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A Multi-Level Systems Perspective on (Un)sustainable HRM in Adult Social Care

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ABSTRACT

This paper contributes to sustainable HRM theory, policy, and practice by applying and extending systems theory. A framing is developed and applied by triangulating data from 85 interviews with workers, managers, and other stakeholders (e.g., unions, employer representatives, charities) in adult social care, along with qualitative and quantitative secondary data sources. The findings highlight three main (un)sustainable HRM challenges shaped by inconsistencies between employment in the public and independent sectors: *constrained system resources*, *disconnected career structures*, and *uneven voice patterns*. The article contributes to HR theory by re-framing "(un)sustainable HRM" to include how actors are constrained and/or supported by multi-level relationships between systems and sub-systems. The research advances policy and practice by proposing how more sustainable HRM approaches could be implemented.

1 | Introduction

This paper develops and subsequently applies a new framing to advance research about sustainable human resource management (HRM) in adult social care, with new knowledge contributing to systems theory. Adult social care contributed £55.7 billion to England's economy in 2022/2023 (8.5% increase from 2021/2022) (SfC 2023). Notwithstanding, the Care Quality Commission (CQC 2022) has warned that the sustainability of the sector is in doubt, with inflation and labor supply challenges exacerbating pressure on providers, care quality, workers, and managers.

Although HRM research on adult social care has identified major people management issues (Cunningham et al. 2016; Grimshaw et al. 2015; Nickson et al. 2008; Rubery et al. 2015), sustainability is rarely explicitly examined and has only recently gained traction in broader HRM research (Cooke et al. 2022; Ren et al. 2023). Moreover, while adult social care research (hereafter "social care") tends to examine a specific social care service, organization, or job role (e.g., Chen et al. 2021; Van Toorn and Cortis 2022), social care as a "system" has been regarded as "in crisis" and could benefit from more integrative multi-level research (Cunningham et al. 2021; Kessler et al. 2006). Given these issues, the paper has two aims. First, to advance a multi-level systems theory framing of the concept of sustainable HRM. Second, to refine our framing by triangulating data from social care and identifying strategies that may generate more sustainable HR outcomes.

To achieve these aims, we adopt Ren et al.'s (2023, 253) multi-level definition of sustainable HRM as "the present deployment of HR policies and practices with the long-term aim of protecting future resources at the individual, organizational, and societal

levels". Systems theory has been criticized for overlooking HRM at the individual-level (Cleveland et al. 2015), but broadly aligns with Ren et al.'s definition by assuming that HRM sub-systems are embedded within, and influenced by systems at organizational, sector and societal levels (Harney and Lee 2022). A sub-system operates within a broader system, but has its own components, processes and functions. For example, wider organizational objectives and societal regulations influence the sustainability of a social care provider's HRM system.

Drawing on data from 85 interviews, along with qualitative and quantitative secondary data sources, the findings highlight three main (un)sustainable HRM challenges shaped by inconsistencies between employment in the public and independent sub-systems: *constrained system resources*, *disconnected career structures*, and *uneven voice patterns*. The applied systems framework presented in section 5, contributes to HRM research and systems theory by explaining how HR policy and practice can be unsustainable, as much as potentially sustainable, depending on sub-system interdependencies and how different actors are supported and/or constrained by multi-level system relationships. Our applied framework includes a novel theoretical construct termed "voice gatekeepers," offering a new perspective on (un)sustainable stakeholder relations. Relatedly, we add to limited HRM studies on power in care settings (Chen et al. 2021; Krachler and Kessler 2022) by illuminating the conceptual relevance of "cross-boundary power."

To this end, our research questions are: *How are sustainable HRM challenges in adult social care experienced by actors across the system?* And *how can we move towards a more sustainable adult social care system?*

We tackle these questions as follows. Next, literature on sustainable HRM, HR systems, and social care challenges is reviewed to develop a multi-level framing. Section three explains the methodology, and section four presents the findings. In section five, a new applied sustainable HRM framework is proposed that researchers can adapt, test, or extend within social care or potentially elsewhere.

2 | Sustainable HRM Perspectives

This section outlines dominant sustainable HRM perspectives before explaining how a multi-level systems framing can contribute new insights about (un)sustainable HRM in social care.

2.1 | Sustainable HRM

Two dominant perspectives on "sustainable HRM" are grounded in strategic HRM and stakeholder theory (Ren et al. 2023). In strategic HRM research, policies and practices are often considered as aiding organizations to meet their strategic goals (Kramar 2014). However, much of the literature prioritizes financial metrics, profit, and performance-driven incentives. The challenges of balancing environmental, social, and economic sustainability objectives to tackle big contemporary problems and meet collective societal interests are generally omitted (Aust et al. 2020). One reason is that strategic HRM research tends to neglect sectors directly contributing to wider society, including social care. Another reason is that strategic HRM research typically searches for "fit" (internal and external) between corporate goals, HRM, and external environments (Donnelly and Hughes 2023; Kaufman 2015). Yet the intricacies and implications of broader external factors and macro-turbulence are often downplayed (Minbaeva and Navrbjerg 2023). "Sustainable HRM" therefore becomes a goal defined and set by corporations, not a societal objective shaped by multi-level contextual conditions and stakeholder power.

From a stakeholder perspective, the interests of multiple actors at different analytical levels can shape sustainable HRM (Cooke et al. 2020). However, stakeholder theory has been questioned due to its normative underpinnings, which may downplay power dynamics (Stahl et al. 2020) and government influence (Olsen 2017). It has been suggested that a stakeholder perspective can over-generalize sustainability as a win-win outcome for everyone, without evaluating the implications of competing stakeholder groups (Ren et al. 2023), especially when facing societal challenges such as a cost-of-living crisis or post-pandemic labor market transitions (Hughes and Dundon 2023).

Systems theory can advance research on (un)sustainable HRM and connect to strategic HRM and stakeholder perspectives. Systems theory assumes that interdependent systems and sub-systems exist at multiple levels (Ackoff 1969; von Bertalanffy 1969). While stakeholder theory adopts a normative perspective on sustainable HRM, systems theory conceptualizes the complex reality of multi-level actors and sub-systems (Harney 2019). It assumes that indeterminate relationships and systems create formal/informal work practices and feedback loops. Feedback loops offer opportunities to theorize the positive/negative implications of (un)sustainable HR practices. The concept of "equifinality" speculates that generalizable HRM across organizational sub-systems is unlikely because different conditions (e.g., organizational policies) can create similar (sustainable/unsustainable) outcomes (Harney and Lee 2022).

However, systems theory has provided little insight into how actors are supported or constrained by multi-level relationships between systems and sub-systems. One reason is that empirical HRM research explicitly applying systems theory is scarce and usually examines organizational-level HRM system strength (Heffernan et al. 2022; Townsend et al. 2013). Another reason is that systems theory can limit understanding of agency (Cleveland et al. 2015). For example, building on Ren et al.'s (2023) sustainable HRM definition, systems theory encourages us to examine multi-level resources, but how actor power sources are leveraged within or across sub-systems, or how actor interests and relationships shape access to resources, is under-theorized.

2.2 | A Multi-Level (Un)sustainable HRM Framing for Social Care

Extant research in social care has identified problematic HRM strategies, including low pay, precarious contracts, little training, and limited progression (Heery et al. 2020; Nickson

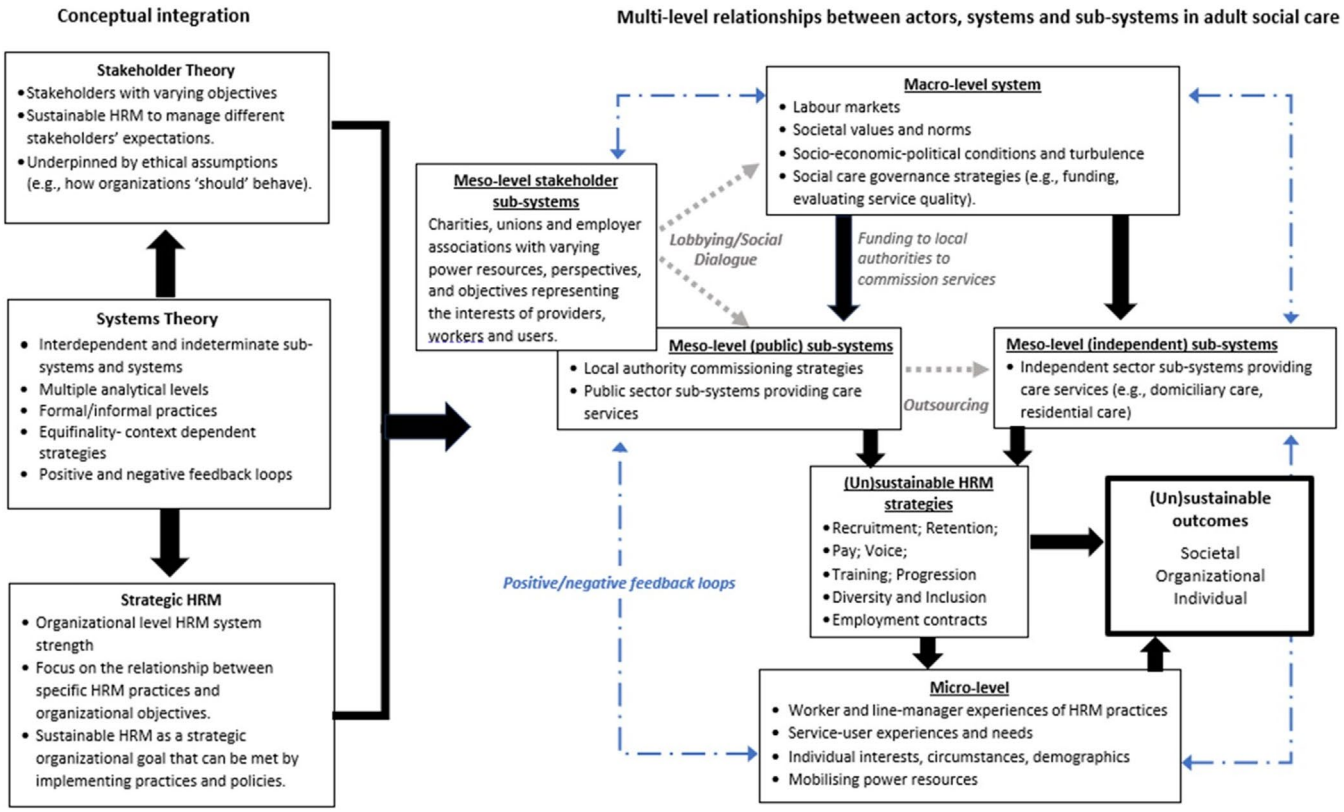

FIGURE 1 | A framing to examine (un)sustainable HRM in adult social care.

et al. 2008; Rubery et al. 2015), but sustainability is rarely explicitly examined. This section elaborates on how a multi-level systems theory lens can advance understanding of (un)sustainable HRM in social care. *Italics* highlight specific elements of the framing, presented graphically in Figure 1.

Figure 1 integrates *systems theory*, drawing on *strategic HRM* and *stakeholder theory* perspectives, to position the sector as a "multi-level system" that incorporates various actors, agencies, and sub-system elements (see left of Figure 1). This conceptual integration is valuable because much work and employment research on social care tends to examine a specific organization, service, or job role separately (e.g., Chen et al. 2021; Van Toorn and Cortis 2022). Kessler et al. (2006) argue that we require a greater understanding of the structure-agency interactions in social care at multiple levels.

The upper right box of Figure 1 includes broader "macro-level system" influences affecting HRM in social care, including labor markets (e.g., alternative employment system options), societal values (e.g., gender norms), socio-economic-political contexts and turbulence (e.g., austerity), and/or social care governance strategies (e.g., funding arrangements). For example, the perceived lower employment status afforded to care work, combined with gendered norms, negatively impacts pay and working conditions across the system. One consequence is a female-dominated workforce that may lack alternative labor market options (Hebson et al. 2015). Research has also found that macro-turbulence such as austerity deepens work intensification and exacerbates HRM issues in social care (Cunningham et al. 2021; Rubery et al. 2015). However, scholars have paid little attention to how other forms of macro-turbulence impact the social care system. For example, Spilsbury et al. (2021) report the difficulties care home managers and staff faced in implementing work practices during the Covid pandemic, often having to communicate via WhatsApp messages. Importantly, we need a more comprehensive understanding of how the cost-of-living crisis as a distinct form of macro-turbulence impacted HRM in social care. Relatedly, social care governance strategies, particularly the funding provided by the government to local authorities to commission social care services, is another key macro-level issue. Rubery et al. (2015) show how austerity budget cuts, notably in an aging society, incentivize the outsourcing of social care services (see arrows pointing down from the macro-level box, to meso-level sub-systems [public and independent] in Figure 1).

Meso-level stakeholder sub-systems, in the centre/upper right of Figure 1, include groups seeking to lobby government, engage in social dialogue to represent the interests of social care actors, and mobilize power resources. Scholars call for approaches analyzing the voices of a wider spectrum of social care stakeholders, such as employer representatives, trade unions, and charities (Firbank 2012; Heery et al. 2020; Kessler and Bach 2011). For example, from a union perspective, organizing dispersed care workers is an immense challenge (Kaine 2012). Campaigning for better working conditions or improved pay tends to be long-term activities, with substantial risks to workers (Murphy and Turner 2014). Some UK unions have developed social care employment charters and established local authority links, although the extent of their impact can be limited (Johnson et al. 2022).

The mid-centre/right of Figure 1 shows a meso-level (public) sub-system, and a meso-level (independent) sub-system, each delivering social care services such as residential and domiciliary care (i.e., public and outsourced providers as separate sub-systems). Around 73% of the filled posts in the independent sub-system are in the private sector (SfC 2023). Organizations within the public and independent sub-systems implement their own "(Un)sustainable HRM strategies" (lower-right box in Figure 1); for example, regarding recruitment, diversity, inclusion and voice arrangements. Importantly, many social care providers are SMEs lacking resources and specialist HRM knowledge. Cunningham et al. (2021) identified a need for more research comparing HRM in public sector and outsourced social care services. Other researchers have attributed systemic fragmentation between employment in the public and outsourced sectors, with limited collective union agreements that extend to the private sector (Grimshaw et al. 2015). Furthermore, reflecting segmentation between social care services, Rubery et al. (2015) identified widespread tendencies among 52 domiciliary care providers to employ care workers on zero-hour contracts and restrict their paid hours to face-to-face contact time. This was primarily influenced by the time-based outsourcing approach adopted towards domiciliary care providers.

The micro-level box at the bottom of Figure 1 reflects actors' experiences and power resources from the levels above, including those of workers, line managers, and service users. For example, individuals may choose social care as a "caring" vocation, but care workers often have restricted cultural capital (e.g., qualifications) and may rely on social capital (e.g., local networks, family and friends) for jobs (Hebson et al. 2015). In addition, their ability to secure a public sector social care job is constrained because they are far less common and more competitive. In 2022/2023, there were 1.52 million social care posts filled by workers in local authorities (7%), independent sector organizations (84%), and through direct payments (8%) (SfC 2023).

Relatedly, few HRM studies examine sources of micro-individual power in care settings. For example, focusing on general practitioners and physician associates, Krachler and Kessler (2022) evaluated multiple sources of power (e.g., ownership, decision making authority, and managerial power). Chen et al. (2021) explored how job redesign affected three social care occupations in a UK local authority, identifying different sources of power including expert-based and knowledge-based power through membership in a professional association. A multi-level systems approach can add to these insights by examining how individual power within organizations interacts with multi-actor relations across organizational or sub-system boundaries.

The multi-level interactions between systems, sub-systems and actors generate feedback loops (dotted lines in Figure 1) that influence (un)sustainable outcomes at the societal, organizational and individual levels (right side of Figure 1). One potential societal outcome includes a sustainable market, defined as one which has: "a sufficient supply of services but with provider entry and exit, investment, innovation, choice for people who draw on care, and sufficient workforce supply" (GOV 2023). Such market characteristics rely on social care providers adopting sustainable HRM strategies to recruit and retain sufficient staff with appropriate skills. In the ADASS (2023) survey, 66% of Directors of Social Services claimed that at least one local social care provider had ceased trading or handed back contracts in the past six months. Moreover, in the same survey, 48% of directors disagreed/strongly disagreed that international social care recruitment generated positive organizational recruitment outcomes. At the individual-level, the mental health of workers and managers is an (un)sustainable HRM outcome. In social policy research, Cogan et al. (2022) examine the impact of the global pandemic on social care workers in Scotland and discuss how workplace practices and supports had positive and negative outcomes for individual mental well-being.

This section developed a conceptual framing to examine (un)sustainable HRM in social care by drawing on "stakeholder theory," "strategic HRM," and "system theory." The next section explains the methods adopted to apply the multi-level framing to the social care context.

3 | Methodology

To address our aims and research questions, a mixed-method research strategy was designed. Combining qualitative and quantitative methods enabled us to analyze the micro, meso, and macro levels of the social care system (see Table 1).

3.1 | Secondary Data

We use four macro-level data sources after accessing the data summaries, reports and tables online. First, quantitative 2022/2023 data on the public and independent social care sectors in England (e.g., vacancy rates, pay) were collected by a charity, Skills for Care (SfC 2023). Second, quantitative data from the Department of Health and Social Care (DHSC) Adult Social Care Workforce Survey (GOV 2021), summarizing 8491 social care provider responses on HRM challenges in England. Third, quantitative data from the Association of Directors of Adult Social Services Spring Budget Survey (ADASS 2023), summarizing responses from directors in 143 local authorities in England about social care provision and workforce issues. Fourth, quantitative data from the Office of National Statistics Labour Force Survey (LFS 2022) were used to compare social care workers with the wider UK labour force.

We analyzed three types of meso-level data. First, qualitative and quantitative data from 2022 "market sustainability" and "cost of care reports" published online by 152 local authorities in England. These provided information about the cost of delivering social care services. Second, qualitative data from online Care Quality Commission (CQC 2022) inspection reports, assessing private care providers on aspects such as safety and management. The CQC is the non-departmental public body regulating England's adult social care services. Third, we used a data set commissioned by SfC to analyze CQC service ratings for private social care providers between 11th February 2016 and April 1st 2023. Finally, we used the data set commissioned by SfC again to analyze 2022/2023 individual-level data on workers and managers in private social care providers, for example,

TABLE 1 | Multi-level data analyzed.

System level	Data source	Data type	Date
Macro	Skills for Care	Quantitative data of HRM practices (e.g., pay) and outcomes (e.g., turnover) in the adult social care system in England. The data covers the public and independent social care sectors	April 1st 2022–March 31st 2023
	The Department of Health and Social Care Adult Social Care Workforce Survey	Survey responses from 4051 independent care homes and 4440 independent domiciliary care providers across the adult social care system	Completed September–October 2021
	The Association of Directors of Adult Social Services Spring Budget Survey	Survey data from 143 local authority directors across the macro-level adult social care system	Spring 2023
	The Office of National Statistics Labour Force Survey	Quantitativedata representing the labour force features in England (e.g., earnings, contract status)	2022
Meso	Skills for Care	Organizational-level current Care Quality Commission service ratings (1 = Inadequate; 2 = Requires improvement; 3 = Good; 4 = Outstanding) for 5066 independent adult domiciliary care and adult residential care providers	February 11th 2016–March 31st 2023
	Care Quality Commission reports	Qualitative data from the inspection reports of 348 independent adult social care providers – Care homes (120 reports: 30 reports for each CQC service rating 1–4) – Homecare agencies (120 reports: 30 reports for each CQQ service rating 1–4) – Supported living (108 reports: 30 reports for each service rating 1–3; only 18 reports available for service rating 4)	2022
	Market Sustainability and Cost of Care reports published by local authorities	Qualitative and quantitative data from 304 reports published by 152 local authorities detailing cost of care provision across local area (152 reports) and market sustainability plans for adult social care (152 reports)	Published October 2022
	Stakeholder interviews	Sectoral level perspectives from semi-structured interviews with 9 stakeholders: – 2 employer associations representing independent adult social care providers – 2 trade unions representing independent and local authority adult social care workers and managers – 2 charities operating in the adult social care sector – 1 mental health charity manager working with adult social care service users and local authorities – 2 CQC social care assessors examining care quality in care providers	2022 (bar 2 early 2023)

(Continues)

TABLE 1 | (Continued)

System level	Data source	Data type	Date
Micro	Skills for Care	Quantitative individual-level data about adult social care workers and managers (e.g., pay, job role, contract status). We focused on private domiciliary care and residential care providers. We focused on cases where the provider had confirmed the pay and job role as correct between April 1st 2022 (when the 2022/2023 national living wage was implemented) and March 31st 2023. We excluded cases where pay per hour was below the legal minimum for the individual's age, assuming provider error when inputting the data.	April 1st 2022-March 31st 2023
	Interviews with workers and line-managers	Micro-level perspectives from semi-structured interviews with 76 individuals: – Adult domiciliary care (15 care workers; 4 front-line managers) – Adult residential care homes (15 care workers; 3 front-line managers) – Adult supported living (13 care workers/support workers; 2 front-line managers) – Local authority adult social care (10 social workers/social work assistants; 2 front-line managers; 10 care workers/support workers; 2 adult social care officers)	2022

pay, job role, and organization size (Table 1 provides further information about the parameters employed). Using the Skills for Care data set we conducted an original analysis of existing data, for example, linking individual pay to CQC inspection ratings and organization size[1].

To capture the micro-level experiences of individuals working in the social care system and the meso-level perspectives of key stakeholders, the above data sources were supplemented with primary semi-structured interviews, explained next.

3.2 | Primary Data

Semi-structured interviews were conducted with 76 participants working in social care (see Table 1): 80% were female and 82% were white, broadly aligning with sector-level demographics. Additionally, 9 stakeholder interviews were conducted (e.g., with employer and employee representatives). Respondents were asked about HRM challenges in the social care system, the implications for different stakeholders, and the impact of various contextual factors.

The participants were recruited through multiple methods, including researcher contacts, online searches for relevant stakeholders, and posting advertisements online. Purposive sampling was adopted to gather a range of perspectives from individuals in different occupational and service roles. Snowball sampling was deployed, where interviewees recommended other potential participants.

3.3 | Data Analysis

The quantitative data were analyzed in SPSS using descriptive and inferential statistics. Chi-square tests were appropriate to analyze relationships between categorical variables, for example, pay in the individual-level SfC data and CQC scores. The pay of care workers, senior care workers, and first-line managers/supervisors was organized into five pay bands (included in the Findings section tables).

To analyze the qualitative data systematically, the documentary and interview data were coded in NVivo. Thematic analysis provided a structured but flexible approach to oscillate between theory and data, combining inductive and deductive reasoning (Minbaeva and Navrbjerg 2023) (see Figure 2). Shifting between the literature from section 2, our framing (Figure 1) and the data, we developed first-order themes which were clustered iteratively into second-order themes. These were developed into three aggregate dimensions representing "(un)sustainable HRM challenges": "constrained system resources," "disconnected career structures," and "uneven voice patterns."

4 | Findings

This section applies the conceptual framing to present evidence concerning the three (un)sustainable HRM challenges. Unless stated otherwise, the statistics are from the macro-level SfC (2023) data.

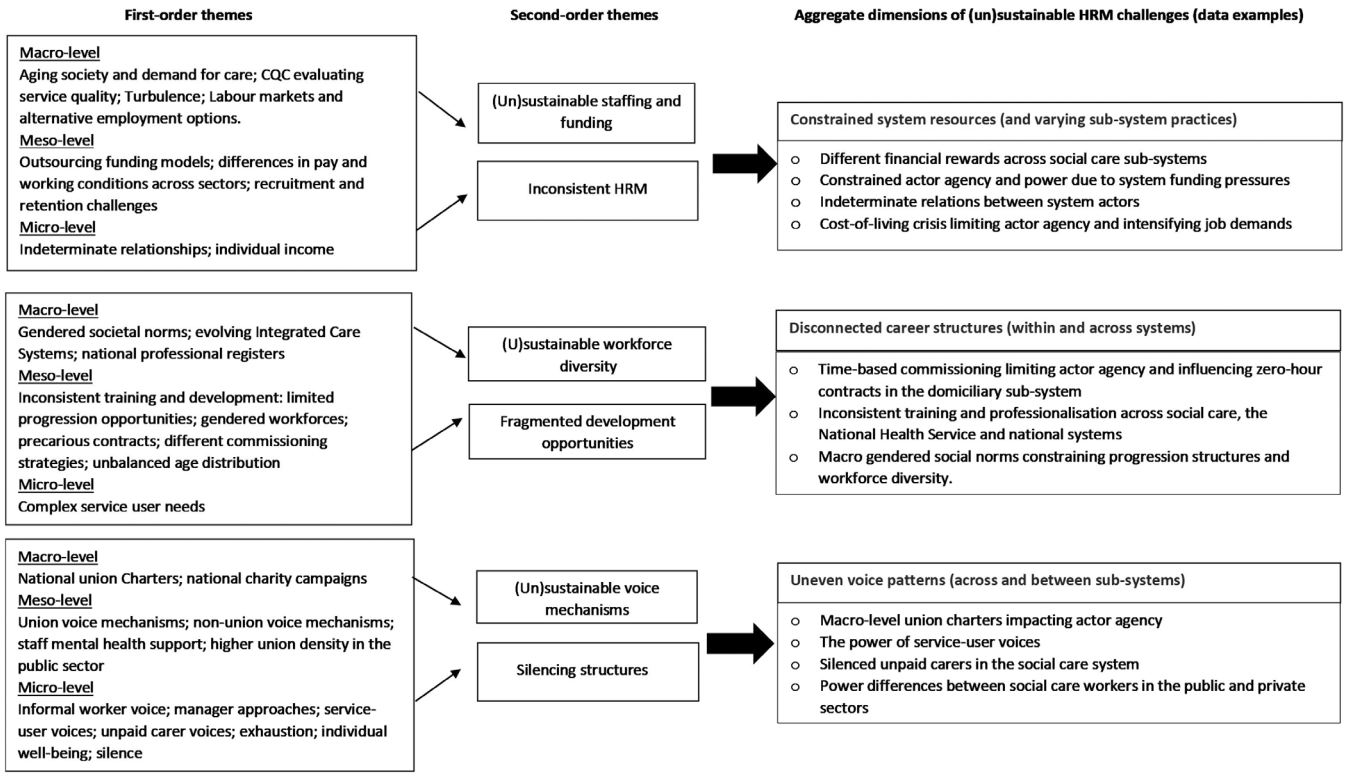

FIGURE 2 | Coding framework.

TABLE 2 | 2022/2023 Turnover, mean hourly pay (MHP) rates and FTE annual pay by job role.

Job role	Overall turnover rate (%)	Local authority MHP (£)	Independent MHP (£)	Local authority FTE (£)	Independent FTE (£)
Care worker	35.6	11.35	10.34	21,800	19,900
Senior care worker	15.3	14.23	11.09	27,400	21,300
Support and outreach	17.2	13.23	10.31	25,500	19,800
Social worker	16.1	20.31	13.08	39,100	25,200
Manager	23.5	22.32	18.62	42,900	35,800
Senior manager	4.9	45.67	19.10	87,900	36,700

4.1 | Constrained System Resources (And Varying Sub-System Practices)

The 2022/2023 turnover rate for social care jobs in the public sub-system (15.4%; 15.6% direct care) was significantly lower than in the independent sub-system (30.4%; 33.3% direct care). Different turnover rates were likely influenced by inconsistent HR practices, including pay, training, career progression, and voice, as discussed across the findings themes. A Local Authority Officer tasked with matching users with independent providers explained how high turnover impacted their role:

> It's really challenging explaining to those depending on care and their families that local providers don't have enough staff. Understandably, they get angry, but I can't do anything about it.

Table 2 shows consistently higher pay in the public sub-system than in the independent sub-system, including a 28% higher mean hourly rate for senior care workers. Significantly, the pay of most local authority workers are covered by the National Joint Council Agreement (NJCA), negotiated by unions and local authority representatives. However, issues still emerge within and between public-sector sub-systems. For example, in 2023, 1000 carers employed by a local authority provider filed equal pay claims because they were paid less than council employed street cleaners.

Many care workers interviewed enjoyed generating societal-level impact but felt their pay was incommensurate with their individual-level responsibilities. For example, the informal relationships they developed with users meant many workers regularly dealt with deaths and other traumatic events at work:

> An adult was in the car with me and took over the wheel, we were so close to hitting a group of people standing by the bus stop...so you face challenges like this when the pay is so bad.
>
> (Care Worker, Independent Provider)

The independent sub-system relied more on recruiting workers from outside the social care system in 2022/2023 (41%) than local authorities (11%), but line-managers usually lacked power to enhance pay, and competition for staff constrained their recruitment strategies.

> The pay in the sector is awful. It's making my job very difficult as people would much prefer stacking shelves for more money.
>
> (Manager, Independent Provider)

Integrating quantitative data with the above, the DHSC survey ranked pay as the top reason why staff were leaving (out of 7677 responses); specifically, higher wages elsewhere (25.9% of care home responses; 29.1% of homecare responses). SfC report that in 2022/2023, the median hourly rate for 80% of all jobs in England was higher than £10.56 (i.e., this was the 20th percentile rate). For example, the median hourly rate for new National Health Service (NHS) healthcare assistants was £11.11. By comparison, the median hourly care worker rate in the independent sector in March 2023 was £10.11. This rate had increased 61 pence since March 2022, but had decreased 35 pence in real terms due to the macro-level cost-of-living crisis[2]. Inflation continued to increase during the data-collection period, generating uncertainty among interviewees working in the public and independent sub-systems:

> I started using a food bank last week. Only my family know, and I'm not proud of it, but I didn't have a choice.
>
> (Care Worker, Independent Provider)

> I try not to turn the heating on, and I've cut down on other costs as much as I can but it's tough. I'm trying to decide whether I should look for another job or a second job.
>
> (Care Worker, Local Authority)

The cost-of-living crisis also re-shaped the informal and indeterminate individual-level relationships between staff and users, and increased work demands.

> When my staff are caring for someone who doesn't want to put the heating on, or doesn't want to eat hot food because they can't afford it, it's difficult for staff to navigate that and it can affect their mental health.
>
> (Manager, Independent Provider)

Table 3, reporting individual-level SfC data, indicates a significant relationship between pay band and provider size for care workers, senior care workers, and first-line/supervisors in private domiciliary and residential care providers. In domiciliary care, the percentage of care workers, senior care workers and first-line managers/supervisors in the lowest pay band increased from small to large. For example, for care workers ($x^2 = 4333.798$; $p < 0.001$) the percentage in the lowest pay band (≤ £9.50) in large organizations (29.3%) was significantly higher than in small (9.2%) and medium-sized (10.9%) organizations. Table 3 shows mixed results for residential, but the percentage of care workers in the bottom pay band decreased as organizational size increased. In addition, the percentages of residential care workers in the top pay band (≥ £11.01) across sizes were < 9%, while in domiciliary care they were < 28.0%. Differences across service sub-systems, may reflect domiciliary care providers responding to market/social pressure for more sustainable provision by offering higher pay to care workers who are often not paid travel time and are more likely to be employed on insecure zero-hour contracts, as the following themes discuss.

The individual-level SfC data also indicated a significant relationship ($p < 0.001$) between care worker pay band and CQC overall service ratings in private domiciliary and residential providers (See Table 4). CQC service ratings collected over a long time period (2016–2023; $x^2 = 3349.009$) show that the percentage of care workers in the higher pay bands increased with higher overall quality scores. Similarly, the proportion of care workers in the lowest pay band decreased as CQC overall service ratings increased. The pattern holds when analyzing care worker pay and service ratings for 2022/2023 ($x^2 = 1120.652$). As shown in Table 4, the mean hourly pay increased from £9.90 (inadequate score) to £10.51 (outstanding score). The median and mode hourly pay increased from £9.50 in providers classed as "inadequate" to £10 in providers classed as "outstanding." These differences across organizational sub-systems suggest potential feedback loops where higher pay generates better overall service quality, perhaps because workers feel more valued. Equally, higher ranked services can accumulate more resources to provide better pay and recruit more staff.

The stakeholders, workers, and managers interviewed called for greater financial resources and better consistency between pay in the social and health care systems:

> We need more funding for the system, to fund local authorities to deliver social care properly, to pay people properly.... We would like to see pay scales equivalent to the NHS...this would improve access to social care services and the quality of care too.
>
> (Charity Representative)

In-line with these views, independent providers in the DHSC survey called for "better recognition of the sector by government" (70.9% out of 8427 responses). Interviewees stressed that any additional (macro-level) government funding to resolve HRM challenges was usually short-term, preventing effective forecasting:

TABLE 3 | 2022/2023 Pay by provider size[a] and job role.

Job role, service, and pay band per hour	Percentage by size		
	Small (1–49 staff)	Medium (50–249 staff)	Large (≥250 staff)
Residential care			
Care worker			
£9.50 or under	25.8%	17.3%	14.4%
£9.51–£10.00	35.6%	38.5%	37.9%
£10.01–£10.50	23.8%	26.4%	31.2%
£10.51–£11.00	8.1%	9.3%	8.5%
£11.01 or above	6.6%	8.5%	8.0%
Mean (£)	10.04	10.13	10.13
Median (£)	10.00	10.00	10.00
Mode (£)	9.50	9.50	9.50
Number of cases by size	10483	12052	38874
$x^2 = 886.534$; df8; $p < 0.001$			
Senior care worker			
£10.50 or under	53.6%	37.2%	27.4%
£10.51–£11.00	17.5%	27.0%	24.4%
£11.01–£11.50	12.3%	16.3%	18.5%
£11.51–£12.00	9.8%	8.8%	15.0%
£12.01 or above	6.9%	10.7%	14.6%
Mean (£)	10.76	10.92	11.18
Median (£)	10.50	10.70	11.00
Mode (£)	10.00[b]	10.10	10.00
Number of cases by size	2434	2511	7181
$x^2 = 631.569$; df8; $p < 0.001$			
First-line manager/supervisor			
Lower than £11.00	33.0%	20.6%	26.8%
£11.01–12.50	25.2%	34.6%	47.1%
£12.51–14.00	16.5%	17.5%	9.0%
£14.01–15.50	10.0%	9.4%	4.4%
£15.51or above	15.2%	17.8%	12.7%
Mean (£)	12.85	13.46	12.55
Median (£)	12.00	12.31	11.50
Mode (£)	12.00	12.00	11.29
Number of cases by size	230	286	1663
$x^2 = 83.636$; df8; $p < 0.001$			
Domiciliary care			
Care worker			
£9.50 or under	9.2%	10.9%	29.3%
£9.51–£10.00	19.9%	19.6%	18.5%
£10.01–£10.50	24.0%	23.3%	20.0%
£10.51–£11.00	21.2%	18.6%	10.2%
£11.01 or above	25.7%	27.6%	21.9%
Mean (£)	10.69	10.67	10.36
Median (£)	10.50	10.50	10.11
Mode (£)	11.00	9.50	9.50
Number of cases by size	13418	23695	27451
$x^2 = 4333.798$; df8; $p < 0.001$			
Senior care worker			
£10.50 or under	34.8%	41.9%	64.0%
£10.51–£11.00	17.9%	21.0%	12.1%
£11.01–£11.50	18.4%	22.3%	6.7%
£11.51–£12.00	14.9%	7.6%	5.3%
£12.01 or above	13.9%	7.2%	12.0%
Mean (£)	11.14	10.85	10.60
Median (£)	11.00	10.70	10.10
Mode (£)	11.00	11.00	9.50
Number of cases by size	858	1188	1352
$x^2 = 333.268$; df8; $p < 0.001$			
First-line manager/supervisor			
£11.00 or under	30.1%	32.4%	42.4%
£11.01–£12.50	35.4%	36.7%	30.9%
£12.51–£14.00	21.4%	18.5%	15.3%
£14.01–£15.50	6.4%	6.4%	6.5%

(Continues)

TABLE 3 | (Continued)

Job role, service, and pay band per hour	Percentage by size		
	Small (1–49 staff)	Medium (50–249 staff)	Large (≥250 staff)
£15.51 or above	6.7%	5.9%	5.0%
Mean (£)	12.34	12.17	11.80
Median (£)	12.00	11.79	11.29
Mode (£)	11.00	12.00	9.50
Number of cases by size	359	561	969
$x^2 = 27.439$; df8; $p < 0.001$			

[a]We excluded any cases where the organization size was unknown.
[b]Multiple modes existed; this is the lowest figure.

> The adult social care discharge fund was available from end of December 2022 to beginning of March 2023. You can't say to care workers, I'll increase your pay by a £1 until March then I'm cutting it....
>
> (Employer Association Representative)

To secure additional funding from the 2022–2025 "Market Sustainability and Fair Cost of Care Fund," local authorities asked samples of their independent care providers to estimate the cost of providing care. Analyzing local authority reports indicated stark inconsistencies between provider cost calculations, and the funding they receive from the broader system. For example, in one local authority the median cost of homecare per hour calculated by providers was 23.41% higher than the fee they received.

The local authority reports indicated that the median cost of care per hour calculated by homecare providers across local authorities varied; for example, one local authority reported £18.24 (£0.70 return on operations), while another reported £33.49 (£1.80 return on operations). The median cost of care per resident per week submitted by care home providers also varied; for example, one local authority reported £642.06 (£79.99 return on capital; £26.77 return on operations), while another reported £1261.43 (£231.00 return on capital; £52.83 return on operations). Moreover, the social care providers calculated a wide range of return on operations figures (e.g., 41%; 5.1%; 20%) and return on capital figures (e.g., 30%; 11%; 16%). Inconsistencies in independent provider calculations were shaped by competition, organizational size, years in operation, and business models. However, local authorities questioned the cost breakdowns in some reports (e.g., for training, return on capital/operations), signaling mistrust issues. Overall, the reports and interview data highlighted ambiguous perceptions of sustainable returns on capital and operations across and within sub-systems:

> Providers may tell us this is the cost, but where have the figures come from? And what is a reasonable profit when you're delivering social care?
>
> (Manager, Local Authority)

Furthermore, Employer Association Representatives suggested that provider size may impact sustainable returns on capital and operations:

> One of the biggest cost drivers for homecare is volume. If you have very high volume, you can deliver the back office functions a lot cheaper and more efficiently.

> Larger care homes tend to look after more privately funded residents than small and medium enterprises who generally look after more socially funded residents.

Relatedly, a Union Spokesperson discussed how sustainable (macro-level) goals were undermined by risky financial strategies pursued by some large providers, who were owned by powerful investment firms (e.g., expansion through accruing high debt). In some cases, this caused their collapse.

The next theme discusses how constrained system resources impact career structures.

4.2 | Disconnected Career Structures (Within and Across Systems)

Interviewees stressed that registered managers had more responsibilities and were expected to navigate indeterminate systems and relations for little extra pay:

> There's a shortage of registered managers and there's certainly a shortage of high-quality registered managers. They're definitely under paid. It's a very stressful job, they must bring in business, be the point of contact for the CQC, sort any staffing issues or emergencies....
>
> (Employer Association Representative)

Moreover, in some providers line-managers lacked power to retain a senior carer rate:

> Even with a complex package, carers don't get paid any more which bothers me. We had a senior carer rate but that was scrapped, we lost really good carers who didn't want to take a pay cut.
>
> (Manager, Independent Provider)

Table 2 shows narrow pay progression between social care roles, but 2022/2023 pay progression in the public sub-system was greater than in the independent sub-system. Limited organizational-level progression structures were influenced by non-standard employment contracts. Illustrating inconsistent HRM between sub-systems, 5% of the 2022/2023 total filled posts in local authorities were zero-hour contracts (113,900), compared with 24% in the independent sub-system (1, 280, 000), while Labour Force Survey 2022 data (October-December) shows that 3.4% of the UK population in employment were employed on such contracts. Domiciliary care use more zero-hour

contracts (42% of the overall 2022/2023 domiciliary workforce), influenced by indeterminate local authority commissioning practices. For example:

> Time-based commissioning rather than block contracts and zero commissioning where you don't get paid if someone goes into hospital or doesn't need care that day leads to zero-hour contracts.
>
> (Employer Association Representative)

Analyzing the individual-level SfC data indicated a significant relationship ($p < 0.001$) between care worker zero-hour contract status and 2022/2023 CQC overall service ratings in private domiciliary care providers ($x^2 = 805.56$). Table 5 shows that in providers rated "outstanding," 12.8% of workers were on zero-hour contracts, while the percentages in providers rated "inadequate" (35.9%), "needs improvement" (47.5%) or "good" (62.6%) were > 23% higher. This suggests potential system feedback loops where zero-hour contracts influence overall service quality. In private residential care providers rated "outstanding," 6.7% were on zero-hour contracts, compared to 11.3% in providers rated "inadequate" ($x^2 = 7.983$; $p = 0.239$). Moreover, the differences between service sub-systems are likely because of the greater reliance on zero-hour contracts in domiciliary care.

Analyzing the individual-level SfC data also indicated a significant relationship ($p < 0.001$) between zero-hour contracts and private care provider size (residential: $x^2 = 209.004$; domiciliary: $x^2 = 793.153$). Table 6 shows that the number and percentage of care workers on zero-hour contracts increased by size in residential care. In domiciliary care, large providers had the lowest percentage and small organizations had the highest, but the number of workers employed on zero-hour

TABLE 4 | CQC overall service ratings and care worker pay band.

	CQC service rating			
Pay band	**4 Outstanding**	**3 Good**	**2 Needs improvement**	**1 Inadequate**
2016[a]–2023[b]				
£9.50 or under	8.5%	18.2%	18.7%	51.8%
£9.51–£10.00	21.6%	27.3%	34.8%	22.1%
£10.01–£10.50	22.9%	26.6%	22.9%	11.7%
£10.51–£11.00	16.3%	12.1%	10.5%	5.4%
£11.01 or above	30.7%	15.7%	13.0%	9.0%
Mean	10.70	10.32	10.20	9.90
Median	10.50	10.10	10.00	9.50
Mode	10.00	9.50	9.50	9.50
Number of cases by classification ($n = 122$, 802 cases)	9838	95753	16247	964
$x^2 = 3349.009$; df12; $p < 0.001$				
2022–2023[c]				
£9.50 or under	8.4%	16.1%	20.6%	51.8%
£9.51–£10.00	47.0%	28.5%	32.5%	22.1%
£10.01–£10.50	10.0%	28.4%	23.8%	11.7%
£10.51–£11.00	15.7%	11.0%	9.3%	5.4%
£11.01 or above	18.9%	16.0%	13.8%	9%
Mean	10.51	10.35	10.22	9.90
Median	10.00	10.10	10.00	9.50
Mode	10.00	9.50	9.50	9.50
Number of cases by classification ($n = 26839$)	740	16843	8283	964
$x^2 = 1120.652$; df12; $p < 0.001$				

[a]The service ratings are typically collected by the CQC once every 6 months–5 years.
[b]The pay data covers 2022/2023.
[c]The CQC service ratings and pay datacovers 2022/2023 only.

TABLE 5 | Relationship between care worker zero-hour contract status[a] and CQC service ratings 2022/2023.

CQC rating	4 Outstanding	3 Good	2 Requires improvement	1 Inadequate
Residential care				
Not known	0.5%	0.6%	0.6%	0.2%
No	92.8%	88.5%	89.5%	88.5%
Yes	6.7%	10.9%	10.0%	11.3%
Number of cases by score	208	8125	5246	488
$x^2 = 7.983$; df6; $p = 0.239$				
Domiciliary care				
Not known	0%	2.5%	1.7%	0%
No	87.2%	34.9%	50.9%	64.1%
Yes	12.8%	62.6%	47.5%	35.9%
Number of cases by score	516	8633	2963	473
$x^2 = 805.560$; df6; $p < 0.001$				

[a]We focused on cases where the provider had confirmed the contract status data between April 1st 2022 and March 31st 2023.

TABLE 6 | 2022/2023 The percentage of care workers on zero-hour contracts by organization size[a].

Service and organization size	Number of cases	No	Yes	Unknown
Care homes				
Small	10318	90.4%	8.9%	0.7%
Medium	11925	89.5%	9.6%	0.8%
Large	38840	87.5%	12.3%	0.3%
$x^2 = 209.004$; df4; $p < 0.001$				
Domiciliary care				
Small	13251	37.9%	60.6%	1.5%
Medium	23458	38.8%	58.7%	2.5%
Large	27179	48.3%	48.5%	3.1%
$x^2 = 793.153$; df4; $p < 0.001$				

[a]We focused on cases where the provider had confirmed the contract status data between April 1st 2022 and March 31st 2023, but a small percentage of cases were "unknown."

contracts was higher in large organizations; therefore, contributing more to the issue. Using zero-hour contracts to manage variable operational demands at lower cost may be a higher priority for larger organizations, but time-based commissioning practices in domiciliary care place additional pressure on smaller providers.

Drawing on our qualitative data, interviewees explained that better security and progression structures could help attract (and retain) younger staff and men into social care. For example, a male Care Worker (Independent Provider) said:

> My friends have asked me several times why I work in the social care sector...I enjoy supporting people but to be honest I've been looking elsewhere as the pay and conditions are s*it...there aren't really any progression opportunities either...

Most interviewees thought more male carers could enhance individual (micro-level) informal relationships:

> More men would give more options for service-users to request male support. They could also help if service-users become aggressive.
>
> (Care Worker, Local Authority)

At the same time, interviewees reflected that organizations need to consider individual service-user circumstances, and how power dynamics affect staff-user relations in their sub-system:

> Women who have been sexually abused previously may not trust men and women may refuse personal care from men.
>
> (Manager, Local Authority)

In 2022/2023 the mean starter age of social care workers was 35.4 years and 81% were female, with little sub-system variance, while Labour Force Survey 2022 data (October-December) shows that 48% of the economically active UK population were female. Men working in the social care system in 2022/2023 were more likely to occupy senior management roles (31%) than care roles (18%), while women were more likely to occupy care roles (82%) than senior management (69%).

Interviewees stressed that better progression structures should be underpinned by self-development opportunities. User

needs were becoming more complex; therefore, re-shaping (micro-level) indeterminate relationships between staff and service users and requiring new skills. Under the collective agreement (NJCA), local authority staff should have access to job-related training as well as development opportunities not directly related to their current job role. Skill pathways should enable progression, for example, from care worker to social worker, and workers should be entitled to normal earnings to attend required training, other relevant expenses, and paid leave to sit required exams. Yet, interviewees discussed how workloads and local authority budget cuts impact development opportunities.

In the independent sub-system, in contrast, the standard of training was often hampered by training providers ceasing trading and/or limited organizational resources to pay for training or cover for staff being trained. Some workers were expected to engage in training in their own time without pay.

Interviewees explained that expanding learning beyond the basic national-level care certificate by introducing new mandatory training could enhance standards, but that local solutions to respond to community needs were important, reflecting system theory's "equifinality" principle. Some local authorities delivered training for independent providers, but their resources are also limited:

> We needed better training, we're responsible for people's lives, one mistake could cost us our job or more. A group of us asked the local authority to train us and they did.
>
> (Care Worker, Independent Provider)

Of note were signs of macro-structural divergences. For example, in contrast to Wales and Scotland, England does not have a body registering social care workers, which interviewees believed could enhance the perceived professionalization of the social care system.

> Care workers are not registered in England. That's problematic for a number of reasons...if they were registered, if there was a central body where they needed to do things to keep their registration it would make the job more attractive, but obviously that would need matching with pay....
>
> (Charity Representative)

Reflecting macro-structural convergences, interviewees discussed integrated care systems (ICS) as a recent macro-level regulatory intervention in England, based on the regulatory integration of health and social care systems in Scotland and combining the NHS and social care sub-systems across multiple local authorities. To some extent, these systems signaled opportunities for unions and employers to share ideas across sub-system boundaries and for skill development opportunities; for example, one ICS developed a "blended roles programme" where home carers work alongside a district nurse and receive training to undertake low-risk healthcare tasks. Such positive initiatives were usually based on several years of informal collaboration between sub-systems, and interviewees reported challenges:

> Two parts of the system are trying to guard against going under, local authorities and the NHS have a wide range of priorities, you can't just legislate those types of relationships in the integrated care systems.
>
> (Charity Representative)

> We could reduce overall spend and make people's experiences and local systems work better if health and social care worked well together across the country...But integrated care systems can be quite NHS dominant and they often think that the local authority is a representative of social care, whereas the local authority would perhaps have a different view to providers.
>
> (Employer Association Representative)

The final theme discusses system voice patterns.

4.3 | Uneven Voice Patterns (Across and Between Sub-Systems)

The CQC has a (macro-level) role to regulate care provided to service users, not employment matters directly. It functions as a potential voice gatekeeper for users, rather than employees. Workforce complaints can be referred internally through HR grievance procedures or externally to the Advisory, Conciliation and Arbitration Service (ACAS). The CQC inspection reports analyzed included evidence of indirect HR and employment-related matters; for example, staff reporting they had little contact with managers, others who said they were not listened to by management, and some who claimed their poor care practice concerns were not investigated by their employer. There were also positive examples in the reports of staff stating that their organizational culture was collegial and management was approachable.

Importantly, CQC inspection reports discussed direct and informal voice rather than collective voice. For example, the reports considered whether independent providers and managers shared decision-making power about an individual's care with service-users, staff and other professionals (such as social workers or district nurses) across sub-system boundaries. Regarding collective voice, union density in the independent social care sub-system is low, some interviewees stated "unions" were perceived as a "bad term" by their employer. Notwithstanding, unions and local authority commissioners serve as "voice gatekeepers" and exert some power over independent sector working practices through the GMB union's Homecare Charter or UNISON's Ethical Care Charter. For example, 43 local authorities in England (out of 317) had adopted UNISON's three-stage Charter, with a further 5 local authorities committing to stage one and/or two of the Charter. The following quote suggests a positive feedback loop linked to adopting UNISON's Charter.

> The Ethical Care Charter sets higher standards, for example, no 15-minute care visits, workers being paid for travel between visits [stage 1], the living wage [stage 2]. Councils have signed up to this and it makes a significant difference, that would be an example of good practice.
>
> (Union Spokesperson)

Other Charter conditions include aims to eliminate zero-hour employment contracts (stage 2); regular training within work time at no cost to workers (stage 2) and providing an occupational sick pay scheme (stage 3). Most independent sector care workers only have access to statutory sick pay. Without sick pay, many interviewees confirmed they attend work while ill. A sick pay scheme for local authority workers that supplements statutory sick pay is included in the NJCA and SfC data indicates that 90% of local authorities offer care workers enhanced sick pay. This could partly explain differences in average sick days per worker between sub-systems in 2022/2023 (local authority: 11.8 days, including 15.3 days for care workers; independent sector: 5.7 days, including 6.2 for care workers).

Significantly, an Employer Association Representative explained how UNISON's Charter advanced the interests of (meso-level) homecare providers:

> Anyone who signs up to UNISON's Ethical Charter shouldn't commission 15-minute visits... There are some local authorities still commissioning 1000s of 15-minute visits a week. 15-minute visits are very costly to run because they are high travel time, low contact time and local authorities are generally only paying for contact time.

The Charter stipulates conditions around travel because many independent domiciliary workers are not paid travel time, but rising fuel prices during the cost-of-living crisis was another issue workers interviewed had voiced concerns about. The following quote indicates line-managers had little power to address worker concerns:

> We've lost good carers because of the increase in fuel costs, replacing them is becoming increasingly difficult...I completely understand but there was nothing I could do about it. My hands are completely tied.
>
> (Manager, Independent Provider)

If care workers in the independent sub-system are paid mileage costs, rates are usually significantly lower than local authority and NHS rates. However, local authority rates did not fully reflect the fuel cost increase and workers had voiced their concerns.

> We have mileage rates, but they're not high enough with this cost-of-living crisis. A few of us have raised it because we're not sure for how long we can afford these fuel prices....
>
> (Care worker, Local Authority)

Beyond union agreements and Charters, the extent of worker voice patterns reflected a degree of agency among multiple groups, with some local authority workers reporting shifts in power and voice due to changing management supports:

> New directors have shown much more interest in staff concerns about changes to work practices compared with the previous directors who just controlled all decisions, staff who they depend on left because of that.
>
> (Social Worker Assistant, Local Authority)

Individual-level informal voice was further influenced by line-manager power and agency. For example, independent sector care workers refusing additional hours could be frowned upon by line-managers, depending on their management style and staffing levels. Some workers faced a choice between remaining silent and becoming exhausted, or exiting the organization without voice. Some line-managers had served as "voice gatekeepers" by using their agency to push back against higher management level decisions on behalf of employees:

> My area manager was keen for carers to do some trial shifts for free. I pushed back and said no way.
>
> (Manager, Independent Provider)

The extent to which workers in local authorities and independent providers could speak-up about mental health concerns varied. Meso-level formal mental health services such as psychologists, councillors or employee assistance programmes were popular in local authorities and larger independent providers, but less common in smaller care providers that lack resources. Some workers and managers interviewed reported they did not want to speak out formally, fearing retaliation, and suggested the quality of the relationship with their line-manager was important. Interviewees also discussed how the power of some individual service-users can trigger staff mental health problems:

> You only have to make one slip up, and not even make a slip up, be accused of it. The mental health trauma that workers go through, if they have concerns raised against them, which they know are false. They're suspended while an investigation takes place...I've seen a committed employee who was found completely in the right, come back to work, and they couldn't cope and left. You wouldn't get all this working at a supermarket.
>
> (Manager, Independent Provider)

Additionally, social care workers juggling work and caring responsibilities spoke of mental and physical impacts on their lives. Some noted how unpaid carers' voices were often silenced across sub-system boundaries due to wider structural effects. For example, charities sought to be voice gatekeepers by campaigning over unpaid care worker allowances, while also seeking to enhance (meso-level) formal HR practices to cater for unpaid carers' commitments and generate beneficial system feedback loops. Relatedly, in the ADASS survey, 46% of Directors strongly agreed/agreed that the ability of their council to fully meet local unpaid carers' needs had reduced. Staff shortages in the adult

social care system and a reliance on unpaid carers seemed to perpetuate vicious cycles:

> If you fund the social care system, you empower unpaid carers to go back into the workforce because there's someone to look after the person they care for... people are being discharged from hospital into the hands of unpaid carers who are in some cases providing medical care because there isn't an adequate care package in place, we also need better connections between the NHS and social care.
>
> (Charity Representative)

Employer associations also in part served as voice gatekeepers, by using their lobbying power to add social care workers to the Government's shortage occupation list (in February 2022). However, international recruitment contributed to relatively small increases in the number of filled posts in independent care homes (3%) and domiciliary care (2%) between 2021/2022 and 2022/2023. The vacancy rate in the independent sub-system in 2022/2023 (9.9%) was higher than pre-pandemic (7.3% in 2019/2020, 6.5% in 2016/2017). Employer associations interviewed agreed that changes to immigration laws aided recruitment difficulties, while other labour supply challenges remained. For example:

> Our senior managers have considered international recruitment, it's quite a long, costly and complicated process. Carers would need transport too to do the job.
>
> (Manager, Independent provider)

Crucially, the mobility power and voices of migrant workers are constrained because if they leave an employer, they must find another sponsor to avoid deportation. Union membership could be perceived as risking the relationship with their sponsor. Furthermore, interviewees warned that independent providers and workers have been manipulated by rogue international recruitment agencies that can silence workers:

> We have concerns that the move to bring people from overseas could be opening the door to exploitation....
>
> (Charity Representative)

This section empirically highlights converging and diverging HRM across sub-systems and demonstrates the complexity of actor agency. The next section discusses the implications of these findings for theory and practice.

5 | Discussion and Conclusions

In this section we extend the conceptual framing developed in Figure 1, by triangulating the data sources reported in section four, to propose an applied multi-level framework which advances understanding of (un)sustainable HRM, shown in Figure 3. The left of Figure 3 illustrates three HRM challenges

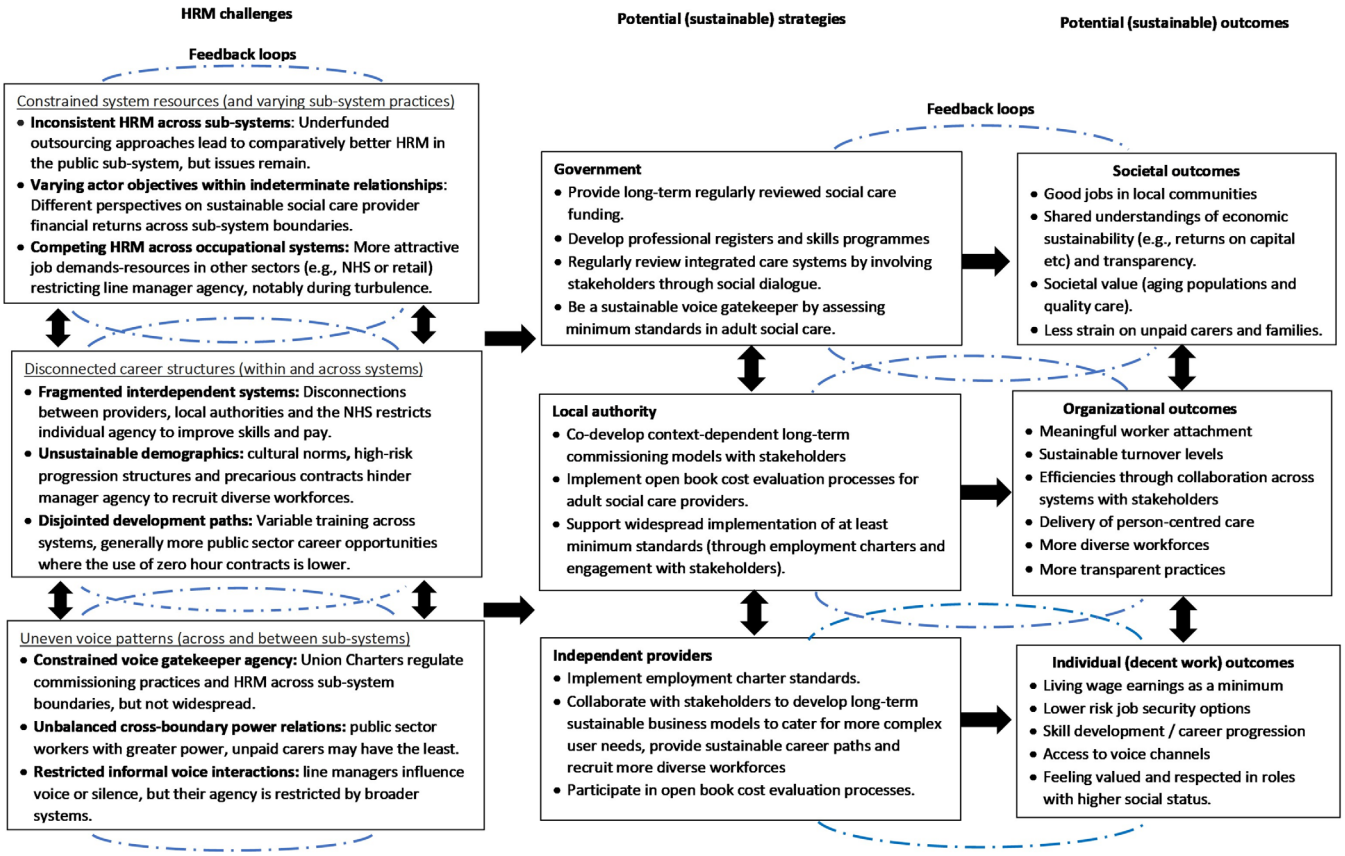

FIGURE 3 | An applied multi-level framework to analyze (un)sustainable HRM in adult social care.

and the related feedback loops (dotted lines). "Constrained system resources," "disconnected career structures," and "uneven voice patterns" depict the nature of the relationships between systems, sub-systems and actors in social care. Each HRM challenge includes three dimensions from the data, to add further insight to our understanding of system relationships and future research priorities. The mid-right of Figure 3 proposes "potential (sustainable) strategies" to deliver "sustainable outcomes," with feedback loops intersecting actor groups and across societal, organizational and individual levels. The implications for theory and practice are discussed next, and future research use for the framework is suggested.

5.1 | Theoretical Implications

The overall analysis makes three contributions. First, the framework extends systems theory and re-conceptualizes "(un)sustainable HRM" to include how actors are constrained and/or supported by multi-level relationships between systems and sub-systems, reinforcing calls for more multi-level insight about sustainable HRM and social care work (Kessler et al. 2006; Ren et al. 2023). It is further proposed that Figure 3 can guide researchers examining challenges and priorities beyond social care (West and Coia 2019). For example, our distinct multi-level systems approach can add to research on the NHS or other public sector outsourced services (e.g., environmental health services) that recognize the importance of sustainable alignment between worker concerns, organizational practices, and end-user needs.

Relatedly, we highlight how systems theory "feedback loops" can advance sustainable HRM by prompting a focus on the positive, but also the constraining factors affecting HR practices and policies. For example, our analysis shows higher pay and better working conditions could generate more sustainable feedback loops and positive "societal outcomes" (top right of Figure 3) including good jobs and enhanced care quality. This is an important societal priority given aging populations who will require better care in the future. The feedback loop concept further illustrates how agency and sub-system relationships influence outcomes. For example, one dimension of "constrained system resources" (top left of Figure 3) is the "inconsistent HRM" across independent and public sub-systems, with the latter adopting a relatively more sustainable yet constrained HRM approach, particularly during a cost-of-living crisis. Such inconsistencies related to pay, career progression, training, voice, and job security, signaling higher turnover in the independent sub-system and the greater ability of local authorities to recruit from within the social care system rather than outside.

Significantly, our data showed that the system theory "equifinality" principle adds a deeper understanding to (un)sustainable HRM; for example, overgeneralising "high performance" HR metrics across social care providers tends to overlook the significance of local and organizational-level contexts for better care, aging populations along with decent work sustainability goals. Evaluating the parameters of "equifinality" seems important when applying systems theory and sustainable HRM to determine appropriate minimum standards. As Figure 3 shows, "Potential (sustainable) strategies" implemented by government, local authorities and/or independent providers that support at least minimum HRM standards across social care (e.g., through employment charters), could enable more consistent and better integrated HRM practices that generate positive "organizational outcomes", including more diverse workforces and greater transparency.

A second contribution expands strategic HRM perspectives on sustainable HRM by re-conceptualizing the strategic value of HRM practices to incorporate social implications at individual, organizational, and societal levels. Figure 3 illustrates that in social care, HRM practices not only impact organizational survival but also community and societal wellbeing, the lives of service users, their families, unpaid carers, employees, and managers. The HRM challenges illustrated in Figure 3 suggest that the notion of managers strategically "fitting" their HRM practices to corporate business objectives and their market position does not capture complex relationships between resources and agency, particularly during macro-turbulence (Cogan et al. 2022; Spilsbury et al. 2021). Managers in independent care providers were far more chaotic and constrained than strategically coordinated in their responses to chronic staffing shortages and macro-level turbulent events, including cost-of-living pressures. This was partly due to the wider implications of their actions, lives were at risk. Consequently, sustainable HRM and systems theory research can give greater attention to the concept of "risk" at multiple levels.

Relatedly, although we found that workers experience meaningful informal relationships with service-users, staffing shortages and turnover levels highlight that perceptions of meaningful work will not save the social care system. Individuals often make strategic choices. As Figure 3 shows, the HRM challenge of "disconnected career structures" means that taking a job in a known low-pay sector with a lack of security and limited career pathways is high-risk, particularly after a global pandemic and cost-of-living crisis. Even with an established social care career, relationships with users (and their families) can be high-risk due to added job responsibilities and the impact of end-user complaints on the mental and physical health of employees and managers.

A third intersecting contribution augments stakeholder theory perspectives on sustainable HRM by illustrating the complexity of converging and conflicting actor interests within indeterminate, power-ridden relationships. As shown in Figure 3 (top left), the findings warrant further examination of "varying actor objectives within indeterminate relationships" as a specific dimension of "constrained system resources." For example, what constitutes sustainable returns on capital and operations for independent providers and how this is influenced by organizational size, business model and service type would benefit from future research (see also Rubery et al. 2013). Relatedly, indeterminacy is usually applied in work and employment research to conceptualize the interdependent relationship between workers and employers (Kessler et al. 2013), but we show how relationships between a range of social care actors can be equally indeterminate, including between service-users and workers; local authorities and commissioning parties; workers themselves; various state and charitable agencies; trade unions and employer associations; and potentially devolved governments. The evidence shows that examining "indeterminacy" at multiple levels

can benefit sustainable HRM research, because indeterminate relations are re-defined by macro-turbulent events (including cost-of-living crises) and generate shifting power relations between groups that transcend sub-systems. We therefore add to informative studies on power in social and health care (e.g., Chen et al. 2021; Krachler and Kessler 2022) by illuminating the conceptual relevance of "cross-boundary power" across and within system boundaries.

To conceptualize "uneven voice patterns" and the theoretical impact of cross-boundary power, we develop a novel construct termed "voice gatekeepers," shown in Figure 3. Future sustainable HRM research can examine how the agency and power of voice gatekeepers is supported and constrained. For example, enhanced public sector pay and working conditions can be explained by union power as voice gatekeepers. A related issue is whether union Charters can enable all UK local authorities to extend rights and voice opportunities across sub-system boundaries to independent sector workers (see Johnson et al. 2022). Unions are also "voice gatekeepers" for independent homecare providers, because union Charters influence local authority commissioning practices. Importantly, managers can be "voice gatekeepers" who support employee mental and physical health with formal and informal voicing channels. However, managers are also constrained by hierarchical and sub-system power structures at multiple levels (Harney and Lee 2022). Moreover, while stakeholder perspectives can downplay the role of the state by emphasizing ethical obligations (Olsen 2017), we depict the government as a major "voice gatekeeper" in social care, impacting relations between workers, employers and other agencies. Significantly, the findings show a range of actors with different power resources voicing similar concerns about the social care system across sub-system boundaries with regards to government funding.

5.2 | Policy and Practice Implications

We make three policy and practice contributions. First, our findings indicate that improving pay in social care is important. This could be achieved through employment charters or even the reintroduction of wage councils that set minimum wages through quasi-collective bargaining for low-paid sectors. Second, we show that higher pay is only part of the story. Workers leave the sector for other factors associated with (un)sustainable employment conditions across the life course. As interviewees remarked, job demands, along with conditions such as job insecurity, a lack of voice, constrained skill development, limited career progression, poor mental health supports, or a deteriorating work-life balance make finding work elsewhere more logical. A third policy issue concerns dominant actor voices within integrated care systems. While integrated care systems may be a positive development, our data suggest that without meaningful social dialogue across sub-system boundaries that facilitates improved working conditions and power sharing between the NHS and social care, integrated care systems are unlikely to enable longer-term sustainable resource integration (see Grimshaw et al. 2010). These implications are significant because, especially in female-dominated occupations like social care, meaningfully responding to the voices of system members would contribute towards a more inclusive society.

5.3 | Limitations and Future Research

As with other research, there are limitations. While we develop a new multi-level framing to better understand (un)sustainable HRM in adult social care, the snowball method may have potential data bias. When analyzing the secondary data, we assumed survey respondents provided valid responses. We sought to overcome these limitations by adopting a multi-method approach and employing various parameters to enhance data reliability (explained across Tables 1–6). Our data suggested significant relationships between variables such as pay and CQC ratings, but further longitudinal research is imperative. Future research on why domiciliary and residential care providers adopt different (and similar) HRM strategies (e.g., regarding pay) would be fruitful. Moreover, while we note some comparative insights between institutional regimes, more detailed future research comparing social care in Wales, Scotland, and England could enrich the proposed framework. In addition, through applying and revising our framing, the nature of the relationships between systems, sub-systems, and actors could be examined across other industries. Researchers may identify other (un)sustainable HRM challenges to extend the proposed framework.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The interview data are unavailable due to privacy/ethical restrictions. Sector-level data on the adult social care sector in England is publicly available on the Skills for Care website, based on their Adult Social Care Workforce Data Set. This article also analyzes commissioned individual-level data from Skills for Care's Adult Social Care Workforce Data Set that is not publicly available.

Endnotes

[1] Size refers to organization not workplace size.

[2] By comparison, in 2022/2023, the Scottish government set a minimum hourly rate of £10.50 (NLW was £9.50) for workers providing direct adult care. In April 2022, the Welsh government made funding available to reward social care workers the annual rate set by the Living Wage Foundation which was then £9.90 a new rate of £10.90 was introduced in September 2022.

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