). Yet some providers of homecare, often operating without support from LAs, seek to create alternative models of service delivery and better jobs. Little is known however about how clock time is utilised in these models and its potential to improve job quality.

Job quality and homecare work

Studies of employment relations have examined the link between job quality and the drive for business efficiencies in care work (e.g., Atkinson & Crozier, 2020; Green et al., 2018; Meagher et al., 2016; Rubery et al., 2015). Globally, care jobs are characterised as low status and receive low levels of remuneration and security (Addati et al., 2018; Osterman, 2019) and this is argued to be particularly acute in the UK context (Eurofound, 2020; Green et al., 2018; Rubery et al., 2015). Though positive elements of poor-quality care jobs are nonetheless possible and can attract and retain people (Clarke, 2015; Stacey, 2005), potentially 'good' jobs can become 'bad' through the 'degradation of work' (Braverman, 1974), and there are a variety of financial, industry-specific and organisational issues that contribute to this (Burns et al., 2016; Cunningham, 2016). Provider agencies delivering care services commissioned by LAs in the UK design homecare jobs that help them to fulfil the contracted time-based specifications (monitoring, pace, routine and scheduling of pre-defined task) and working time of care workers (hours of work, distribution, rest periods, travel time, work schedules) (e.g., Peña-Casas et al., 2018). While defining 'quality' in relation to jobs has been described as a complex issue (Adamson & Roper, 2019), and reviews of the literature have identified several key elements of job quality in the care sector: pay and security; job content, autonomy or control over work tasks; workload and adequate time for care giving and travel (Clarke, 2015). Configurations of clock time intersect with a number of these components, with the effect of suppressing worker discretion to determine the pace and distribution of their working hours, rest and travel time (Rubery, et al., 2015). For instance, the use of clock time by employers to distinguish employees working time from their own time is criticised for increasing worker exploitation; where tasks performed within time-based units are defined as paid work, and those performed outside of time-based units are unpaid (Hayes, 2018). Unpaid tasks, for instance, include travelling between client's homes and waiting time (if a worker arrives at a client's house ahead of the scheduled start time); while the worker's time spent physically present in the client's home is the only activity defined as paid work (Hayes, 2018).

Our premise therefore is that the way in which time is defined and operationalised has consequences for care work job quality. In this paper, we focus on the organisation of time in 'new models' of homecare to consider this possibility. We argue there is limited examination of the

alternative configuration of time at the level of provider agencies. The aim of our analysis therefore is to provide a nuanced exploration of this area. Rather than focusing on the use of clock time in defining care work, we assess how 'new models' of homecare create the opportunity for ambitemporality (Reinecke & Ansari, 2015)—where both clock-time and nature's time are possible within the organisation of homecare services and work.

METHODS

This paper is based on qualitative fieldwork in four UK-based profit-making homecare provider agencies. The selected sample followed a purposive strategy to ensure we found information-rich cases that reflect a range of service delivery models. To inform our selection, we drew on the characteristics of new models of homecare in the UK discussed by Bennett et al. (2018). Through a focused search of company websites and publicly available documents (national regulators inspection reports), we identified a potential sample. We approached 10 homecare companies to participate, with an aim of recruiting five, and gained consent to research four.[2]

The agencies we case studied, which we name *Oak, Pine, Maple and Cherry,* offered approaches to care, operating structure, or mode of delivery that differed from the industry-standard model. *Oak,* a large provider (1300 clients), offered 'technology-assisted' care to meet the individual needs of clients and their family carers; *Pine,* a franchised provider model of medium size (80 clients), offered a range of care services to meet the physical, social and emotional needs of clients (cleaning, companionship, personal and specialist dementia care); *Maple* operated a digital platform (Uber-type business model) that aimed to increase the public's access to homecare services by matching people seeking care with self-employed care workers (200 clients); and finally, *Cherry,* a small provider (29 clients), offered to build care services around the outcomes that clients wanted to achieve. This service was delivered through self-managed teams (i.e., care staff worked collaboratively to reach defined outcomes without line manager supervision).

To identify patterns of temporal organisation of service delivery, we used a multiple case design (Yin, 2018) with comparative cross-case analysis (Eisenhardt & Graebner, 2007). We collected data through a variety of techniques including in total 70 semi-structured interviews (lasting between 30 and 90 min, audio-recorded, fully transcribed and anonymised); 24 h of observation; and the analysis of 14 company documents (see Table 1 below). The purpose of the interviews was to collect information, insights and reflections about care delivery from managers, care workers and care recipients. Interviews with managers focused on the operational structures and processes used to organise provision and care work (owners/registered managers, office-based staff responsible for care assessments, coordinating care delivery, training, quality assurance); interviews with care workers focused on their working conditions, time schedules and job content; and interviews with clients

TABLE 1 Case study data.

	No. of interviews				
Service delivery model	**Manager**	**Care worker**	**Client**	**Hours of observation**	**Company documents**
Oak, tech-assisted	7	9	10	10	Marketing, recruitment & training materials Staff policies Regulator's inspection reports
Pine, franchise	5	10	11	6	
Maple, platform	3	6	N/A	4	
Cherry, outcome-based	3	6	N/A	4	

focused on their participation in defining their care and their reflections of the care services they received.

We began each case study by first meeting with the company's owner and/or registered manager to gain insight into the formal aims and objectives of the service and the logics underpinning their operating processes. We also at this point, where permission was given, collated relevant internal company documents (e.g. training material, staff policies). Based on the accounts of the service gathered at the meetings and from company documents, we developed interview guides tailored to the specifics of each provider agency and a strategy for observing relevant work-based practices. Members of the research team observed staff meetings, recruitment and selection events, training sessions and office-based operations in each agency. The purpose of the observations was to gather data about the day-to-day practices involved in organising and staffing the service. We drew on these observations during interviews, with an aim of exploring participants' views and reflections on the model from their unique perspectives as managers, workers and clients.

The approach used to analyse the data sets involved two stages: an initial within case analysis and a comparative cross-case analysis. We inductively analysed the data for each case by employing a cyclical approach of categorisation focused on the enacted experiences and reflections of people working in management roles (recruitment, training, co-ordinating care rotas), directly providing care to clients, and clients who received the care. We grouped participants' accounts relating to the approach to care, organisation of staffing (employment contracts, recruitment, training) and job quality (autonomy, workload intensity, task diversity), which we viewed as 'essential elements of the research story that, when clustered together according to similarity and regularity, actively facilitated the development' (Saldaña, 2021, p. 13) of two themes—bounded and negotiated clock time—and the analysis of their connections to the content of care jobs. Following this, we formed our interpretation of the connections into initial proposals (Eisenhardt & Graebner, 2007) about how the temporal organisation of care delivery and homecare work relate in each model.

Informed by the initial proposals, the comparative analysis focused on identifying recurrent ways in which care work activity was controlled by clock time and where it became possible for a nature's orientation to time to emerge. The process of comparing across the case studies included seeking corroborative and contradictory accounts to support, refine or oppose the initial proposals, as well as to ensure that the analysis captured the specificity of service and work organisation in each model.

Bounded and negotiated clock-time in care work

According to our findings, all four agencies drew on clock time to organise their service and homecare work but in two discernible forms which we conceptualise as 'bounded' and 'negotiated'. Bounded clock time refers to tasks tied to external measures of time (utilised by management to calculate the cost of care and worker's pay). Negotiated clock time refers to adjustments of external measures of time to allow the provision of tasks (utilised by care workers in response to observed care needs). Table 2 summarises key features of the service delivery model; employment and working conditions; organisation of working time; bounded or negotiated use of clock-time; and where nature's time became visible within these arrangements.

Similar to the predominant service model found in the UK, Oak and Pine organised working time by compartmentalising care delivery into strict time-based units. Although our analysis of marketing material identified that Oak provided 'tech-assisted' care and therefore a 'new model' of service delivery, the field research revealed this agency not to have any clients using this service. Surprisingly, we found service delivery organised care into pre-defined tasks in strictly scheduled 15- to 30-min care visits. Their services were predominantly commissioned by LAs, and workers'

TABLE 2 Company characteristics and temporal features.

Service delivery model	Pay & working conditions	Organisation of working time	Clock-time	Nature's time
Oak, tech-assisted. pre-defined tasks in minimum 15-min visits	ZHC, pay RLW for each minute present in clients' home	Fixed time-based units. Caregiving outside time-based units was unpaid	Bounded into fixed schedules of paid & unpaid work	Visible in the unpaid work care workers provide
Pine, franchise. Pre-planned person-centred care in minimum 60-min visits	ZHC, pay RLW for each hour present in clients' home	Time-based units extendable only at managers' discretion. Compulsory 1-h unpaid break between each care visit	Bounded into fixed schedules of paid & unpaid work, *with* the possibility to extend paid work at manager's discretion	Translated into chargeable clock-time
Maple, platform model, match care workers to clients. Homecare minimum 3 h visit; live-in-care 2 h unpaid rest period each day	Self-employed Charge calculated by the hour	Duration of care visit and fee individually agreed between care worker & client	Care schedules negotiated by care worker & client	Accommodated within the job
Cherry, outcomes-based model in minimum 30-min visits, subscription fee approach	Standard contract, annual salary in line with RLW	Specified hours per week, unpaid break time	Care schedules negotiated by members of the care teams & client	Accommodated within the job

Abbreviations: RLW, real-living wage; ZHC, zero-hour contract.

paid time was restricted to the clock time specified in the contract. In this way, the external measurement of time used by the LA to calculate the fee Oak would receive also determined the level of remuneration care workers would be paid. As found in other studies, travelling between each client's home was not defined as paid work and care workers told us that they regularly used their own unpaid time to provide additional care to meet their clients' needs.

In Pine, where pre-planned, person-centred care was provided to clients purchasing their own services, homecare work was organised into minimum 1-h visits, followed by a compulsory 1-h unpaid break. Care defined as paid work took place within time-based visits, and travel time was defined as non-work (and therefore unpaid). In this model however, care workers told us that the minimum 1-h visit provided the time needed to deliver the planned care at a pace guided by their client's abilities. Moreover, in this model care workers were prevented from using their own unpaid time to meet client's unmet needs.

In the models where clock time was negotiated, we found opportunities for care work guided by nature's time to regularly occur. Maple and Cherry deployed a system whereby care workers negotiated clock time arrangements directly with their clients and in response to their emerging needs. In Cherry, where provision was organised through self-managed teams, the role of care workers involved the planning and scheduling time in response to client-identified outcomes

from their care. Maple permitted self-employed care workers the discretion to negotiate clock time arrangements with their clients, including when they would take their unpaid break (i.e. periods in which care workers have their own time). A blurring of the boundary between working time and a care worker's own time was possible in live-in care, for example, if their client needed assistance during an agreed break time period. In contrast to Oak, Pine and Maple, the service model at Cherry did not demarcate tasks defined as paid work from activities treated as unpaid work, rather all activity was defined as paid work. Care workers in this model were seemingly provided with the resources and discretion to negotiate and adjust clock time in ways they judged necessary to help their clients achieve their identified outcomes.

Thus, the organisation of care work appeared to be bounded by clock time in situations where care tasks were pre-defined/planned and where the model allowed workers discretion over the use of clock time, care work seemingly guided by nature's time appeared to be accommodated within the job.

Job quality in time-bounded care work

Possibly because Oak was primarily delivering LA-commissioned care, the content of their care jobs was characterised by strictly time-bounded, pre-defined tasks. Previous studies document how LA-commissioned provider agencies tend to offer employees ZHCs, with little discretion over the pace and scheduling of tasks (e.g., Atkinson & Crozier, 2020; Meagher, et al., 2016). However, managers at Oak highlighted how contractual obligations largely determined the utilisation of clock time and related working conditions for care workers, as Nathan (all names are pseudonyms) explained:

> They [care workers] are running from call to call to call and as the LA don't pay for travel time, it's just the time they are in the house, so 15 minutes, that is paid and at a pay rate of pennies. We are hamstrung by the environment that we're working in and the authorities that we're working with.
>
> (Nathan, Manager, Oak)

Other studies examining the combined use of clock time and employment conditions, including low pay, ZHCs, short visits and unpaid travel time in purchaser-provider split model, have highlighted the detrimental effects for care workers (e.g., Atkinson & Crozier, 2020; Green et al., 2018; Meagher et al., 2016; Rubery et al., 2015). Although in this study we found managers had taken steps to reduce the size of unpaid travel time by scheduling worker's rotas closer to where they lived, problems with long hours of work and 'call cramming' could occur, as Michelle and Debbie illuminated:

> My contracted hours were supposed to be 42 a week, but it can be 48, 53, 63 if people are off sick, or if more clients come on. So, my hours vary and fly in'.
>
> (Michelle, Care Worker, Oak)

> They [Oak] needed [someone] to cover a run. The LA paid for something like 8 hours for this run, but [the rota indicated] you had to do it in 4 hours. So, you were call cramming, you knew you weren't giving people their right time.
>
> (Debbie, Care Worker, Oak)

Seemingly, the content of the job as Debbie reflects upon, was bounded by the pace and intensity of work. This quote illuminates a possible discrepancy between the time contracted by the LA to deliver the care and the time assigned to Debbie's rota. By adjusting the number of visits

without adjusting the corresponding working time of care workers, the time to care—an important component of job quality (Clarke, 2015), is diminished. Inadequate time to care, which care workers in Oak told us was common, limited their opportunity to respond to the reality of their client's needs. However, in some situations where the reality of a client's needs could not be ignored, the agency's rules required workers' unpaid labour:

> We had a call for a husband and wife, and they were taking 2 hours, every morning and we were only getting paid for an hour, but the LA or the mangers just can't approve more time because there's not the funding. But sometimes, you physically can't make [the care] go any faster. If somebody falls, we have to stay until either an ambulance or the next of kin comes and we don't get paid for that and then that means all your other calls run over.
>
> (Jo, Care Worker, Oak)

As Jo's account of this situation illuminates, it is seemingly possible to use clock time (in strictly measured time-based units) to define paid and unpaid activity that protect the LAs budget and the employer's income, while relying on care workers to meet the essential care needs of clients regardless of whether the agency will pay them for their work or not. We also found simultaneously, however, that care workers at Oak did not allow a clock time orientation to dominate how they perceive their working time. As found by Hayes (2018), nature's time appeared to be visible in the unpaid work that care workers chose to enact. Although the agency's rules prohibited care workers from providing care they observe to be needed, even in their own time, managers did not prevent care workers from doing so, as these examples illustrate:

> You might not be down to get [the client] a pint of milk, but you do it because the person would be left without it. It's one of those things- don't ask, don't tell. Everybody does it, I haven't come across a care worker that doesn't.
>
> (Debbie, Care Worker, Oak)

> They could be really told off for bringing a loaf of bread or a pint of milk... and that's stupid to be penalised for bringing somebody milk and bread.
>
> (Hannah, Manager, Oak)

In contrast to the giving of 'free labour' at Oak, the model at Pine actively prevented workers from volunteering their labour to their clients. Rather, managers took steps to translate any unmet care needs, identified by care workers, into billable clock time invoiced to clients. In this model, managers told us that care delivery was compartmentalised into time-based units with the intention of preventing two problems: the tight scheduling of visits; and care workers 'doing extras' for their clients. Our analysis identified that clock-time in Pine's model functioned as an organising principle with two variations from the standard model. First, Pine operated a strict 1-h minimum rule for care visits. We found that care workers perceived this rule as providing an opportunity to carry out the pre-planned care at a pace they could align with their client's abilities. All the care workers we interviewed reflected on how the arrangements provided enough time to care, as comments such as the hour visit allows us to 'get an awful lot done' (Donna), 'have enough time to do what you're there for' (Bridget) and to ensure 'you're not rushing' (Kim).

Second, and unlike Oak where scheduled time to carry out pre-planned tasks would be compressed if the number of visits a worker needed to make within their working day was

increased, at Pine each visit was followed with a compulsory unpaid period of 1 h. This episode of unpaid time was referred to by managers as a rest-break and a necessary 'part of their quality process', because it was considered to prevent work intensification and rushed care. It ensured 'workers can spend time with clients, and treat people with dignity and respect. Not just doing the task but building that relationship with someone' (Jane, Manager, Pine). Although, from the perspective of managers, this arrangement ensured they sustained a quality service, care workers questioned its value, as Donna illustrates:

> Say I do a 10 a.m. while 11, and sometimes then you'll have a 12 while 1 p.m. it's not worth going home, so you'll spend a lot of time in your car. If the break was half an hour, we'd be able to do more visits in a day, and we wouldn't be sat around in our cars. Especially when it's winter, you don't want to be sat in your car. That is the worst thing.
> (Donna, Care Worker, Pine)

Additionally, the 'comfort break' was considered to create slack in the time-based schedules management could expand the length of a visit if necessary, as Jane elaborates in this passage...:

> [it] is there to allow visits to run over if they need to, in emergencies, so the caregiver's not under stress to get to the next visit, or they don't feel they're rushing the client if not everything can, for whatever reason, be done in that visit. Generally, it's set up quite OK, but if there's an emergency towards the end of the visit, they can't just leave the client.
> (Jane, Manager, Pine)

Although Jane's account suggests that the arrangements aim to benefit workers and clients in emergency situations, we found that care workers were required to seek approval from the care manager before any changes to the care plan or time schedule could be carried out. Jobs in this model, we argue, are designed to encourage care workers to observe people's care needs as they emerge (an approach to work Thompson [1967] associates with nature's time), however, it also prevents care workers from immediately carrying out tasks to meet these needs. Rather, workers are instructed to inform management if client's have unmet needs. Managers then contact the client to agree to an adjustment to their care plan and fee. This process drew on aspects of care workers' orientation to nature's time (the observation of needs as they emerge), but in effect, care workers would not be permitted to perform the tasks until they had been translated into billable clock time.

This use of clock-time was achieved by expanding the parameters of time-bounded care work and by redefining unpaid 'break time' into 'working time' when additional services were in demand. The compulsory 1-h 'rest-break' arguably functioned to create a ready source of trained and available labour. However, we found care workers' interpretations of these arrangements emphasised positive and negative effects for job quality. On the one hand, care workers viewed the arrangements as providing opportunities to meet the realities of their client's needs, as Ryan, a care worker, exemplified:

> The doctor turned up unexpected and prescribed medication. This is getting very close to the time when I depart, so there would be nobody to get the medication as the family are away. So, improvising I went over my time slot and I drove to the pharmacists and collected the medication. So, it's, if I can use the word, it's overtime. But I logged off on the telephonic thing (electronic monitoring device) as usual at 3

> o'clock, I let the manager know that I was making this journey. So, the log-off was at three, but they still put half an hour of time on my pay.
>
> (Ryan, Care Worker, Pine)

Thus, for some workers, the jobs at Pine offered the potential to shape the ordering and timing of tasks. However, the enactment of care tasks as paid work became possible only after management had confirmed the client's agreement to increase the time required to provide their care and the costs added to their bill. In Pine, care workers recognise how the agency's use of clock time combined with rules control care work, reduces care to money, as Vanessa's views suggest:

> Sometimes you feel you'd like to do a little bit more, but you can't. If I was voluntary, I could do a little bit more, but because it's a business, you can't. I think, "oh, I'd like to take that client out" but I know I can't, because then they would charge the client a business rate for my time.
>
> (Vanessa, Care Worker, Pine)

At Pine we found that the owner and managers held care workers' adherence to their model and compliance with the rules to be of paramount importance to the success of the agency, a belief possibly reflected in the owners account of the logics underpinning their highly selective recruitment strategy: 'if you're a maverick, we're not having you here, because that's not how you support people. Whatever you try to train people, best practice, mavericks will always say that their way is best, they've got a different view. They're the kind of people who are always going to do it their own way' (Paul, Owner, Pine).

In the time-bounded model of care work, jobs were designed to help Oak meet the obligations of their contract with the LA, exposing care workers to work intensification and limiting the time they need to care for people. Although care workers were afforded very little control over the care tasks they provided during episodes of paid work, they responded to the unmet needs of their clients in their own unpaid time. In contrast, the minimum 1-h visit rule used in Pine's model provided care workers with the time required to complete planned person-centred care (meeting emotional, social, psychological needs as well as personal care) and, at a pace, their clients found to be manageable. As such, care workers at Pine were seemingly protected from the kind of workload intensification visible at Oak. Although care jobs at Pine required a greater range of skills than the jobs demanded of workers in Oak's model, for both agencies, the use of clock time appeared to play a role in limiting the autonomy of workers to respond to the realities of their clients' needs as they observed them.

Job quality in time-negotiated care work

Our analysis of clock time in Maple (an online platform introductory agency) and Cherry (outcomes-focused model) demonstrated how alternatives to the use of pre-planned/defined care tasks in strict time-based units can operate. The self-employed status of workers in Maple's model seemingly provided working conditions valued by care workers, including the rate of pay, patterns of working hours and job content. A key opportunity for job quality in this model is the discretion it permits care workers to define their working hours and select their clients, as

George's reflections about his job illuminated: 'I like the flexibility, I like the control, I find that quite empowering'; and care worker Val explained:

> You can choose your hours and you can choose the client as well. Once you see the buyer's profile, if you want that client, then you will click on the job.
>
> (Val, Care Worker, Maple)

This model also provided care workers with the opportunity to negotiate their rate of pay, as Annie explained:

> I had to negotiate with Maple Care in the beginning about what pay I would accept, because you don't get holiday pay and I said I would not charge [the client] for my own travel expenses because it's not far [for me to travel]. You're negotiating with the company first and then I spoke with the family about what I expected.
>
> (Annie, Care Worker, Maple)

In contrast to the predominant model of service delivery, where a care plan specifies the care tasks that make up the content of a homecare job (e.g., Bolton & Wibberley, 2014), care workers in Maple had more autonomy to define how they would meet the needs of their clients. Maple specified a 3-h minimum visit for homecare and a 10-h day, incorporating a 2-h break for live-in care. While these arrangements relied far less on clock time to determine the minutes available to complete care tasks, the potential for ambitemporality, where workers orientate tasks to nature's time, was arguably enhanced. However, the lessening of 'the demarcation between "work" and "life" [a worker's own time]', Thompson (1967, p. 61) associated with task-orientation in nature's time, which was nonetheless visible in tasks recognised as work (and therefore paid) and tasks not recognised as work (and therefore unpaid). For example, Polly described how handover-related activities she considered to be important to her caregiving were not treated as paid work:

> I have asked the carer who I am covering if there is a care plan in place. I did speak to the client's daughter, but she said to go through the regular carer. The carer just said "oh you'll have to come and shadow me" when actually what I wanted was for her to "just write me down some bullet points." The thing is, it's an hour's travel each way and I'm not getting paid for that, or for 2-hours I spent shadowing her.
>
> (Polly, Care Worker, Maple)

We also found care workers' ability to control their working time could conflict with the reality of meeting the needs of their clients as Lily illuminated:

> When you are inside the house it doesn't matter whether you are on your break, you are always alert because you are solely responsible for looking after the vulnerable. It is me as a carer who will be answerable if something goes wrong. I have been told [by Maple that] I can leave the client alone for the 2-hour break and I know exactly that they can't be without me for 5 minutes as they get so anxious.
>
> (Lily, Care Worker, Maple)

Lily's account draws attention to how the agency's demarcation of work time from a live-in care workers' own time, not only assumes care workers are willing to withhold care during break periods, but also ignores that the prevailing accountability for care rests with the worker. Arguably, in

this model management assumed that it is possible for live-in care workers to prioritise an orientation to tasks determined by clock time over natures' time. While Maple's model incorporates an assumption that the utilisation of nature's time can be 'switched off' and replaced with a clock time orientation during agreed break times, in contrast, Cherry's model allowed care workers to renegotiate clock time, as they assessed it to be necessary, as Janette emphasised:

> One of the nicest things in this job is that we have fairly decent sized time slots. I suppose that if we overrun a bit, we're allowed to be a little bit flexible with our timings. So, it might mean that we call the next person and say I'm sorry I'm going be a little bit late, but I'll stay a bit later with you too. This way we make sure they're still getting the time they need.
>
> (Janette, Care Worker, Cherry)

Through Cherry's model of work organisation, it became possible for care workers to accommodate nature's time within their formal work time:

> Usually in care work you have to log in when they see the person and log out and then they don't get paid for travel time. I get paid shifts, that is I may not be seeing anyone, but I still get paid for those five hours regardless. I think it's very fair.
>
> (April, Care Worker, Cherry)

As April's account infers, in Cherry's model, all of the activities care workers perform are recognised as 'work' and remunerated with pay. Management also told us that they offer standard employment contracts and annual salaries:

> We pay guaranteed hours rather than only paying for the time that you're visiting. So, your travel time, your training time and your guaranteed hours we will pay. If the client dies or leaves us for other reasons, you're not financially impacted, because that would just be awful.
>
> (Colette, Manager, Cherry)

The self-managed team structure used to organise the service in Cherry, unlike the other models, offered worker's additional job content, as planning, marketing and recruitment duties were integral to the role. Overall, the combination of paying workers an annual salary and affording them discretion in planning and adjusting the timing of visits to their clients appeared to guard against work intensification as Collette went on to discuss:

> The outcome is to make sure that person is left in a state where they are ready to have the rest of their day. And if we're not achieving that in that time, some days it might take less, some days it'll take longer. So, we have to get the averages right and never put the pressure on the team.
>
> (Collette, Manager, Cherry)

However, some care worker's reflections suggested that they associated the shared accountability for organising shifts as leading to requests to engage with work tasks during their own time, as Janette illuminates:

> There are slightly funny comments that we aren't checking the team communication app and we're not replying to [each other's] messages, and even if we can't cover a

> shift, we should at least be saying no. I'm thinking, well what if I've just not seen the message in the first place? Because I'm only doing two shifts a week and if the team meeting is when I am not on duty, that's too long to not be looking at it [the app]. So I have to look at it. I can't leave my work phone [switched off] when I'm not at work.
>
> (Janette, Care Work, Cherry)

Thompson indicates that in nature's time, 'the working-day lengthens or contracts according to the task—and there is no great sense of conflict between labour and "passing the time of day" (1967, p. 61)'. Janette's account suggests expectations to use the electronic app for all inter-member communication about work tasks pierces into workers' own time.

DISCUSSION AND CONCLUSION

Drawing on Thompson's (1967) conceptualisation of clock time (work time controlled by external measurement) and nature's time (work time as an internally experienced rhythm) in disciplining labour, this paper has examined how orientations to time are visible in new models of homecare. Specifically, the focus on how organisational factors in homecare agencies to structure service delivery relatedly shape homecare work and create opportunities for job quality. We conceptualise two main forms of temporal organisation: 'bounded' clock time and 'negotiated' clock time. Through this analysis, we consider how an orientation to nature's time is visible in homecare work.

By focusing on the organisation of clock-time in new service models, this paper presents components of job quality in homecare work as temporally conditioned. The constraints and challenges of the use of clock time by employers have been addressed by a large number of studies examining care work in the UK (Atkinson & Crozier, 2020; Bolton & Wibberley, 2014; Cunningham, 2016; Hayes, 2018; Moore & Hayes, 2017; Rubery et al., 2015), Australia (Baines & Armstrong, 2019; Meagher et al., 2016) and Scandinavia (Green et al., 2018; Tufte & Dahl, 2016). Some focus on the commodification and marketisation of care and the use of clock time to generate efficiencies, while others criticise how the strict use of time-based schedules can erode job quality and/or the potential of care workers to provide good care.

It is a key finding of this paper that the way in which clock time is utilised is context-contingent and strategically designed for optimising the service delivery model that an agency has adopted or developed. The binding of care with clock time allows LA commissioners and employers to calibrate care into definable tasks and activities that can then be costed. In this sense, time-bounded care work is characterised by managerial control over the formulisation and maintenance of worker's schedules, pace and intensity of work and a clear demarcation between working time (that is paid) and a workers' own time (that is unpaid). In contrast, clock time operationalised through a process involving negotiation, affords care workers' discretion over their schedules, pace and intensity of work and thus, some control over working time is shifted from employers to workers. Following Thompson's (1967) theory of time, work discipline and industrial capitalism, the operationalisation of clock-time to overtly control workers' 'disciplined labour', reduces care worker's labour to money. Our findings show however that the way in which clock-time is operationalised varies, producing possibilities for care work orientated to nature's time in three discernible ways.

Firstly, in contexts of time-bounded care work within a purchaser-provider split service delivery model, nature's time was visible in the unpaid work that care workers gave to their

clients (as Hayes [2018] also found). Secondly, in contexts adapting the standard service delivery model to resource a person-centred care approach (longer time-based units in which the social, emotional, psychological needs of older people can also be met), the potential for care work guided by nature's time was not visible in unpaid work. Rather, the organisational rules and processes in place to ensure unpaid work did not occur also provided management with a mechanism to translate worker's observation of unmet needs into billable clock time-based care. In this sense, the organisational rules and processes allowed management to intercept care worker's orientation to nature's time (to observe unmet needs) before it was fully realised (to carry out tasks to meet those needs).

Thirdly, in contexts operating time-negotiated care work, where care workers were expected to negotiate clock time, ambitemporality appeared possible. Thus, an orientation to nature's time was accommodated along with the use of clock time to organise provision within these service delivery models. However, ambitemporality was not an inconsequential mechanism for improving job quality. Although ambitemporality permitted a rhythm of care work not wholly attuned to measurement of the clock, the intermingle of work guided by nature's time and the rest of a worker's social communications and relationships (Thompson, 1967) appeared to encourage unpaid work (during break times and non-work days).

The material employment and working conditions in homecare are rightly considered to be essential for job quality, including pay, precarity, working time and workload intensity. In this paper, we have illuminated how determinants of job quality combined with the utilisation of clock-time can constrain, encourage and even rely on opportunities for care work aligned to nature's time. However, the utilisation of clock time and nature's time as an analytical resource to examine issues of job quality is particularly pertinent to the UK context, where strict clock time-based approaches are a key currency through which homecare is costed, purchased and delivered and where job quality is arguably in crisis. Thus, the utilisation of clock time in a system of highly marketised care and the non-professionalised status of care work may differ from care systems in other countries where job quality is given greater protection by professional bodies and/or national policy and directives. Nonetheless, tech-assisted franchises platform and outcomes-based models are already established (and in some cases originated) in other countries. A temporal analysis of bounded and negotiated clock time within other care systems could enhance the understanding of relationships between national/organisational contexts, service delivery models and improvements in job quality.

AUTHOR CONTRIBUTIONS

Diane Burns: Conceptualization (lead); Formal analysis (lead); Funding acquisition (lead); Methodology (lead); Writing – original draft (lead); Writing – review & editing (lead). **Kate Hamblin**: Conceptualization (supporting); Formal analysis (supporting); Methodology (supporting); Writing – review & editing (supporting). **Duncan U. Fisher**: Conceptualization (supporting); Writing – original draft (supporting); Writing – review & editing (supporting). **Cate Goodlad**: Conceptualization (supporting); Formal analysis (lead); Methodology (supporting); Writing – review & editing (supporting).

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CONFLICT OF INTEREST STATEMENT

The authors declare none.

DATA AVAILABILITY STATEMENT

The data this paper draws on is available at the UK data service project archive SN 855139.

ORCID

Diane Burns https://orcid.org/0000-0002-7964-6319
Kate Hamblin https://orcid.org/0000-0001-8207-4414
Duncan U. Fisher https://orcid.org/0000-0002-7996-2418
Cate Goodlad https://orcid.org/0000-0002-6979-4051

ENDNOTES

[1] An independently calculated suggested rate based on the cost of living, see www.livingwage.org.uk.

[2] The research study received ethical approval from the University of Sheffield Research Ethics Committee (reference numbers: 022375; 021052); and University of Sheffield research governance sponsorship (reference number: 148644).

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