Why are some employers more successful than others in retaining their workforce?

Final Report

January 2013

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Published by Skills for Care

TABLE OF CONTENTS

Further Skills for Care resources relating to Retention and Recruitment can be found at:

http://www.skillsforcare.org.uk/workforce_strategy/recruitmentand retentionstrategy/recruitment_and_retention_strategy.aspx

EXECUTIVE SUMMARY

Introduction

- Skills for Care has a strong interest in the retention of staff within the adult social care sector and is keen to understand what works in helping to reduce levels of turnover. In May 2012, Skills for Care appointed ekosgen – an independent research and evaluation consultancy – to gather and analyse evidence from employers about the measures they take that can influence retention. It is hoped that the results will help Skills for Care to develop tools and products that can assist other employers in addressing high turnover.

- The study has also explored recruitment and retention from the perspective of individual employers (IEs) and their personal assistants (PAs).

Method

- The study began with a review of current evidence on retention in the adult social care sector. This was followed by analysis of relevant data from the National Minimum Data Set for Social Care (NMDS-SC), looking specifically at staff turnover for the three year period from 2010 to 2012 inclusive. The primary research comprised telephone interviews with 80 managers and 160 employees from adult social care providers with below average turnover (or high retention) and 19 managers from providers with above average turnover (or low retention). A total of 93 IEs and 52 PAs were also consulted.

Key statistics
Source: analysis of the National Minimum Data Set for Social Care

- Due to some data limitations, the NMDS-SC analysis needs to be interpreted with a degree of caution, but it nonetheless suggests that there have been significant differences in staff turnover across the sector between 2010 and 2012[1]. The sector average is 24% but at an organisation level ranges from less than 5% to more than 100%.

- Statutory local authority organisations tend to have below average turnover, as do those providing adult day care and adult community care. The same is also true of organisations with fewer than 50 staff. Higher levels of turnover are more common in private sector organisations and those providing domiciliary care. The South East is also slightly over-represented amongst the higher turnover organisations.

- The most common reasons recorded in the NMDS-SC for staff leaving between 2010 and 2012 were personal reasons, leaving to join another employer and issues linked to career development. Pay and conditions were reported to account for one in five of all leavers. In high retention organisations, staff were less likely to have left to join another employer and, conversely, were more likely to have left for personal reasons or due to retirement.

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[1] In 2012 changes were made to the way NMDS-SC collects starters, leavers and vacancies data so in the future analyses of this type will be more robust.

Recruitment, retention and pay
Source: interviews with 80 managers and 160 employees of high retention organisations

- Organisations in the adult social care sector use a range of different methods to recruit staff, although the three most common are word of mouth, local press and Jobcentre Plus. The second and third of these in particular attract very different feedback from employers, with notable proportions of the sample clearly unenthusiastic about their effectiveness whilst others have found them very successful.

- The recruitment process itself tends to be quite conventional (application forms and interviews). Scenario-based questioning is relatively common and a small but growing number of organisations are also involving service users.

- The recession has had a mixed effect on recruitment amongst high retaining companies. While half the sample has seen applicant numbers increase, several managers also said that this has been accompanied by an increase in applications from people clearly not suited to the role or without the necessary experience.

- Employees are attracted to high retention companies for a combination of reasons, although the reputation of the employer is clearly a significant driver. Other, less employer-specific reasons also play a part, such as the desire to work in the care sector and to work locally.

Pay and rewards
Source: interviews with 80 managers and 160 employees of high retention organisations

- Many of the organisations in the sample have introduced pay freezes and/or cuts although in most cases this is not said to have had an impact on turnover. Neither the managers nor the employees in the sample said that pay was the main factor underpinning retention, although many said it was important.

- The majority of high retention companies offer financial and non-financial enhancements in addition to basic pay. The most common include uplifts for working unsociable hours and bank holidays, travel costs associated with providing domiciliary care and free uniforms.

Communication, training and autonomy
Source: interviews with 80 managers and 160 employees of high retention organisations

- There are evidently numerous factors that play a part in employers achieving and then sustaining high levels of staff retention. Amongst the most important (as agreed by more than 90% of managers in the sample) are effective communication, training and providing employees with autonomy and flexibility:

- *Communication:* the majority of managers agree that face-to-face or verbal communication works best and that having an open door policy is an important way of being approachable. More than 90% of the employees in the sample said that communication in their organisation was very good. Similar proportions also said that they are given constructive feedback and that their concerns are taken seriously.

- *Training:* retention can be influenced by companies offering training that goes beyond mandatory requirements and which is of direct relevance to staff's roles. Opportunities for career progression within an organisation can be similarly positive. Almost 90% of the employees consulted have a training plan and 93% report having sufficient opportunities to undertake training.

- *Autonomy and flexibility:* practices include involving employees in the development of care plans, ensuring that non-care related contact time between employees and service users is ring-fenced, and encouraging care workers to share ideas and good practice. A large majority of the employees agreed that they have some or a great deal of freedom to make decisions about the time they take to perform tasks and how those tasks are prioritised.

- The way in which day-to-day work is organised is also widely viewed as important (especially by employees). High retention organisations rarely ask their employees to change hours/location at short notice or work alone at night (unless it is a central part of the job).

- The relative importance of each of the above varies and, in isolation, none is a guarantee of high retention. Rather, it is a combination of them that leads to the generation of supportive, motivational and rewarding working environments (which could collectively be classed as 'culture') which evidently does have a significant influence. Related to this, satisfaction levels amongst the employees of high retention companies appear to be extremely high, with more than 90% saying that they feel loyal their employer.

The impact of high retention
Source: interviews with 80 managers and 160 employees of high retention organisations

- Four out of five of the high retention managers feel that the presence of other care providers in their local area has no impact on their retention, stating that their reputation (as an employer and a service provider) is a far more influential factor. Employees also agree with this.

- Managers identify clear benefits of staff retention for service users including, most importantly, continuity of care. Linked to this are the relationships that staff can build with service users which are consistently proven to put service users more at ease. It also allows carers to become familiar with service users' preferences (as well as what they do not like), which helps to embed personalised care.

- Managers also identified a range of organisational benefit including better team-working, more skilled and experienced staff and being better able to match care workers' strengths and interests to clients' needs and requirements. Cost savings can also be achieved and reputations enhanced through having low levels of attrition.

Low retainers
Source: interviews with 19 managers of low retention organisations

- The managers consulted in low retention organisations did not always recognise staff turnover as an issue. However, they did acknowledge the resource implications of replacing staff, such as paying for agency cover, managers' time being spent on recruitment or covering shifts and training new recruits. They also recognised the pressure it can put on other members of their workforce.

- A range of factors were identified as the causes of poor retention, including pay, working hours and recruitment. Low retention organisations are also somewhat more likely than high retention organisations to report that local competition has an adverse effect.

- Nonetheless, low retention organisations report having many of the same procedures and practices in place as their high retaining counterparts, but seem to implement them with less success. For example, while they use the same channels for recruiting, they report finding it harder to get the right calibre of staff.

- Insofar as differences in approach can be pinpointed, it appears that managers of low retention organisations are less likely to operate an open door policy and, overall, are less likely to attach the same importance to communication as those with high retention. They are also slightly less likely to offer financial enhancements in addition to basic pay.

- However, on other topics, such as training and autonomy/flexibility, the approaches of employers in the two groups appear to be very similar.

Individual Employers (IEs) and Personal Assistants (PAs): Recruitment
Source: interviews with 93 IEs and 52 PAs

- The key attributes that IEs look for when selecting a PA are a rapport or personality match, the PA's flexibility (in terms of tasks and working patterns) and their initiative and adaptability.

- Only a quarter of IEs asked for a written application or undertook a formal interview when recruiting their last PA. However, the vast majority subsequently issued employment contracts, made arrangements for annual leave and organised formal payslips. There is a general consensus amongst IEs and PAs that arrangements such as these are beneficial for both parties.

- However, very few IEs have arrangements in place for staff pensions and many are uncertain about whether they will be required to comply with the incoming Workplace Pension legislation and, if so, what they will need to do.

- The majority of IEs sought advice before deciding how much to pay their PAs, while others based it on the amount that they could afford from their direct payment. There is mixed opinion amongst PAs on their pay, although fewer than one in five reported being dissatisfied.

IEs and PAs: Retention

Source: interviews with 93 IEs and 52 PAs

- The majority of IEs provide induction training for their PAs and around half have also arranged for them to attend other types of training, e.g. on moving and handling, sensory impairments and diabetes awareness. The PAs are very positive about this, although those that haven't been on training did not say that it made them any more likely to leave their jobs.

- Despite the training, PAs generally feel that there is little scope for career progression. Whilst for some this is a concern, for others it actually fits very well with their aspirations, especially where they are retired and use the income as a way of topping up their pension.

- There is a consensus amongst IEs and PAs about the key factors that help to maintain a good employment relationship, with appreciation, trust and mutual respect frequently cited by both sides. Honesty is similarly important, as is communication, both at the outset in setting out the requirements of the role, at interview and in the ongoing relationship.

- PAs tend to feel reasonably secure in their position as an employee of an individual employer. Those that do not spoke of uncertainties over funding/finance for their role and concerns about future reductions in direct payments. Others also cited concerns about their employer's health, which in some cases was deteriorating and making residential care more likely.

- The factors that appear to most commonly influence PAs leaving their jobs with an IE are personal or family reasons (on the part of the PA), a disagreement with the IE over conduct or standards of work and PAs finding it difficult to balance their other employment commitments with the role.

Conclusions

This study has explored the practical measures taken by employers in the adult social care sector that appear to have a positive impact on staff retention. The findings add further weight to the existing body of evidence on the subject and show very clearly that there is no single approach or action which, taken in isolation, will have a demonstrable impact. Rather, it is down to a combination of factors which vary in their relative importance from provider to provider. These start with recruitment and induction and span human resources, management styles, company culture and communication. However, the study seems to have disproved the hypothesis that staff turnover is more prevalent in areas where there is a higher concentration of care providers.

Some elements of the package of measures that lead to high retention are easy to identify and describe. Managers in high retention organisations, for example, consistently appear to be approachable and are keen to empower staff and involve them in decision making. They are supportive of non-mandatory training, where it is linked to client need, and will often plan staff rotas many months in advance to give staff as much opportunity as possible to balance their work and home lives.

Other elements are less tangible. Culture, for example, does not lend itself to a definitive description, although the regularity with which staff in high retention employers said that the company felt like "one big family" gives some insight into the supportive and friendly environment that managers are creating.

Communication is similarly broad and is woven into almost every part of both the managers' and care workers' jobs. The more formal elements – appraisals, one-to-ones, two way discussions about company strategy etc – are well handled in the high retention companies, but there is also a sense that communication more generally flows well across the staff team on a day-to-day basis.

The role of pay in relation to retention is debatable but the study has found no evidence to suggest a direct correlation between pay and staff's propensity to leave. In most cases the salary bands for care workers from one provider to another are not significantly different and head-hunting is rare. Pay is therefore not surprisingly amongst the secondary drivers of retention, although non-pay related financial enhancements can have a more direct influence.

To assess the true impact on retention of the various different factors discussed here would require a study that included ongoing observation of practice within low and high retainers and a detailed consideration of environmental factors such as location, local labour market demographics and service user profiles. That was never the intention of this study, but it has nonetheless identified a range of operational activities that appear to work very well and which Skills for Care is encouraged to publicise more widely. The case studies appended to this report have been specifically designed for that purpose.

The key question is of course how significant a difference there is between high retainers and low retainers in terms of the practices they employ. Whilst the difference in the sample sizes of the two groups needs to be borne in mind, the summary message is that the majority of the practices are present in the majority of organisations, regardless of their staff turnover. Whilst there are some differences (e.g. low retainers appear slightly less likely to offer financial enhancements in addition to basic pay), it is much more about how practices are implemented and the relative importance of different aspects of leadership. The greater importance that high retention managers attach to communication with and from their staff is of particular note.

The benefits of having high levels of staff retention are not in question and range from continuity of care at the individual service user level right through to productivity impacts for the economy as a whole. There is a suggestion from the study that some providers accept high turnover as a standard feature of the industry and whilst they can identify the costs that they incur as a result, do not necessarily see it as something that can be rectified. This study, and especially the case studies, should provide Skills for Care with valuable information that they can take forward to challenge perceptions about issues relating to retention and recruitment. This will not be a quick process (instilling culture change, for example, takes time) but there is plenty of evidence from this study to suggest that it can be done.

The study has also considered the views of IEs and their PAs. Whilst the employer-employee relationship generally appears to work well, there is an argument for intervention in other areas. Recruitment difficulties, for example, are commonplace, and there may be need for more active awareness raising of formal PA network services (such as PA Pool), especially given the ongoing prevalence of word of mouth as the primary recruitment channel. Support with employment contracts, employment rights and how to terminate contracts is also still very much in demand.

1   BACKGROUND

1.1   Skills for Care has a strong interest in the retention of staff within the adult social care sector and is keen to understand what works in helping to reduce levels of turnover. In May 2012 Skills for Care appointed ekosgen – an independent research and evaluation consultancy – to gather and analyse evidence from employers about the measures they take that can influence retention. It is hoped that the results will help Skills for Care to develop tools and products that can assist other employers in addressing high turnover.

1.2   A secondary objective of the work has been to understand recruitment and retention related issues specifically for individual employers (IEs) and their personal assistants (PAs).

Method

1.3   The study began with a review of current evidence on retention in the adult social care sector. This was followed by analysis of relevant data from the National Minimum Data Set for Social Care (NMDS-SC), looking specifically at staff turnover levels. From there, the work was divided into two strands. Strand 1 comprised three elements:

- Qualitative telephone interviews with 80 managers of organisations with high levels of staff retention[2];

- Structured telephone interviews with 160 employees of organisations with high retention;

- Qualitative telephone interviews with 19 managers of organisations with high levels of staff turnover[3].

1.4   The profiles of the achieved samples are shown in Tables 1.1 and 1.2. With minor exceptions, the spread across the provider types is as per the targets agreed with Skills for Care.

Table 1.1: Summary of high retention interviews			
	Completed	% of Achieved Sample	% of Sector Total based on NMDS-SC
Adult residential care	38	48%	51%
Residential nursing	16	20%	22%
Adult domiciliary care	16	20%	20%
Adult day care	7	9%	3%
Adult community care	3	4%	4%
Total	**80**	**100%**	**100%**
Source: ekosgen and NMDS-SC			

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[2] Average turnover across three years (2010–2012) of 10% or less.
[3] Average turnover across three years (2010–2012) of 30% or more.

Table 1.2: Summary of high turnover interviews			
	Completed	**% of Achieved Sample**	**% of Sector Total based on NMDS-SC**
Adult residential care	9	47%	51%
Residential nursing	1	5%	22%
Adult domiciliary care	2	11%	20%
Adult day care	3	16%	4%
Adult community care	4	21%	3%
Total	**19**	**100%**	**100%**
Source: ekosgen and NMDS-SC			

1.5   The original intention was to undertake 160 interviews with employees of the 80 high retention organisations – an average of two per provider – based on nominations from the managers. Whilst in most cases this worked, in others it was only possible to consult with one employee and in others none at all. Therefore, consultations have also been undertaken with 24 employees whose managers were not consulted. The majority of all of the consultations were undertaken over the phone, although a small number of employees opted to complete a questionnaire online.

1.6   Strand 2 of the research was undertaken with individual employers (IEs) and their personal assistants (PAs). Focus groups, one-to-one interviews and paper and online surveys were offered. A summary of the achieved sample is shown in Table 1.3.

Table 1.3: Summary of Consultations with IEs and PAs		
	IEs	**PAs**
Interviews	7	17
Focus groups	26	3
Surveys	60	32
Total	**93**	**52**
Source: ekosgen		

Definitions

Direct Payments

1.7   Direct payments are cash payments made to people who need care (following an assessment) by a local authority to enable them to buy their own care or support services. Direct payments can be used to buy any community care services, including employment of a PA, short breaks, sign language training, counselling, rehabilitation, day centre attendance, equipment or adaptations.

Individual Employers (IEs)

1.8   Individual employers are adults, in receipt of a direct payment, who have opted to employ their own care and support staff.

Personal Assistants (PAs)

1.9   A PA is somebody who is employed by a recipient of a direct payment (or a self-funder) and supports them with their care and/or social needs. The role is similar to that of a home carer, except that there is often more flexibility in the range of tasks that a PA undertakes.

Social Care

1.10   It is becoming increasingly difficult to define the boundaries of social care and to say where this ends and where health care, or other community services, begin. For this research project, social care has been defined as services financed, in part or fully, by local authorities. These are likely to include:

- Personal care, e.g. feeding, bathing, toileting, refreshment and medication, mobility, bed making, monitoring and recording temperature etc;

- Support to assist with living independently as far as possible, including assistance with meal preparation, cooking, cleaning and domestic activities, shopping, leisure activities, attending appointments, domestic administration and paperwork.

National Minimum Data Set for Social Care[4]

1.11   The NMDS–SC was launched in 2006 and aims to provide comprehensive data about the social care workforce. Previous information about the workforce was incomplete and based on a variety of sources, with concerns expressed in the sector about its validity and reliability. Two data sets were therefore established. One is for employers to complete, which captures information about their organisation. The second data set, called an employee survey, is designed to be completed by employees and managers together.

1.12   The NMDS-SC is the primary source of data used to estimate the size and structure of the adult social care workforce. It identifies the number of organisations delivering social care, the services they provide, the sector in which they operate, and the number of people they employ. It also includes information about job roles, and the skills and qualifications of the workforce.

Acknowledgements

1.13   ekosgen would like to thank everyone that has contributed to this research project and especially the managers, employers, IEs and PAs who agreed to be consulted. Staff at Skills for Care are also thanked for their ongoing assistance throughout the research.

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[4] http://www.nmds-sc.org.uk/

2 THE CHANGING LANDSCAPE OF ADULT SOCIAL CARE

Summary of Key Points

The adult social care sector has, and continues to, change significantly as a result of demographic trends, the personalisation agenda, public funding constraints and the diversification and localisation of delivery models. There is marked shift away from local authority assessment and care-management systems to user-led support and personal budgets.

Far more people are expected to use their direct payment to employ a PA, with some estimates suggesting a six-fold increase to more than a million by 2025.

The impact of these changes on the adult social care workforce is considerable and extends far beyond pay constraints. Roles will become more diverse to meet the need for bespoke and flexible services with many staff expected to have portfolio careers that cross the continuum between health, social care, mutuality and support. Alongside this will be changes in the demand for workforce development and training activity, with multi-skilling a key focus.

Recent policy, including the July 2012 White Paper, has recognised this and includes specific measures such as financial support for workforce development, a pledge to increase the number of Apprenticeships and actions to improve leadership and management.

2.1 The adult social care sector is responding to major and long-term social, cultural and economic change, which together are increasing the demand for social care services. Yet this is happening at a time when public finances remain very constrained and will be so for some years to come. Summarised in the sub-sections that follow, new policy has been (and will continue to be) introduced with the intention of enabling government, the social care workforce and the wider economy to manage what are often competing demands.

Policy

2.2 Reform of the care and support system under the Coalition Government began with the publication of the *Vision for Social Care* (November 2010) and was followed first by recommendations by the Law Commission to bring together all the different elements of social care law into a single, modern, adult social care statute (May 2011) and then by the Dilnot Commission's recommendations about the future funding of social care (July 2011). More recently, in July 2012, the Government published the White Paper entitled *Caring for our Future: Reforming Care and Support*, which is concerned with giving people a personal budget entitlement, improving the quality of information on care and support, and piloting the use of direct payments. It also includes a number of measures to support the development of the social care workforce – several of which are directly relevant to the work of Skills for Care (see Box 2.1).

2.3 The main principles of the White Paper have been published in the Draft Care and Support Bill, which proposes a single, modern law for adult care and support. Published in July 2012, the draft Bill creates a legal entitlement to a personal budget and places a new duty on local authorities to provide a care and support plan. It also obliges local authorities to tell people about their ability to take a direct payment for some or all of their needs. Following a very active consultation process, the Bill is currently under scrutiny by the Joint Committee on the Draft Care and Support Bill who will shortly be making its recommendations to parliament.

Box 2.1: Workforce measures in *Caring for our Future: Reforming Care and Support*

- **Sector compact**: Skills for Care and Skills for Health will work together to produce a 'sector compact' to promote culture change and skills development. This will include: (i) a code of conduct specifying what is expected of someone working in adult social care, with a core focus on the standards expected when interacting with care users and carers; and (ii) a skills pledge specifying the minimum skills that care and support workers should have, which employers in the care sector will sign up to.

- **PA working**: On behalf of the Department of Health, Skills for Care will administer the Workforce Development Fund, which will give PAs and their employers access to more support, learning and training. A PA Index is to be developed to explore making the services provided by PAs more transparent, allowing potential employers to compare the PA services available. The aim is to help to inform people's choices and provide them with more control over the care and support they choose.

- **Apprenticeships**: The number of apprentices in the care sector is to double to 100,000 over the next five years, with clear progression to Higher Level Apprenticeships as an additional route for care managers.

- **Online recruitment tool**: A new online tool to support recruitment will provide information about working in care and support for job seekers, as well as offering links to the paid and voluntary opportunities available. The tool will demonstrate potential career pathways within the care and support system, including examples of clear, integrated and flexible career pathways linked to defined qualifications.

- **Care Ambassadors:** The current Care Ambassador scheme, which is currently co-ordinated by Skills for Care, will be expanded. Care Ambassadors make links with a range of audiences including schools, colleges, careers, job services and sector employers. The initiative aims to: (i) address the poor image of care work, which has in the past led to difficulties in recruiting staff; and (ii) develop a better understanding of modern social care services.

- **Developing leadership:** A Leadership Forum will be set up to explore how best to support registered managers and to ensure that provision offers regular mentoring and supervision.

Funding

2.4   Social care represents a major source of public expenditure – around £14.5 billion per year and over 30% of the total local authority budget. Whilst the Coalition Government announced in the 2010 Spending Review that a further £2 billion will be made available for social care by 2014, this funding is not ring-fenced. With local government facing a 27% reduction in its overall grant over a four year period from 2011/12, it is likely that social care services will be vulnerable to competing priorities. It has also been suggested that, despite the £2 billion pledge, a funding gap of at least £1.2 billion could open up by 2014 unless councils can achieve unprecedented efficiency savings (Humphries, 2011)[5]. Alongside this are the findings from a recent Age UK survey, which found almost unanimously that funding cuts were presenting a risk to the dignity of older people.

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[5] Humphries, R. (March 2011) *Social Care Funding and the NHS: An Impending Crisis?* Kings Fund.

Commissioning

2.5   For more than a decade, government has sought to shift the delivery of social care services from local authorities to the independent sector. The Coalition Government's vision in this regard is one in which services are delivered by a range of service providers, including social enterprises, mutuals[6], and mainstream providers[7]. This not only implies that the local authority's commissioner role may change to one of market and place-shaper, but also has implications for the sector's workforce.

2.6   As the market for social care provision evolves, and within the wider context of personalisation, the standardisation of services will reduce and the tailoring of provision to individual needs will grow. Again, this raises implications for the sector's workforce as employees' roles will become more diverse. The Skills for Care Recruitment and Retention strategy states:

> *"Traditional patterns of recruitment, structures and working practices will all have to change. The citizen requires bespoke services and the system must deliver flexible responses. This will lead to an incredibly diverse workforce that may well have portfolio careers that cross the continuum between health, social care, mutuality and support."[8]*

2.7   The sector will need to meet the training and development needs of the workforce in order that it can operate effectively across the health and social care spectrum. Employers will also have to give renewed thought to how best they recruit and retain employees that are willing and capable of doing so.

Personal Budgets and Direct Payments

2.8   The future vision for social care is founded on changing the relationship between the citizen as a service user and the state as a service provider. Individuals are being given more control over their care, not least through the introduction and growth of personal budgets. An ambitious target is in place to provide personal budgets for everyone eligible for ongoing social care by April 2013.

2.9   Under government proposals, adults receiving social care could opt to use their personal budget in several ways:

- As a direct (cash) payment;

- As an account held and managed by the council in line with the individual's wishes;

- As an account placed with a third party (provider) and called off by the individual;

- As a mixture of the above.

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[6] Mutuals are organisations that are owned by, and run for the benefit of, their current and future members. They encompass many types of organisations from large and well established (like housing associations, clubs and employee owned businesses) through to smaller, specialist bodies such as credit unions, football supporter trusts and community mutuals. A public service mutual is an organisation which has left the public sector but continues to deliver public services.
[7] For more detail see: Department of Health: (November 2010) *A Vision for Adult Social Care: Capable communities and active citizens.* London: HMSO.
[8] Skills for Care (2011) *Adult Social Care - Recruitment and Retention Strategy.* Leeds: Skills for Care (page 6).

2.10   The government's preference is for individuals to opt for a cash payment and to organise their own care[9], which at this stage appears to be in line with the preferences of service users[10].

2.11   The implementation of personalisation outlined both in *Vision for Social Care* and the 2012 White Paper will involve a major culture change for health and social care staff. As new roles and approaches to service delivery develop, the workforce will need to acquire skills in empowerment, brokerage and community development. As is already beginning to happen, the shape of the workforce will alter as take-up of direct payments increases. For example, it is estimated that the number of PAs required to provide care to users of direct payments will increase from 200,000 in 2011 to 1.2 million in 2025. The sector will therefore need to manage a major increase in the recruitment and training of PAs, who along with other members of the workforce, will require skills in supporting self-directed care and person-centred planning[11].

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[9] Department of Health: (November 2010) *A Vision for Adult Social Care: Capable communities and active citizens.* London: HMSO.
[10] Glendinning, C., Challis, D., Fernandez, J. L., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netton, A., Stevems, M. and Wilberforce, M. (2008) *Evaluation of the Individual Budget Pilot Programme*, York, Social Policy Research Unit.
[11] Skills for Care (May 2011) *Capable, Confident, Skilled: A workforce development strategy for people working, supporting and caring in adult social care*. Leeds: Skills for Care.

3   EVIDENCE REVIEW

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Summary of Key Points

There is an extensive body of literature examining the adult social care workforce and issues linked to recruitment and retention. However, the bulk of this focuses on the challenges facing the sector, with very few studies dedicated to identifying best practice or the practical steps that employers can take to improve retention.

The causes of employee dissatisfaction which drive turnover therefore are well documented and include individuals coming to the job without a good understanding of the sector or the role, a lack of feedback and supervision, low pay and unsociable working hours.

Amongst the few studies that do focus on best practice in retention, the overriding message is that there is not one single success factor, but rather that a combination of (sometimes intangible) influences is present. Some of these, such as effective communication, are not specific to the adult social care sector, although others are, such as the importance of care workers building a good rapport with service users.

The literature also highlights the (potential) importance of pay and rewards, the way in which the carers' work is organised, the autonomy afforded to them in their role and the opportunities that they have for training and career progression. Each of these has also been explored through the primary research undertaken for this study and is covered in more detail in later chapters.

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3.1   This chapter summarises the literature on good practice in staff retention in the adult social care sector, focusing in particular on those employers that organise and/or deliver care.

3.2   It should be noted that whilst there is an extensive body of evidence on workforce related issues within adult social care, much of it looks at recruitment, retention and labour supply problems. Very few look specifically at good practice, placing some limitations on the conclusions that can be drawn from a meta-review exercise.

Approach

3.3   The literature review has used the following websites and databases:

- Internet search engines;

- Electronic databases including Google Scholar;

- Government agencies/department websites (in particular the Department of Health);

- Skills for Care Research Knowledge Base.

3.4   Inclusion criteria were established to try and maximise the consistency and relevance of the review. These criteria stipulated that documents needed to be:

- Published after 2007;

- Focused specifically on the UK;

- Written in English;

- Relevant to recruitment and retention issues and, where possible, good practice.

3.5   This search resulted in a total of 22 studies or papers being included.

Recruitment

Practices

3.6   Informal recruitment practices tend to be adopted by organisations in the social care sector, due in part to the concentration of small organisations without specific recruitment budgets. Best practice approaches (Skills for Care 2009a) include:

- Word of mouth: This is noted to increase the likelihood of recruiting staff with the personal and social skills necessary for the role and with a greater prior appreciation of the organisation and role requirements;

- Bonus payments for staff who introduce a new member of staff to the organisation: This is seen as a way towards formalising word of mouth recruitment;

- Working collectively with other organisations: Links to local FE colleges and universities have proven to be a valuable source of suitable recruits;

- Emphasising the opportunity to undertake training and gain qualifications: As reported later in the chapter, this is a key motivation for employees entering the sector.

3.7   Downsides to the above are that they tend to rely on local perceptions of the organisation as a good quality service provider and employer (this is reported widely in the literature (Skills for Care 2009a, Rubery et al 2011 and Lucas et al 2009)). Informal channels of recruitment can also increase the possibility for reaching potential employees from groups that may be underrepresented in the sector (Rubery et al 2011).

Applications

3.8   Ensuring that applications are received from those with a realistic understanding of what care work entails is important for improving retention. Effective approaches have been cited in Skills for Care (2010b) case study research and include training staff to give presentations as 'care ambassadors' about working in care, holding applicant visits and taster shifts prior to starting the job and producing DVDs about the role.

Selection

3.9   At the selection stage, Rubery et al (2011) found that organisations ranked practical factors (e.g. 'available for weekend work' or 'lives locally') as having greater importance than skills related to care work, qualifications or experience. The study however suggests that by encouraging organisations to place greater emphasis on these qualities (skills, experience and qualifications) there is a potential pay-off in terms of increased retention.

3.10   The selection approaches which have been noted to improve recruitment and therefore aid retention include behavioural observations (Skills for Care 2009a) and standardised interview and scoring processes (Skills for Care 2010b). The first allows staff to judge applicants' social skills and ability to interact with service users. The second helps to ensure that all recruits have the right values and attitudes for the role.

Recruiting young people, workers aged 50+ and international workers

3.11   The social care workforce is characterised by a lack of young employees (Skills for Care 2012b). Skills for Care (2010b) have produced employer case studies which highlight approaches that can help to attract younger applicants, including closer working with schools, colleges and universities to dispel negative perceptions of the sector.

3.12   The importance of international workers and workers aged 50+ in meeting issues relating to labour supply in the care sector is well documented. Guidance has been produced by Skills for Care (2009a, 2008) to help companies to recruit these workers; they cover good practice principles to support the integration and safety of international workers and guidance on how current approaches may be limiting organisations' ability to attract workers aged 50+.

Experience of IEs and PAs

3.13   Individual Employers (IEs) receive a high level of support from Direct Payment Support Organisations to recruit their Personal Assistants (PAs). This includes advertising, Criminal Record Bureau (CRB) and Protection of Vulnerable Adult (POVA) checks and interviewing. The literature suggests that these processes and associated level of support are appropriate as there are few reported problems in retaining new recruits (Lucas et al 2009b).

HR Practices

3.14   Human resources (HR) practices that engage and empower a workforce are termed 'high performance practices'. These have been recognised in HR related literature as working most effectively when deployed together as a bundle of practices (Tamkin 2004). A study by Lucas et al (2009a) found that employees had high expectations regarding management, HR practices and supervision, appraisal, qualifications and training. In meeting these expectations, organisations can achieve high levels of employee satisfaction. However, poorly managed change and ineffective communication can have a detrimental effect on job satisfaction and retention.

3.15   Regarding best practice, Lucas et al (2009c) identified HR management principles which organisations could implement. These are detailed in the box below.

Box 3.1: HR management practices (Lucas et al 2009c)

Adopting a management culture which values staff and focuses on providing good quality care.

Encourage team working and addressing conflict between teams and within teams. Where conflict arises, it could be addressed by a frequent presence of a manager on the 'shop floor', using supervisions to discuss and tackle the problem and adopting an assertive management style.

Maintaining appropriate staffing levels.

Provide good quality, formal supervision.

Proactive and hands on leadership which engages employees in developing the service.

Managers should encourage the delegation of responsibilities and increase the level of autonomy afforded to employees.

Avoid working in isolation and look to form working partnerships with other organisations to share best practice and resources.

A particular focus is required on core management practices and increasing communication in times of organisational change.

Employee Voice

3.16   The term 'employee voice' in this context refers to two way communication between an employer and its employees. In general, the care sector is recognised as having a weak employee voice, due largely to the concentration of small organisations, the shift from public sector to independent private provision and the fragmented nature of the work. This has resulted in little union representation or collective bargaining power and difficulty mobilising and organising an employee response to management decisions (Rubery et al 2011).

3.17   It is important for organisations to have effective means for employees to voice their opinions as this is associated with satisfaction and retention. A survey of care workers by Care Sector Alliance Cumbria (2007) highlighted the importance of employees' ability to communicate their views for job satisfaction, while Lucas et al (2009a) found that employees valued the opportunity to influence decision making.

3.18   Measures that have been taken to address the current situation include setting up a representative staff group to involve staff in planning organisation changes (Care Sector Alliance Cumbria 2007). Whilst not specific to the social care sector, the Advisory, Conciliation and Arbitration Service (Acas) (2012) recognise that this approach provides staff with knowledge and expertise to make a meaningful contribution to decision making and is critical for building trust between managers and employee representatives.

Feedback and Supervision

3.19   The relationship between an employee and manager is recognised throughout the literature as an influential factor for employee job satisfaction and as a key factor affecting employees' propensity to stay or leave. Managers' supervisory skills in terms of listening to, appreciating and supporting employees are key factors in motivating them to stay (Yeandle et al 2006). Lucas et al (2009a) also found that good communication, praise, feedback and social activities are important for fostering good employment relationships.

3.20   Guidance produced by Skills for Care (2009b: 2) highlights the importance of supervision and recommends that employers review their approach to supervision, asking 'is it at the right level?' and 'are supervisors trained and supported themselves?'. More recent case studies produced by Skills for Care (2010b) similarly highlight the value of regular appraisals and individual performance management for employee retention.

Reward Practices

Pay

3.21   The amount an employer pays its staff has an influence on recruitment and retention. Higher pay, as confirmed through 'efficiency-wage' economic models (Akerlof and Yellen 1986), is seen as a key way of setting organisations apart from competitors, attracting potential recruits and reducing turnover. This is an important consideration for the social care sector as it is one of the lowest paying sectors (Low Pay Commission 2010).

3.22   While there is evidence that other aspects of the role can negate dissatisfaction with pay (see the section in this chapter on the employee perspective), Rubery et al (2011) suggest that there is scope to explore efficiency-wage models as a means of improving employee recruitment and retention. The study found that where high pay models have been adopted, these have been effective in improving both recruitment and retention.

Pay Enhancement

3.23   Organisations in the care sector are less likely to provide pay premiums for staff for overtime and for working unsocial hours. This is notable because these financial rewards are associated with higher rates of retention (Rubery et al 2011).

3.24   Whether employees' pay includes time to travel between service users is an important consideration, especially in the domiciliary care sector. Rubery et al (2011) found that a variety of approaches have been adopted (see the box overleaf). The study also found that a lack of, or a low level of payment for travel was a key source of employee dissatisfaction.

Other Rewards

3.25   Aside from pay, there are examples in the literature of other means of rewarding staff to demonstrate their value to the organisation, all of which can have a positive effect on retention. The Skills for Care (2010b) case studies provide examples of employers increasing annual leave entitlements after five years service and providing various rewards for attendance without sick leave. These approaches were also highlighted in the Care Sector Alliance Cumbria Good Practice Guide (2007).

The Organisation of Care Work

The Job Role

3.26   Across the literature, it is reported that employees value the opportunity to build relationships with service users, to help people and to make a difference in their lives. Although there is limited best practice upon which to draw in this area, it does point towards a need towards for employers to try and make sure that employees have the skills and the time to form solid and two-way relationships with those for whom they are providing care. Recognising the importance of organising work to meet staff interests, one suggestion provided by Care Sector Alliance Cumbria (2007) is to allow staff to run activities with service users in line with their own hobbies or interests.

Working Patterns

3.27   The social care sector is characterised by shift work, including split shifts, weekend working and night shifts. For some employees, these working patterns provide flexibility to organise their work around other personal commitments (Rubery et al 2011). For others however, irregular working patterns and the issues related to zero hour contracts can be a source of dissatisfaction and turnover. Rubery et al (2011) found that working practices such as minimising weekend working, long hours working and providing time off for training can all be associated with high employee retention. This is reiterated in Skills for Care's case studies (2010b) which found that set shift patterns increased employee retention.

3.28   However, Rubery et al (2011) also found that only a minority of managers claimed to be able to match employee shift preferences all of the time and that employees are more likely to leave when working patterns do not match their preferences.

3.29   Examples from the literature of good practice in relation to working patterns, as highlighted in the Care Sector Alliance Cumbria Good Practice Guide (2007), include:

- Making expectations of unsocial working hours clear to new and potential recruits;
- Ensuring managers are aware of staff preferred working hours;
- Providing as much notice as possible of changes in working hours;
- Respecting family commitments;

- Agreeing working practices with staff to support work life balance, for example avoiding phoning staff on their days off; and

- Recruiting to avoid pressures of a small workforce.

Pace of Work

3.30   The amount of time allocated to standard care tasks is a key consideration for improving employee retention and recruitment. A quicker pace of work can lead to employees spending less time on the most valued aspects of the job (i.e. interacting with service users), which can lower employee job satisfaction and increase turnover (Rubery et al 2011).

3.31   In domiciliary care, the Care Sector Alliance Cumbria (2007) noted that allowing insufficient time to travel to home visits increases the likelihood of employees considering leaving the sector. Other guidance also acknowledges the demoralising effect of inadequate time and resources and suggests that many employers should review their working conditions (Skills for Care 2009b).

Autonomy

3.32   Discretionary behaviour or autonomy, where it is relevant and safe, is important for employee job satisfaction and good employment relationships (Lucas et al 2009a). Having no opportunity to act with a degree of autonomy is likely to lead to lower retention (Rubery et al 2011).

3.33   Linked to this, an outcomes-based approach to care, rather than a task and time-oriented approach, is seen to allow greater scope for care workers to exercise discretion over how to provide care (Rubery et al 2011). However, local authority commissioning practices are likely to influence the extent to which organisations can allow this.

Training and Development

Induction Training

3.34   The importance of induction training for improving the quality of care is recognised in the Care Quality Commission's essential standards guidance (2010). Rubery et al (2011) also recognises its importance, stating it *'might increase turnover in the very short term, but undoubtedly reduces wasteful investment in new recruits who do not have the appetite for care work'* (p.34).

3.35   Regarding good practice, Skills for Care have produced Common Induction Standards which set out the requirements of a thorough induction process. These have recently been refreshed following consultation with the sector to account for increased personalisation in social care and the introduction of new qualifications. Common Induction Standards are available for staff (Skills for Care 2010) and management (Skills for Care 2012b).

Training

3.36   The importance of training and development for workforce recruitment and retention is widely acknowledged in the literature. The opportunity to undertake training attracts staff to the sector, whilst organisations that provide training can enhance their reputation as a good employer. In terms of retention, Rubery et al (2011) found that training is seen as a key means of demonstrating to staff that they are valued and can enhance staff's commitment to the organisation. This is reinforced by Skills for Care case study research (2010b) which found that training was a successful means of retaining staff.

Progression

3.37   Studies have highlighted the importance for retention of ensuring that opportunities are available for staff to progress to managerial positions (Lucas et al 2009a). However, Rubery et al (2011) highlight mixed views from staff on progression, noting that some staff are reluctant to progress because:

- They would be spending less time with service users;

- The pay is not significantly higher.

3.38   Approaches that have been successful in demonstrating a commitment to progression include introducing an apprenticeship programme and fast track schemes for supervisors (Skills for Care 2010b). A career e-tool has been produced by Skills for Care which enables individuals to map out a career in social care, from entry level to senior manager (Skills for Care 2012a).

The Employee Perspective

3.39   It is evident from the literature that employees value the opportunity to build positive relationships with service users. Indeed, Rubery et al (2011) found this to be a defining feature of the care worker role. Others include the ability to act autonomously, opportunities for personal development and opportunities for flexible working.

3.40   The above can go some way towards negating the dissatisfaction associated with low levels of pay. For example, Lucas et al (2009) found that pay did not emerge as a major source of dissatisfaction and that in some cases it was easily outweighed by the non-monetary rewarding nature of the job. A study of care home providers in Northern Ireland, for example, found that a commitment to caring was a key reason why employees had not considered leaving (Fleming and Taylor 2007).

4 STAFF TURNOVER: KEY STATISTICS

Summary of Key Points

The information in this chapter is based on analysis of the National Minimum Data Set for Social Care and covers the three year period from 2010 to 2012 inclusive. The analysis shows that there are significant differences in staff turnover across the sector, with the three year average ranging from below 5% to more than 100%.

Statutory local authority organisations are more likely to have high levels of staff retention, as are organisations providing adult day care and adult community care. The same is also true of organisations with fewer than 50 staff.

Higher levels of turnover tend to be observed in private sector organisations and those providing domiciliary care. The South East is also slightly over-represented amongst the higher turnover organisations.

The most common reasons recorded in the NMDS-SC for staff leaving between 2010 and 2012 were personal reasons, leaving to join another employer and issues linked to career development. Pay and conditions were reported to account for one in five of all leavers.

4.1   This chapter draws on information from the National Minimum Data Set for Social Care (NMDS-SC). It examines the characteristics of organisations with high and low levels of retention and identifies where a statistically significant relationship exists between turnover and other variables contained within the NMDS-SC.

An Overview of the NMDS-SC

4.2   At the time that the analysis was undertaken (July 2012), the NMDS-SC included records for 27,350 establishments, although the findings presented here are based on a sample of 7,184 (26% of the total). The remainder were excluded because:

- Data was not available for a three year period (43%);

- The main service area was outside the scope of this study[12] (24%);

- They appeared to be (potentially) incomplete or unreliable (34%).

4.3   The result of excluding such a high number of records is that the findings should be treated as indicative rather than conclusive[13]. This is highlighted by Table 4.1, which shows that the majority of organisations included in the analysis are private sector (70%) and are adult residential care providers (74%). Compared with the profile of the NMDC-SC[14] as a whole, both of these groups are over represented – they account for 46% and 47% respectively of the full database. Conversely, community care providers are under-represented in the analysis sample.

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[12] E.g. children's care.
[13] In 2012 changes were made to the way NMDS-SC collects starters, leavers and vacancies data so in the future analyses of this type will be more robust.
[14] NMDS-SC Key Statistics, Skills for Care, July 2012.

Table 4.1: Profile of analysis sample					
Organisation sector	**No.**	**%**	**Main service group**	**No.**	**%**
Private sector	5,016	70%	Adult residential care	5,344	74%
Voluntary or third sector	1,445	20%	Adult domiciliary care	1,341	19%
Statutory local authority	427	6%	Adult community care	279	4%
Other	296	4%	Adult day care	220	3%
Total	**7,184**	**100%**	**Total**	**7,184**	**100%**
Source: NMDS-SC					

4.4   Two thirds of the organisations included in the analysis are small (10–49 employees) and a quarter are medium sized (50–249 employees) – see Table 4.2. In the full NMDS-SC, micro organisations account for 31% of all establishments and are therefore underrepresented in this analysis. Small and medium organisations are slightly overrepresented.

Table 4.2: Organisation size			
	NMDS-SC	**Sample**	
	%	**No.**	**%**
Micro (1-9 employees)	31%	724	10%
Small (10-49 employees)	51%	4,703	65%
Medium (50-249 employees)	14%	1,714	24%
Large (250+ employees)	1%	43	1%
Not recorded	3%	0	0%
Total	**100%**	**7,184**	**100%**
Source: NMDS-SC			

Workforce Retention

4.5   Staff turnover has been calculated as the number of staff leaving the organisation divided by the total number of staff employed. For each organisation in the sample, the average turnover was calculated for the three year period from 2010 to 2012 inclusive. Across the sample the average turnover was 24%, although at an organisation level it ranged from a low of 3% to a high of 120%. For the purpose of the analysis and to assist with the selection of the primary research samples, the following bandings were then applied:

- Low turnover employers: average annual turnover of 10% or less;
- Medium turnover employers: 11%–30% average turnover;
- High turnover employers: more than 30% average turnover.

4.6   As shown in Table 4.3, more than three quarters of the employers in the sample are classified as either medium or high turnover.

Table 4.3: Organisations with low, medium and high turnover		
	No.	**%**
Low (10% or less)	1,172	16%
Medium (11%–30%)	4,108	57%
High (>30%)	1,904	27%
Total	**7,184**	**100%**
Source: NMDS-SC		

4.7   The proportions of organisations that fall within the low, medium and high turnover bandings vary by service area (Table 4.4). Adult domiciliary care providers are, by some margin, the most likely to have high turnover. Adult community care and day care providers are the most likely to have low turnover.

Table 4.4: Organisations with low, medium and high turnover by service area	Low	Medium	High	Total
Adult residential care	16%	60%	25%	5,344
Adult day care	26%	54%	20%	220
Adult domiciliary care	16%	48%	37%	1,341
Adult community care	26%	55%	19%	279
Overall	**16%**	**57%**	**27%**	**7,184**
Source: NMDS-SC				

Characteristics of Organisations with Low Turnover

4.8   The analysis sought to identify statistically significant relationships[15] between turnover and other variables in the NMDS-SC. For those organisations in the 'low turnover' category, this showed that:

- Local authority organisations are over-represented (14% of the low turnover employers are local authority organisations compared with 6% across the sample as a whole);

- The West Midlands is over-represented (17% of the low turnover employers are based in the West Midlands compared with 12% across the sample as a whole);

- There is a higher proportion of employers with 20-49 employees (51% in the low turnover category, compared with 43% across the full sample).

4.9   There is not enough evidence to suggest a relationship between employee turnover level and Investors in People status[16].

Characteristics of Organisations with High Turnover

4.10   Amongst the organisations in the sample with higher levels of turnover, private sector companies and domiciliary care providers are slightly over-represented. Over three quarters (76%) of the companies with high turnover, for example, are private sector compared with 70% across the full sample. The equivalent figures for domiciliary care providers are 26% and 19%. Once again these are statistically significant. Other findings include:

- The South East is slightly over-represented amongst the high turnover employers;

- The same is also true of micro companies (0-9 employees), although this may be influenced to some extent by the impact on the percentage turnover figures of one or two people leaving the organisation.

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[15] Statistical significance has been calculated using a chi-square test. This tests the independence of two variables. For example, if there is a higher proportion of local authority providers in the low turnover sample, the test will tell whether this is due to chance or if there is a statistically significant link between the variables. For the findings above, we can be 95% certain that the differences did not occur by chance.
[16] Since the improvements to the NMDS-SC data collection, the data suggests that those organisations recognised and committed to Investors in People have lower turnover than those that are not.

Reasons for Leaving

4.11   The most common reasons for staff leaving their posts during 2010-2012 were personal reasons (18%), followed by transferring to another employer (12%) and career development (9%). Pay and conditions were less frequently cited (4% and 1% respectively).

4.12   In high retention organisations, staff were less likely to have left to join another employer and, conversely, were more likely to have left for personal reasons or due to retirement.

5   RECRUITMENT, RETENTION, PAY AND REWARDS

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A Summary of Key Points

Organisations in the adult social care sector use a range of different methods to recruit staff, although the three most common are word of mouth, local press and Jobcentre Plus. The second and third of these in particular attract very different feedback from employers, with notable proportions of the sample remaining unenthusiastic about their effectiveness whilst others have found them very successful.

The recruitment process itself tends to be quite conventional (application forms and interviews). Scenario-based questioning is relatively common and a small but growing number of organisations are involving service users.

The recession has had a mixed effect on recruitment in high retaining companies. While half the sample has seen applicant numbers increase, several managers also said that this has been accompanied by an increase in applications from people clearly not suited to the role or without the necessary experience.

Employees are attracted to high retention companies for a combination of reasons, although the reputation of the employer is clearly a significant driver. Other, less employer-specific reasons also play a part, such as the desire to work in the care sector more generally and to work locally.

Satisfaction levels amongst the employees of high retention companies appear to be extremely high, with more than 90% of the employee sample saying that the firm is well managed and that they feel loyal to it.

The majority of high retention companies offer financial and non-financial enhancements in addition to basic pay. The most common include uplifts for working unsociable hours and bank holidays, travel costs associated with providing domiciliary care and free uniforms.

Many of the organisations in the sample have introduced pay freezes and/or cuts although in most cases this is not said to have had an impact on turnover (neither the managers nor the employees in the sample said that pay was the main factor underpinning retention, although many said it was important).

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5.1   This is the first of three chapters presenting the findings from telephone interviews undertaken with 80 managers and 160 employees of organisations with high retention. It seeks to provide a better understanding of the factors underpinning turnover and retention as well as highlighting practices that have, or could have, a positive impact on encouraging care workers to remain in post.

Recruitment

5.2   Organisations use a variety of recruitment methods, often combining two or more approaches. As shown in Table 5.1, local press and word of mouth (especially amongst larger organisations) are the most common, with recruitment through websites and direct enquiries much less prevalent.

Table 5.1: Recruitment in high retention companies	
Method	**No.***
Local press	44
Word of mouth	40
Jobcentre Plus	30
Own website	15
Enquiries	13
* Respondents were able to identify multiple methods Source: ekosgen	

5.3   The above attract very different feedback from employers. For example, equal proportions said they had found the local press very effective as said it had been little or no use. Similarly, nearly as many organisations said Jobcentre Plus had been an effective route as said it had generated little in the way of suitable applicants.

Box 5.1: The Effectiveness of Different Recruitment Methods
We haven't put an advert in the paper for over a year because we don't get much of a response and it's very expensive. Most of the responses we get are from adverts on our web page and from bank workers who want to become permanent staff. *Residential care provider – voluntary sector*
The local press is the best as a large number of people see the advert, perhaps even people who weren't necessarily looking for a job. *Residential care home with nursing – private sector*
Last time I used JCP I found it was really successful. I received about 15 applications. We put a lot of detail in the job description so we got good applications. *Residential care provider – private sector*
The JCP route isn't brilliant. The problem is that everyone applies....I was inundated with CVs. Also, when we asked for qualifications there was a lot of confusion. JCP are putting people on 'preparing for social care', a BTEC qualification. This isn't equivalent to an NVQ and unfortunately people have been misled because they think by doing the course they are qualified to work in care. We say to them they need to do extra units to get the NVQ and they get really angry about it. *Residential care provider – private sector*

5.4   Alongside formal methods, informal channels of recruitment play a big role, including word of mouth and recommendations from existing staff. A minority of organisations offer incentives and will reward staff financially if they help to recruit another care worker. It is also fairly common for organisations to be approached directly by people looking for care work. Most employers record their details and contact them should a suitable vacancy become available.

Box 5.2: Informal Recruitment Methods
If staff refer someone and they're recruited and they stay with us for three months, then they [staff] get a £25 bonus. *Domiciliary care provider – private sector*
We take down the numbers of people who ring us for a job, drop in or send an application. We keep them on file and if a vacancy turns up we ask if they are still interested. *Residential care provider – private sector*
We offer employees £100 if they refer someone for a job and they are successful. *Domiciliary care – private sector*

5.5   Turning to the selection process, most organisations follow the traditional approach of application forms and interviews, with many using scenario-based questioning. A small number of organisations are beginning to involve service users in the recruitment and selection process. Two core reasons underpin this:

- Managers like to observe the interaction between candidates and their clients as this can give some insight into candidates' interpersonal skills;

- Involving service users is viewed as a practical expression of an organisation's commitment to delivering client-centred care.

Box 5.3: Recruitment Examples

One provider follows a three-part recruitment process:

1. Application form;
2. Numeracy test;
3. Interview, including interaction with service users.

Short-listed applicants are invited to an interview. Using the Skills for Care toolkit, the provider has designed a numeracy test that closely relates to the numeracy skills that applicants will need in the job. Following the interview, each applicant meets some of the service users. This is observed by management staff and is seen as an essential component of the recruitment process – not everyone performs well at interview, but the interaction with clients provides them with an opportunity to demonstrate other facets of their personality and skill set. Equally, applicants who look good on paper and have all the right qualifications don't always have the care skills that the organisation is looking for.

The interview process in another provider also comprises three components. Candidates begin the interview by being given a scenario of a care situation and are asked how they would respond. This is followed by a question and answer session with the interview panel, which includes a service user. Finally candidates are asked to mingle with service users while management staff observe.

5.6   The interviews suggest that personal qualities, interpersonal skills and evidence of compassion are the primary selection criteria by which organisations select care workers. In most cases, qualifications are viewed as being of secondary importance or are seen as a prerequisite.

The Recession and Recruitment

5.7   Half of the managers reported that the recession has not had any impact on the ease with which they can recruit staff. The other half reported that the recession has affected recruitment, although the nature of this varies considerably. Based on a small sample at provider type level, the consultation feedback suggests that residential care homes providing nursing are the least likely to have noticed a change since 2008. Larger organisations are more likely than smaller ones to report that recruitment has become easier since the recession.

Table 5.2: Ease of recruitment since the recession	
Experience	**No.**
Easier	12
No difference	31
More difficult	11
Different *	8
Don't know	2
* But not easier or more difficult Source: ekosgen	

5.8   Many of the providers in the sample stated that they have seen an increase in applicant numbers since the onset of the recession. For some, the larger labour pool is welcomed, although several also noted that they have also seen a corresponding increase in the number of unsuitable applicants. Others said that they now receive more applications from young people and from people with higher level qualifications than they did in the past.

Retention

Why have employees moved on?

5.9   The sample of managers from the low turnover organisations were asked to identify what they considered to have been the main reasons behind staff attrition. As shown in Table 5.3, employees' personal circumstances, retirement and career development were cited most often. Many of the managers were keen to emphasise that employees did not leave to join another local care provider, or if they did, that they often wanted to come back.

5.10   There are minimal differences between provider types, although retirement seems to be the primary reason why employees have left day care centres, while career development is a key reason for those leaving residential homes with nursing.

Table 5.3: Reasons for staff leaving	
Reasons	**No.**
Personal reasons	26
Retirement	22
Career development	21
Pay and employment conditions	7
Source: ekosgen	

5.11   Within the 'pay and employment conditions' category, it seems that the hours of work on offer have been quite influential, especially where staff have moved to a job with more hours for reasons of financial self-sufficiency.

Why do employees join low turnover employers?

5.12   Table 5.4 lists the factors that attracted employees to work at their current company and is based on responses from the sample of 160 employees of low turnover organisations. The employer's reputation is clearly very important, although less employer-specific reasons are also prevalent, such as the desire to work in the care sector more generally and to work locally.

Table 5.4: Factors attracting employees to work for their current employer	
Factor	No.*
Good reputation of employer	90
To perform a rewarding job	67
Working in social care generally	62
Opportunity to work locally	58
Career opportunities	48
Hours of work suited circumstances	42
Opportunity to make use of knowledge / qualifications / skills	43
Good training opportunities	37
Working with client group	36
Pay and conditions	29
Other	14
* Total numbers exceed 160 as employees were able to cite multiple factors. Source: ekosgen	

5.13   Insofar as analysis by provider type can be undertaken, it seems that employees working in day and community care centres are more likely to cite career opportunities, the opportunity to use their skills and knowledge, and pay and conditions as reasons for joining their current employer than their counterparts in other parts of the sector. Employees in residential homes with nursing are the most likely to cite good training opportunities and hours of work.

Staying in post

5.14   Based on the consultations undertaken for this research, the employees of high retention organisations appear to be extremely happy with their current job, with 98% reporting they are either satisfied or very satisfied. There is almost unanimous agreement that the employees feel loyal to the organisation (98%), share its values (99%) and believe it to be well managed (95%).

5.15   The chart below further illustrates employees' satisfaction with their job. It shows that in most cases the employees say their job is worthwhile, that it enables them to develop their skills and that whilst it is challenging, it does not adversely affect their home lives.

Figure 5.1: Employee perceptions about their job
Source: ekosgen, 160 respondents
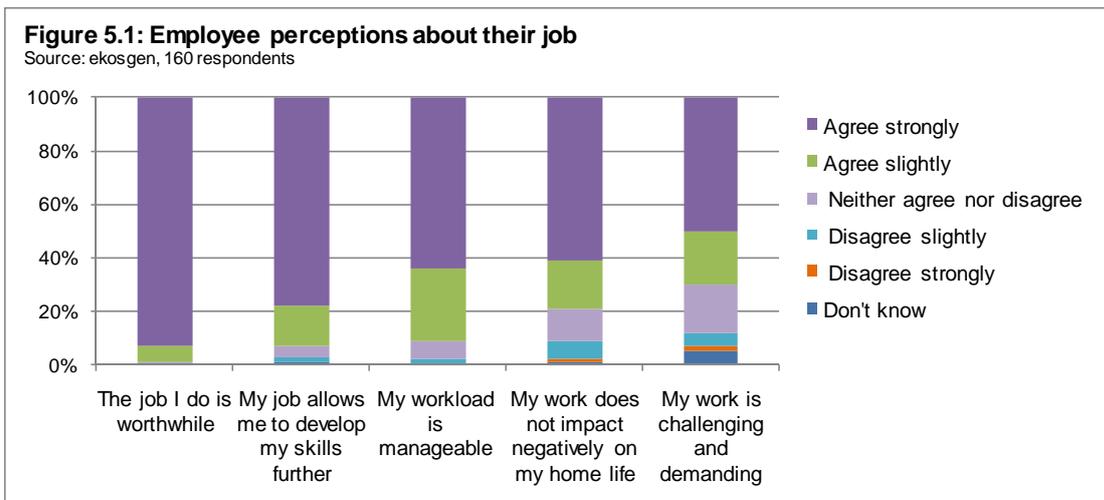
Rewards and Incentives – Manager Perspective

5.16   The study sample is split in half between those managers who believe they offer better pay than other local providers and those who pay around the average. Only one in ten of the high retention employers said that they pay less than average.

5.17   With the exception of four employers, the full sample offers some form of addition or top-up to basic pay. Most commonly these include paying a higher hourly rate for:

- Weekends and evenings/nights (especially larger providers and those in the residential and domiciliary care market);

- Bank holidays;

- Staff with specific qualifications or those qualified to specific levels.

5.18   The majority of domiciliary care providers pay travel costs, although this varies between a per-mile payment and a fixed amount for each home visit. Across all provider types, pension schemes are also very common.

Box 5.4: Examples of enhancements
We have a two tier pay structure: £6 and £7 per hour depending on experience. This is close to the minimum wage but it is supplemented by an overtime allowance. All employees receive £10 per hour for any overtime, up to a maximum of 11 hours. Staff also receive: • £25 per shift for working over Christmas and New Year; • Membership of the Hospital Saturday Fund; • Membership of a savings plan; • Six months sick pay; • Seven week holidays, rising to eight weeks for staff with five years of experience.   *Residential care provider – private sector*
We offer an extra 50p per hour for working weekends. For bank holidays we offer time and a half. To cover sickness or short notice working, we pay staff double. A text message is sent to all staff and the shift is offered on first come first serve basis. We prefer to pay staff double than get an agency worker as we can maintain continuity of care.   Staff working over Christmas get paid double. We also give all employees a voucher at Christmas, the value of which is determined by the number of years they've worked for us and the hours they've worked over the past year. *Residential care provider – private sector*
We have a staff compliment folder which service users can write in. If they act above and beyond the call of duty, they get a letter, a note is put in their file and they get given a voucher, which isn't massive but it's a way of acknowledging their contribution. *Residential care provider – voluntary sector*

5.19   Most managers reported that pay is reviewed annually, although in a minority of cases it is done every six months. However, it is clear that the economic difficulties have affected providers, with reports of pay freezes (and in some cases pay cuts) common, although these do not seem to have affected retention.

Box 5.5: The economic climate
In the last few years we've had no salary increase and staff have been forced to reduce their hours. This year we've given them a 1% increase. It's not much, but it's better than nothing. But times are tight. *Residential care provider – voluntary sector*
Recently we cut the premium for weekend working and it didn't lead to people leaving. *Residential care provider – voluntary sector*
Pay is a sore point at the moment – we haven't had a pay rise for four years, although people can usually get extra hours which helps. *Residential care provider – voluntary sector*

5.20   There is a split between managers as to whether they regard pay and rewards as an important factor contributing to staff retention. None of the managers consider that pay is the principal factor, but a higher number consider it important (33) than not important (25). Non-residential providers are the most likely to say it is important, as are larger companies.

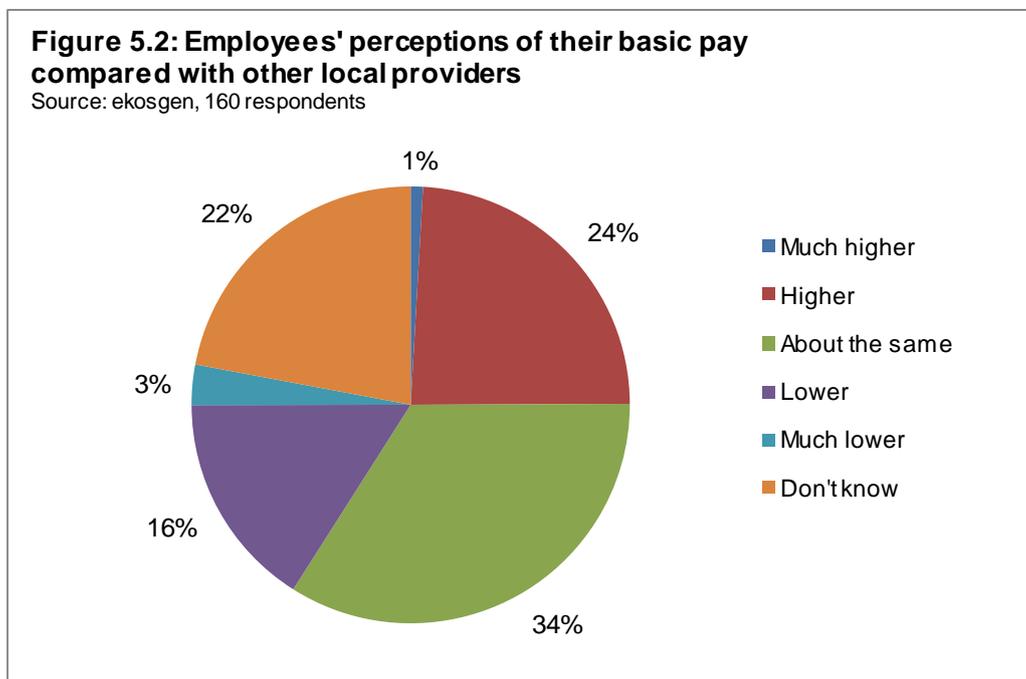| Box 5.6: The Importance of pay for staff retention |
|---|
| Pay is important to some extent, but it's never put people off working here due to the atmosphere and family values of the company … staff love their jobs and as they don't get paid much, overall, it's probably not that important. *Residential care with nursing – voluntary sector* |
| Pay is important as it's about professionalising care work. There are some homes who think you can pay people peanuts because they just like doing the job and they get a lot out of it. But your gas bill doesn't get paid just because you like doing a job so you have to pay people well. Also care work isn't easy and so people need to be recognised. Its important that as a sector we pay people more, we train them more and we introduce a care work register. *Residential care provider – private sector* |
| Pay is important. If you have a company that can offer better packages then people will leave you. We don't have a lot of sickness. That's because we don't have heavy shifts that need covering. I've noticed that in other companies there can be a lot of sickness. If other staff have to cover this and if they aren't being paid very well either, they end up leaving. *Residential care provider – private sector.* |
| Pay is important. It is something that people bring up in interviews; they comment that ours is better than other care providers. *Residential care provider – private sector* |
| There is a high amount of competition in domiciliary care in this area. We were nervous that we wouldn't be able to recruit but we've been successful, probably because of our competitive pay package. We pay a slightly higher basic rate and we also pay for travel. *Domiciliary care provider – voluntary sector* |
| I don't think pay is important. It's more about flexibility, communication and job satisfaction. *Residential care with nursing – private sector* |
| Pay isn't important; it's about the terms and conditions, flexibility and how you treat staff. *Domiciliary care provider – private sector* |
| We're not the highest of payers, but I don't really think it's important. It's the atmosphere that matters. *Residential care provider – voluntary sector* |
| It is important but there are other aspects of the work that are as or more important. We recently had our terms and conditions changed and lost the uplift but still retained staff. *Domiciliary care provider – voluntary sector* |

Rewards, Incentives and Retention – Employee Perspective

5.21   As shown in the chart below there is much variation between employees' perceptions of how their basic pay compares with other social care providers in the area. Whilst a quarter believe they get paid more, a third say their pay is about the same and just under a fifth think it is lower.

Figure 5.2: Employees' perceptions of their basic pay compared with other local providers
Source: ekosgen, 160 respondents

Legend:
- Much higher
- Higher
- About the same
- Lower
- Much lower
- Don't know

Values shown: 1%, 24%, 34%, 16%, 3%, 22%

5.22   There are some differences between employees' perceptions of their basic pay by organisation type, although these could be due to the small sub-samples. They include:

- Employees in day care and community care centres are the most likely to say that their basic pay is higher than other local providers. Those employed in residential homes with nursing are the least likely;

- Employees delivering domiciliary care are the most likely to think they receive lower than average pay, whereas those employed in residential homes are the least likely.

5.23   The chart overleaf summarises the entitlements that employees receive in addition to their basic pay. Of those that wear a uniform, in the main, this is supplied by the employer. Similarly, of those that work over-time, the majority are paid for this. It is notable that of those employees that work shifts or in the evening, a significant proportion do not receive an additional premium for this. By contrast, it seems that where relevant, employees are paid for any costs they incur when travelling to clients.

**Figure 5.3: Employees' enhancements in addition to basic pay**
Source ekosgen, 160 respondents
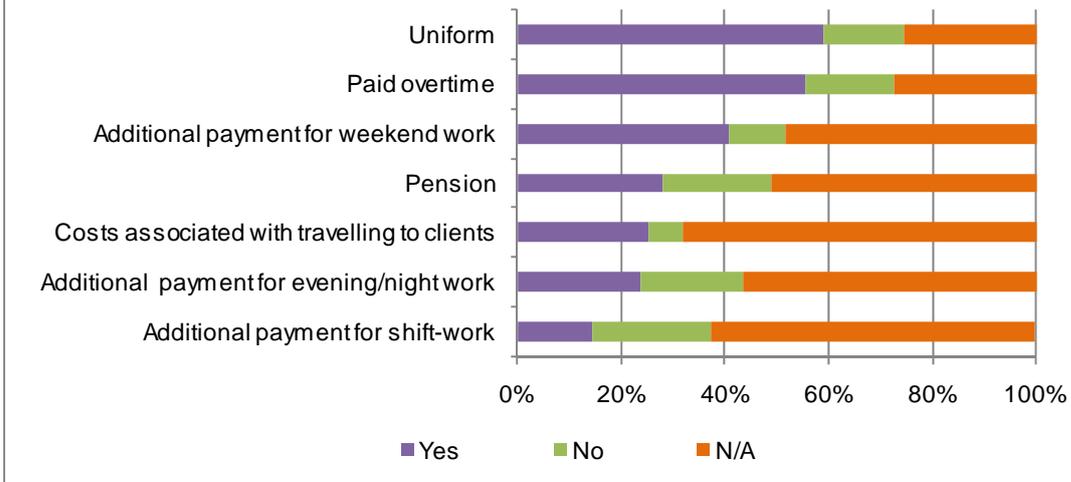
5.24   Employees were asked to rate the importance of various entitlements in motivating them to stay in their job. The results are summarised in the chart below. It appears that, overall, they are not a key factor underpinning staff retention with those which are most commonly identified as being an important motivator – the provision of uniforms and additional pay for overtime – only cited by a third or so of employees. The results tally with those discussed earlier concerning pay. The question therefore arises, if pay and entitlements are not the most important factors underpinning staff retention, what are? As Chapter Six shows, the effective communication with managers, a high level of autonomy over workloads, and opportunities for training all play an important part.

Figure 5.4: Importance of entitlements underpinning staff retention
Source: ekosgen, 160 respondents
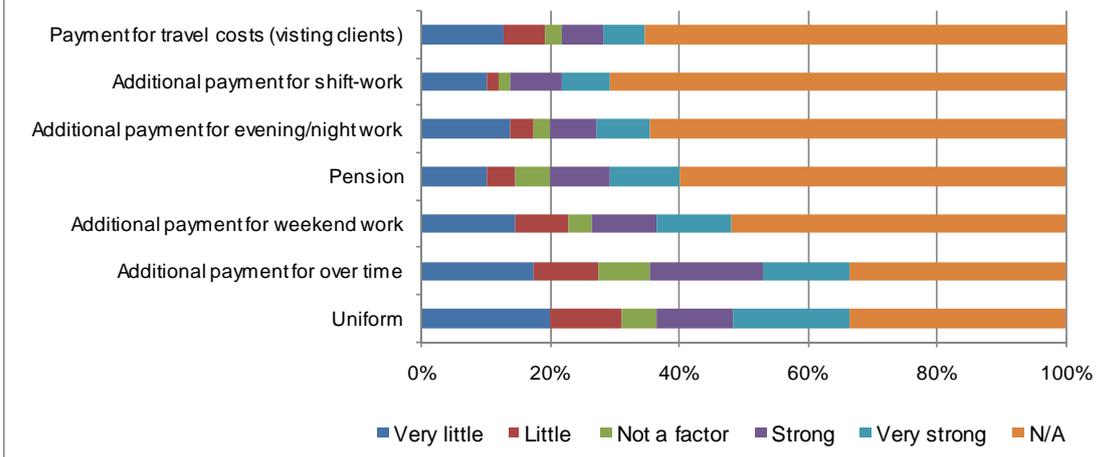
6   WORK ORGANISATION, AUTONOMY AND TRAINING

Summary of Key Points

There are evidently numerous factors that play a part in employers achieving and then sustaining high levels of staff retention. Amongst the most important (as agreed by more than 90% of managers in the study sample) are effective communication, training and providing employees with autonomy and flexibility:

- *Communication:* the majority of managers agree that face-to-face or verbal communication works best and that having an open door policy is an important way of being approachable. More than 90% of the employees in the sample said that communication in their organisation was very good. Similar proportions also said that they are given constructive feedback and that their concerns are taken seriously;

- *Training:* retention can be influenced by companies offering training that goes beyond mandatory requirements and which is of direct relevance to staff's roles. Opportunities for career progression within an organisation can be similarly positive. Almost 90% of the employees consulted have a training plan and 93% report having sufficient opportunities to undertake training;

- *Autonomy and flexibility:* practices include involving employees in the development of care plans, ensuring that non-care related contact time between employees and service users is ring-fenced, and encouraging care workers to share ideas and good practice. A large majority of the employees agreed that they have some or a great deal of freedom to make decisions about the time they take to perform tasks and how those tasks are prioritised.

The way in which day-to-day work is organised is also widely viewed as important (especially by employees). High retention organisations rarely ask their employees to change hours/location at short notice or work alone at night (unless it is a central part of the job).

6.1   Drawing on the research with managers and employees in the sample of high retention organisations, this chapter explores the extent to which the organisation of people's workloads, the level of staff autonomy, training and communication each contributes to high staff retention.

How work is organised

6.2   Across the four main service types, there are significant differences in the ways in which work is organised and the hours or shifts involved. The challenge facing domiciliary care providers is to organise the working day to fit a fragmented and time-specific demand for care in clients' homes. For residential providers, the main challenges are to deliver care on a 24/7 basis and to match the needs of clients with the availability of staff.

6.3   This is essentially 'part of the job' for managers and it is little surprise that in the high retention organisations it is not seen to present a major challenge. In fact, all of the managers reported being able to match shifts to personal preferences to some extent, with a large majority saying that they can do this most or all of the time. There are, however, significant differences in the way that rotas are designed with approaches including:

- Offering set shifts;

- Operating rotational systems for weekends and evening shifts;

- Providing the opportunity for staff to swap shifts with other employees;

- Allowing staff to request to not work on specific dates.

Box 6.1: Practices used to organise work
This [the hours] isn't really an issue. The hours are made clear through the application process. *Domiciliary provider – public sector*
We have a rota on the wall to show staff shifts and make sure there's a fair work load and everyone gets every other weekend off. We have a request book for holidays and staff can ask for certain days off - we will always try and accommodate staff requests. If necessary a manager will cover the shifts as it's important that staff see a manager get stuck in. *Residential care home with nursing – private sector*
We have a static staff rota so staff know when they're working even in 2014. This helps a lot. We have staff who worked in other homes and they never knew when they working. The rotas would change which makes it difficult to plan your personal life. We also have a cover rota system so staff can look at that and see what extra hours they want to do. *Residential care home– private sector*

6.4   Other features of how work is organised in the sample of high retention organisations include:

- Minimising variation in the hours or locations of work: the majority of managers across all service types reported that staff working longer hours than expected or working at a different location only happens occasionally;

- Avoiding situations where people are working alone at night: 80% of the managers from high retention organisations report that employees never work alone at night (although it is notably more prevalent in domiciliary care). Where it is required, lone working policies are commonplace.

6.5   Managers have mixed opinions about the extent to which the organisation of work is important for staff retention. While two thirds said it was either important or very important, a third said it had little influence. Small samples notwithstanding, managers of residential homes with nursing and domiciliary care providers were the least likely to say it is important.

Box 6.2: The importance of the organisation of work – manager feedback
It's important that people have a say in the shifts they work - people have other commitments they need to be able to meet alongside work. *Residential with nursing provider – private sector*
I think there's a huge correlation [between the hours of work and retention]. What makes the difference here is the flexibility and the teamwork. It is physically and mentally hard work". *Residential provider – voluntary sector*
I think it is the absolute key to us retaining people - if we hadn't been flexible we definitely would have lost some staff. *Residential provider – voluntary sector*

6.6   Employees were also consulted on this topic and appear to attach significant importance to having work patterns that fit well with their personal circumstances. Almost all of those consulted (97%) reported that this was either very or quite important in motivating them to continue working at the organisation.

6.7   The large majority of employees (95%) also report that managers do this very or quite well and said that they are rarely asked to change hours/location at short notice or work alone at night (unless it is a central part of their job).

Autonomy and Flexibility

6.8   Autonomy and flexibility in this context relate to the freedom which care workers have to make decisions about the tasks they carry out and the way in which this is done. It also covers the degree to which employees are encouraged or have the opportunity to exchange ideas with their colleagues about best practice or new ways of working.

6.9   There is a high level of agreement amongst the managers of high retention organisations that autonomy and flexibility are both common and regularly encouraged. Nine out of ten managers also feel that these are important for retention.

Box 6.3: The Importance of Autonomy
Autonomy is very important - I think people feel valued and respected if they have the opportunity to use their initiative and make best use of all their skills. *Adult day centre – voluntary sector.*
It's important that staff feel they are in control of what they are doing rather than it coming from the top. It's their work and good practice that gives us our reputation for being excellent in the service we provide. *Residential care home – voluntary sector.*
Autonomy is important – staff would be unhappy if we tried to timetable everything. *Domiciliary Care – private sector.*

6.10   The extent to which employees have autonomy and flexibility differs in relation to both the types of decisions being made and the service type. It appears to be most common with regards to prioritising tasks and workload and, to a slightly lesser extent, decision making over how long they take to perform certain tasks. There is greater variation in terms of the extent to which care workers have freedom to decide how they provide care or which tasks they should perform (not least because this is often governed by industry standards or best practice). For example:

- In nine out of ten organisations, employees are encouraged to prioritise tasks and in eight of ten they decide how much time to dedicate to tasks (there is some suggestion that this is less common amongst domiciliary care providers);

- In two thirds of organisations, employees have some degree of freedom to decide how they provide care or which tasks they perform. This tends to be most common in residential and day care settings;

- All managers report that employees are encouraged to share ideas with other carers.

6.11   Reasons for limiting autonomy include a need to ensure consistency, quality and continuity of care and avoiding staff being overburdened with responsibility.

Practices Encouraging Employee Autonomy and Flexibility

6.12   There are four main ways in which autonomy and flexibility is promoted by employers in the sample. These are:

- **Care plan development and update:** e.g. employees inputting to the initial development of care plans or being involved in updates. Generally, updates are agreed in partnership with other employees, managers and service user (and/or their relatives).

> **Box 6.4: Staff input to care plans**
>
> A voluntary residential care home has key worker groups where four members of staff who have been working with a service user review what has happened each month. During the meeting the staff share experiences and work together to problem solve. They then agree how they are going to work with each service user and any changes that need to be implemented to the care plan for the next month.

- **Using initiative:** managers reported that care plans vary in their level of detail and that they often require staff (with the requisite skills and experience) to determine how and when tasks should be performed. Staff welcome this and feel that it contributes to their professional development.

> **Box 6.5: Initiative**
>
> At a private residential care home with nursing, staff are provided with care plans but they decide the best way to carry out the tasks within them and the order in which tasks are completed. The manager reported 'this gives them a sense of responsibility'.

- **Contact time:** in nine out of ten of the high retainers, employees regularly have the opportunity to spend time talking to service users, i.e. non-care based contact time. Employees suggest that this can be very important for retention, with nearly half of those in the sample saying that their relationship with service users is one of the main factors that motivates them to stay in their job.

- **Knowledge sharing:** care workers are regularly encouraged to share ideas about best practice or new ways of working. In most cases, this is part of regular staff meetings or occurs through day-to-day communication on the job.

Employee Views

6.13   The feedback from employees reinforces the importance of autonomy as a factor that influences retention. Almost all of the 160 employees consulted for the research reported that the level of autonomy they have is either very (66%) or quite (27%) influential on their decision to stay in their current job, with the large majority agreeing that they have some or a great deal of freedom to make decisions about the time they take to perform tasks and how tasks are prioritised.

6.14   Three quarters of the employees also said that they have flexibility in terms of which tasks they undertake and the approaches they use.

Training, Development and Career Progression

Induction and Appraisals

6.15   All of the organisations represented in the study have a structured induction programme The format and length of these varies by organisation, although there are a number of common features, such as:

- Regular supervision throughout the induction period, with informal meetings to discuss progress and answer questions;

- Varying the length of the induction period by individual, recognising prior experience and that some people learn more quickly than others;

- Using checklists and other documentation to track progress.

6.16   The large majority of organisations also carry out staff appraisals, usually on an annual basis. They typically involve a formal discussion between employees and their line managers and are supported by formal documentation.

Training

6.17   Virtually all of the managers in the sample of high retainers report that their organisation is very committed to training, using as evidence the fact that they offer employees opportunities for training that extend beyond the mandatory requirements. This non-mandatory training varies considerably and can include courses relating to specialist skills (such as dementia or palliative care) as well as a host of vocational qualifications at Level 3 and above. In a small number of cases, organisations have an employee designated as a training champion.

6.18   Managers in all of the high retainers are very confident that the training they support is regularly applied in the workplace and has a direct influence on quality of care.

<table>
<tr><td>Box 6.6: Best practice examples</td></tr>
<tr><td>At a medium sized private residential home with nursing, the manager uses her previous experience as a training manager to source training from as many different routes as possible, including distance learning and free training offered by the local college. In addition, all staff complete NVQs and have the option to progress to higher level qualifications.</td></tr>
<tr><td>A human resources department, which is responsible for overseeing the operations of seven residential homes with nursing, designs a 12 month training programme which all employees complete. This comprises at least 12 courses covering mandatory and additional training, the majority of which is designed and delivered in-house. Designated training champions specialise in certain areas such as dementia care and safeguarding.</td></tr>
</table>

6.19   Training needs are most commonly identified through staff appraisals and reviews. Other approaches include:

- Managers deciding that training is required in response to new care needs;

- Managers reacting to training that is advertised and deciding that this would be appropriate for staff and/or the organisation.

- Managers deciding that training is required based on observations and performance assessments (see the box below).

<table>
<tr><td>Box 6.7: Best practice example</td></tr>
<tr><td>A large private residential home with nursing uses a number of approaches to identify training needs including a 'learning through adverse events' box. When difficulties are experienced, these are anonymously documented by staff and placed in the box. They are reviewed by management on a monthly basis and additional training is identified where relevant.</td></tr>
</table>

6.20   Training is viewed as being an important or very important factor for retaining staff by nine out of ten managers, many of whom suggested that it contributes towards employees feeling valued and also helps staff to feel comfortable and knowledgeable in their day to day role.

Barriers to Training

6.21   While the large majority of organisations provide training, only a third say that they do not face any barriers in doing so. The most common of these are staff cover and cost, both of which were reported by a third of managers. Other barriers include reluctance amongst staff to attend training, identifying relevant training and the resource required to organise it. Examples of the actions that have been taken by high retention organisations to overcome these barriers are outlined below.

Box 6.8: Examples of actions to overcome or minimise barriers to training
A large voluntary sector residential home is making training available bite sized chunks, each lasting around an hour. The manager commented that the approach was working really well and avoided the pressures than can be associated with balancing workload and client needs with training.
A medium sized private sector residential home has moved to a cost-free distance learning model after local authority funding became unavailable. However, staff are expected to complete the training in their own time, which the manager noted as the main drawback.

Alternative Approaches

6.22   In addition to training, around half of the managers (across all service types) reported that staff are also encouraged to develop their own skills and knowledge on an on-going basis. This is largely through informal channels, such as web based research and by drawing on the expertise and knowledge of other care workers and more senior members of staff.

Box 6.9: Examples of ways in which staff are encouraged to develop their skills and knowledge
A manager of a medium size domiciliary provider reported that 'staff are encouraged to look things up online…we have a computer room [at the central office] if they don't have access to the internet at home'. It was also noted that the provider has an intranet system which allows care workers to network online.
Another medium sized domiciliary provider has a computer room which staff can use to watch DVDs on a wide range of care related topics.

Employee View

6.23   The importance of training to staff retention is reinforced by the feedback from the employees, with the large majority reporting that having a training plan (88%), opportunities for training (93%) and opportunities to put training into practice (93%) was either important or very important in motivating them to remain in their current job.

6.24   A large majority also agreed that their employer provides staff with good opportunities to develop their skills through training and support, with key features including:

- **An appraisal and training plan:** the majority of employees have either had an appraisal within the last twelve months (86%) or have one planned for the near future (10%). Most also have a personal development plan.

- **Relevant and applicable training within the past twelve months:** almost all of the employees had taken part in employer-supported training during the previous year and agreed that they also had the opportunity to put this training into practice.

Employee Engagement and Employer–Employee Relationship

Communication and Engagement Practices

6.25   There is a high level of agreement amongst managers (95%) that communication is either very important (67%) or important (28%) for staff retention. It is recognised as a two way process and one that only works if managers are willing to listen to, and where appropriate act upon, staff feedback.

Box 6.10: The importance of communication
Communication is very important – it is how staff feel valued. Staff aren't expecting a financial reward from this type of work so they need to be made to feel valued in other ways. *Domiciliary care provider – voluntary sector*
Communication is a huge factor. If you don't communicate you will lose people. *Residential care home with nursing – private sector*

6.26   The majority of managers across all service types reported that face-to-face or verbal communication is most effective, and that having an open door policy is an important way of making them more approachable and of promoting communication with and amongst employees. Other approaches include:

- Meetings (by far the most common approach);
- Employee observation/supervision;
- Managers having an open door policy;
- Handover books/meetings;
- Newsletters.

Box 6.11: Communication – Frequently Used Approaches
There is a communication book; all staff look at this before the start of the shift to find out about specific care issues that they need to be aware of. *Residential care home– private sector*
I sit down with the carers on a regular basis. We talk all the time about what needs to be done. I'm always available 24/7. I live next door so anybody can get me even when I'm not working. I make a point of coming in on night shifts as well. *Residential care home– private sector*
Our strategic plan has been made into a leaflet by the marketing team and they are going to the staff meetings to introduce and present it. *Domiciliary care provider– voluntary sector*
An email from the owners is sent to all team members following the management team meeting every month. *Residential care home with nursing – private sector*
On the last Friday of every month there is staff meeting. This provides a chance to introduce new policies and for staff to raise any complaints or issues. *Residential care home– private sector*

Employee View

6.27   Communication and engagement with regards to the day-to-day running of the organisation is evidently highly valued by employees. The large majority reported that management keeping employees informed (92%), seeking their views (92%), responding to their suggestions (92%) and, most importantly, allowing them to influence final decisions (97%) were either important or very important in motivating them to remain in post.

6.28   Their feedback also suggests that the approaches outlined in the previous section are helping to embed these practices into the running of the organisation, especially with regards to keeping employees informed, seeking their views and responding to their suggestions. In each of these cases, the large majority of employees (between 93% and 99%) reported that managers in their company are either good or very good.

6.29   There is also a reasonably high level of agreement amongst employees that managers are good at allowing employees to influence decisions. This understandably varies by type of decision, with more employees saying that they have an influence over decisions relating to the day-to-day running of the organisation than over decisions of a more strategic or commercial nature.

Supervision and Relationship with Managers

6.30   An important feature of the communication between care workers and senior staff is the relationship that employees have with their line managers. Typically employees and managers have regular support/supervision meetings at least either monthly, with the feedback gathered for this study suggesting that the meetings provide valuable and welcomed opportunities to reflect upon performance, receive feedback from managers and to raise any concerns. More specifically, almost all of the employees in the sample agreed that:

- Their manager sets clear standards for their work;

- Their manager gives them constructive feedback on their performance, which is seen by more than 90% of the employees as being important for retention;

- They feel valued and recognised;

- Their manager takes any concerns they raise seriously;

- They are encouraged to discuss anything which might cause stress or ill-health.

6.31   Given the above, it is not surprising that 98% of the employees in the sample said that the support they receive from their line manager is very good.

7   THE IMPACT OF HIGH RETENTION

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Summary of Key Points

Four out of five of the high retention managers feel that the presence of other care providers in their local area has no impact on their retention, stating that their reputation (as an employer and a service provider) is a far more influential factor. Employees also agreed with this.

Managers identify clear benefits of staff retention for service users including, most importantly, continuity of care.

They also identified a range of benefits for their organisation, including better team-working, more skilled and experienced staff and being better able to match care workers' strengths and interests to clients' needs and requirements.

Cost savings can also be achieved through high levels of retention, as the costs of recruiting and paying for induction/early stage training are avoided, as is the cost associated with using bank/agency staff. It can also be linked to reputational benefits and, as a result, the generation of new business.

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7.1   Drawing on the consultations with managers and employees, this chapter identifies the impacts that can be generated through having high levels of staff retention. It also reports on the extent to which managers are aware of, and use, the tools produced by Skills for Care.

The Influence of the Local Market

7.2   The laws of demand and supply suggest that the local environment can influence levels of staff turnover – where there is competition for workers between employers (either within the care sector or from other sectors), retaining staff is likely to be more difficult. However, while most of the managers of high retention organisations consulted for this research stated that there are a large number of other care providers operating in their local area, only one in five said it had a detrimental impact on their own retention. This was for three main reasons:

- The reputation of the organisation as an employer, which made it relatively easy to attract staff despite competition from other employers;

- The reputation of the organisation as a service provider, which meant that care workers held it in high regard and wanted to work there;

- The fact that the organisation delivers specialist services, making them something of a niche provider.

7.3   This also resonates with the employee view, with very few saying that they would be encouraged to leave were there more opportunities available elsewhere.

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Box 7.1: Effect of the local environment on recruitment and retention

Local competition doesn't have a big effect on recruitment because our terms and conditions are on a par with the larger employers in the area. *Day care provider – voluntary sector*

There is a high amount of competition in domiciliary care in the area. We were nervous that we wouldn't be able to recruit but we've been successful. This is due to a competitive pay package. We pay a slightly higher basic rate but also pay for travel. *Domiciliary care provider – voluntary sector*

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Impact of High Retention

Service users

7.4   Managers primarily see high staff retention as benefiting their service users; by far the most important benefit (identified by 70% of managers) is the continuity of care, enabling staff to build relationships with service users and generally putting them more at ease. It also allows carers to become very familiar with service users' preferences, which in turns promotes personalised care. And while this is seen to benefit all service users, it is particularly important for some specific groups:

- For people with dementia, "*service users being familiar with staff is particularly important*" and means that they are less likely to become distressed;

- For people with autism, "*consistency is very important*". Having care workers who are familiar with their autistic service users means they can quickly notice and react to signs of unease or distress.

Box 7.2: Benefits to service users of high retention
High retention promotes a good feeling in the organisation, it is a personal and family feel. Staff are involved with service users, they will call for example if they know a service user's been to hospital that day to see how it went. Service users know they won't get new faces and will know the next person coming to the door. *Domiciliary care provider – private sector*
Service users know they are getting someone who will follow the support plans and provide care how they want it. They don't have to get to know new people all the time and can feel safe and comfortable. *Residential care provider – voluntary sector*
Knowing the staff well is settling for the residents at what can be a distressing time in their lives. *Residential provider with nursing – private sector*

Benefits for providers

7.5   Nine out of ten managers identified ways in which their organisation benefits from its high level of retention. The three most common of these were:

- Better team-working;

- Having more skilled and experienced staff;

- Managers being able to match care workers' specific strengths and interests to clients' needs.

7.6   The cost savings which can be achieved through high staff retention were also highlighted. Avoiding the costs of recruiting and training new staff (both financial and in terms of manager and staff time) can represent a significant saving to businesses, as can reduced reliance on bank or agency workers.

7.7   Other benefits included the security of knowing that their organisation is being represented by good quality, experienced carers who are well versed in the company's way of working, and the new business than can be generated as a result.

Box 7.3: Benefits to the organisation of high staff retention levels
Managers know they can be relied upon to cover and staff know that they will be supported. You feel secure in times of trouble, that staff will stick with you. *Domiciliary care provider – private sector*
It costs so much to recruit and train someone new. We can put that resource into training and benefits for existing staff – it's a much better use of the money. *Residential provider – voluntary sector*
High retention is good for business; we use it as a selling point. We say staff have been here for more than 10 years – it gives residents and families reassurance that they're not going to get different people looking after them all the time. *Residential provider – private sector*

7.8   Managers in day care organisations were the most likely to state that they benefited from a skilled and experienced staff team as a result of their high levels of retention. In contrast, managers in residential nursing homes felt that the most important benefits were better team working and lower costs.

Awareness and Take-up of Skills for Care Support

7.9   Around one fifth of the managers consulted were aware of the Adult Social Care Workforce Recruitment and Retention strategy, although only just over one in three of these were aware of the accompanying implementation plan, which sets out the support available to help employers develop more effective recruitment and retention strategies. Of the other Skills for Care products and tools about which managers were asked, the most commonly used (by around one in eight managers) was the *Information for employers about apprenticeships* guide, followed by the good practice report, *Changing workplace cultures, developing skills.*

7.10   Opinion was divided amongst those who had used the Skills for Care products and tools relating to recruitment and retention about the impact they had on the organisation, with an equal number saying they had a high impact, a small impact and no impact at all. However, all but one of the managers who had used the products found them either helpful or very helpful, and all said they would recommend them to other managers in the care sector.

7.11   Managers also reported using Skills for Care induction toolkits (or developing their own tailored versions based on Skills for Care material) and attending Skills for Care conferences and seminars. Some managers reported that even when they did not specifically use Skills for Care materials, they provided a useful benchmark for their own practices: "*We often think 'we're already doing that' – but it helps confirm that we're doing what we're supposed to be doing".*

8   RESEARCH WITH LOW RETENTION ORGANISATIONS

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Summary of Key Points

The managers consulted in the organisations with low staff retention did not always recognise staff turnover as an issue. However, they did acknowledge the resource implications of replacing staff, such as paying for agency cover, managers' time being spent on recruitment or covering shifts and training new recruits. They also recognised the pressure it can put on other members of their workforce.

A range of factors were considered to be the causes of poor retention, including pay, working hours and recruitment. Low retention organisations are also somewhat more likely than high retention organisations to report that local competition has an adverse effect.

Nonetheless, low retention organisations report having many of the same procedures and practices in place as their high retaining counterparts, but seem to implement them with less success. For example, while they use the same channels for recruiting, they report finding it harder to get the right calibre of staff.

Insofar as differences in approach can be pinpointed (given the differences in the sample sizes), it appears that managers in the low retainers are less likely to operate an open door policy and, overall, are less likely to attach the same importance to communication as those in the high retainers. They are also slightly less likely to offer financial enhancements in addition to basic pay.

However, on other topics, such as training and autonomy/flexibility, the approaches of employers in the two groups appear to be very similar.

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8.1   In order to provide a degree of verification that the high retention organisations are successful in retaining their workforce because of the practical measures they adopt, the study included 19 qualitative interviews with managers of organisations with high levels of staff turnover. The aim of these was not to achieve statistical significance in the results, but to provide some anecdotal insight into the different approaches and practices of employers at opposite ends of the staff retention scale. The findings from those consultations are the focus of this chapter.

Workforce Retention Perceptions and Impact

8.2   The managers who were interviewed did not always consider that their organisation had low levels of retention. In fact, while seven managers said that retention was low, eight thought it was either high or about right. The remaining three said that it had varied over time. The issue here is one of perception as the NMDC-SC and the turnover figures provided by managers themselves both point very clearly to lower than average staff retention amongst all 19 employers.

8.3   In terms of the impact of their staff turnover, the managers most frequently said that the resource (time and money) associated with replacing staff was an issue, especially paying for agency cover, managers spending time on recruitment or covering shifts and inducting and training new recruits. It is also seen to put pressure on other staff and has led to providers having lesser reputations than they would like. However, all of the managers were keen to stress that having low staff retention did not affect the quality of care they provide.

Drivers of Turnover

8.4   A range of factors were considered to be the causes of poor staff retention, including pay, working hours and recruitment. The interviews also suggest that a change in management style can be a cause for staff to leave, even if the changes are being made to improve care standards.

8.5   Although the number of interviews was relatively small, it does seem that low retention organisations are somewhat more likely than high retention organisations to report that local competition has an adverse affect on recruitment and retention.

Box 8.2: Causes of low retention
Working hours: I try to be supportive but often personal circumstances means they want to move on. You can't get away from the fact that it is a 24 hour job. For example, one of the longer serving members of staff recently left as she started a new relationship and wanted more sociable hours. If it was a day job she wouldn't have left. C*ommunity care provider – private sector*
Pay: A lot of providers are use pay to attract staff. It loses us staff as they see that others will pay them more. Some agencies advertise a rate that includes all uplifts – staff move to these providers and then find out that the basic rate isn't very good. *Domiciliary care provider – private sector*
Recruitment: It's difficult to recruit people with care experience and we sometimes have to start from scratch with recruits. Sometimes you lose these staff when care is not what they expected, which can be a bit frustrating. *Adult residential care provider – voluntary sector*
Change in management style: A change in management was prompted by safeguarding issues and CQC complaints. We needed to adapt to new ways of working and some staff didn't like it and left. *Adult residential care provider – private sector*

Recruitment

8.6   As with their high retaining counterparts, the most common ways in which low retention organisations recruit staff is by placing adverts in the local press and through Jobcentre Plus. Views were similarly mixed on the effectiveness of these routes, with different providers reporting very varied experiences.

8.7   It does however seem to be the case that low retention organisations find it harder to recruit staff than high retention organisations. As highlighted in the box overleaf, they often cite finding 'the right calibre of staff' or those willing to work unsociable hours to be problematic. Perhaps linked to this, although that is by no means definite, is that referrals from existing employees seem to play less of a part in recruitment in low retention organisations.

Box 8.3: Difficulties with recruitment
It's very difficult to recruit. We get low response to adverts and it's difficult to compete with local authority benefits. *Community care – private sector*
It's really difficult to find good staff and staff who are willing to work unsociable hours. *Domiciliary care – private sector*
We don't get the quality of staff we need –- people who come in looking for a job think care is an easy option. *Residential care – voluntary sector*

Pay and Rewards

8.8   Just under half of the low retention organisations say that they offer pay that is comparable or higher than other local providers. However, they also appear less likely than the high retainers to offer financial enhancements in addition to basic pay.

8.9   As with high retention organisations, pay is reviewed annually amongst many of the low retention providers with the performance of the organisation and the commissioning price the key factors influencing levels of pay. However, unlike high retention organisations, low retainers are more likely to cite pay as an important factor affecting retention. As highlighted Box 8.4, low pay is said be some to undermine staff loyalty and commitment. There are, however, other organisations in the sample who evidently place less emphasis on pay as a driver of retention.

Box 8.4: The importance of pay
Money is a driver – it does affect retention. *Residential care – private sector*
Pay is a factor in retention. It's a moral boost, you put the hours in and want to be rewarded for it. *Day care – voluntary sector*
Pay is important. All care agencies including us operate a zero hours contract to have the flexibility if a client goes into hospital – if that happens we don't pay carers. As they [care workers] see a reduced income, it means they don't see their role as a proper job and there is no loyalty. *Domiciliary care – private sector*
Pay is important but there are other factors that are also important which is where we excel. *Residential care – voluntary sector*
Pay has some effect but a lot of the staff do the role because they are passionate about it. *Community care – voluntary sector*

Organisation of Work

8.10   Fifteen of the 19 low retention organisations provide care outside normal working hours, although much like the high retainers, they rarely cited this as a problem and said that their staff are generally able to work the hours that match their preferences.

Box 8.5: Matching hours of work to staff preferences
We work around staff commitments and there is no pressure to do extra. *Day care – voluntary sector*
We try to be quite flexible, everyone works shifts but staff are free to swop. *Residential care – voluntary sector*
With a lot of head scratching we can match hours – we spend a lot of time juggling to fit in people's needs. *Residential care – private sector*

Communication

8.11   As with high retention organisations, low retainers appear to use a variety of methods to communicate with staff. The most common are meetings, handover books, telephone calls and supervisions. However, it appears that low retention organisations are somewhat less likely to emphasise an open door approach or informal meetings than high retainers and, as covered towards the end of this chapter, are less likely to identify a link between communication and retention.

Training

8.12   There seems to be little difference between high and low retainers in terms of their approaches to training and the importance they attach to it. All provide induction training and undertake formal staff appraisals, usually on an annual basis. Training needs are identified through the appraisals, as well as through supervisions and as determined by service user needs. As highlighted in the example below, one organisation now evaluates how well staff have understood the training they have received.

Box 8.6: Training
We always relate training to the home – we introduce issues within the home and try and make it real that way. Also, the training is evaluated because we realise that even though some staff have done training, the understanding might not be quite there. It's important that when they put it into practice, they don't make mistakes. *Residential care – voluntary sector*
Induction is important; we want to embed the right approaches with new staff. The training is tailored and we look at, for example, barriers to communication and stress. We would be open to what they believe causes stress and I would review my own approaches and look for new actions for the organisation. *Residential care – private sector*
The importance of training varies by individual – those who are keen to learn will stay with us, others just want to do their job and go home. *Community care – local authority*

Autonomy and voice

8.13   Low retention organisations appear to value the ideas and the experience of their care workers. As with high retention organisations, and within the constraints of care plans and not burdening them with too much responsibility, care workers in low retention organisations are reported to have a degree of autonomy and flexibility over which tasks to perform and how. They are also encouraged to put forward ideas about improvements or different ways of working – see the box overleaf for examples.

Box 8.7: Autonomy
If there's something to change we let staff plan it and make it their idea. We allow them to try new ideas and take responsibility for it. For example, staff have changed the layout of the chairs, they run the garden and other activity projects.
We encourage staff teams to speak to residents and have monthly meetings to find out what they want. This helps staff give a better service and gives them more pride in what they are doing.
We have had to instil the idea that staff don't work in isolation and we teach about team work. For example, a CQC inspection found that a care plan wasn't up to date and one carer said they were glad it wasn't theirs. I had to say that each staff member should take responsibility for all team actions. If they see that something needs doing then they should take the initiative. *Residential care – voluntary sector.*
We expect staff to listen to customers and think outside the box. They don't just come and do the day-to-day things, they bring in new ideas, for example one staff member organised a fete with residents. *Residential care – voluntary sector.*
Staff can inform us if time or tasks on the care plan need to change. It's important for staff to feel involved and that they can improve how care is provided. *Domiciliary care – voluntary sector.*
Staff can come to us if they want to change things or if they think something could work better or be done in a different way. We discuss it and then go ahead if we think it's a good idea. *Residential care – private sector.*

Staff Recognition Awards

8.14   A small number of low retention organisations have reward schemes for good performance as a way of motivating and retaining staff. Examples include 'carer of the month' and 'carer of the year' events, discounts at local shops and prizes (such as restaurant meals) for outstanding performance.

Important Factors Underpinning Workforce Retention

8.15   All of the managers consulted for the research (low and high retainers) were asked to consider the importance of a range of factors for encouraging staff retention. The findings are compared in the chart below, however the variation in sample sizes should be emphasised.

8.16   The most obvious difference is in the importance attached to pay. Managers in organisations with low rates of staff retention were noticeably more likely to cite pay as important in retaining staff than those in organisations with high rates of retention. In contrast, and potentially of some significance, low retainers appear to attach less importance to communication as a driver of retention than high retainers.

Figure 8.1: Factors of importance in workforce retention
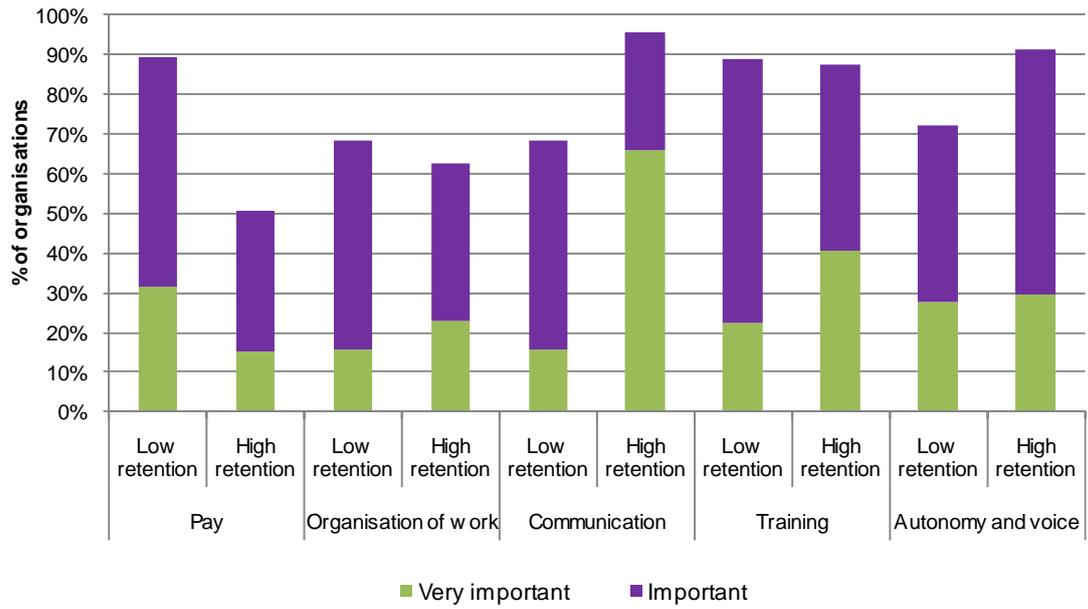
Source: ekosgen . Sample of 80 high retention and 19 low retention organsiations

9 INDIVIDUAL EMPLOYER AND PERSONAL ASSITAINTS: RECRUITMENT, RETENTION, PAY AND REWARDS

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Summary of Key Points

IEs recruit their PAs through a wide range of means including word of mouth, formalising a previously informal care arrangement, using the local press, job centres and online forums. The most commonly cited difficulty with recruitment was a low volume or lack of suitable responses to job adverts.

The key attributes that the vast majority of IEs feel are important when selecting a PA are a rapport or personality match, the PA's flexibility (in terms of tasks and working patterns) and their initiative and adaptability.

Only a quarter of IEs asked for a written application or undertook a formal interview when recruiting their last PA. However, the vast majority subsequently issued employment contracts, made arrangements for annual leave and organised formal payslips. There is a general consensus amongst IEs and PAs that arrangements such as these are beneficial for both parties.

However, very few IEs have arrangements in place for staff pensions and many are uncertain about whether they will be required to comply with the incoming Workplace Pension legislation and, if so, what they will need to do.

The majority of IEs sought advice before deciding how much to pay their PAs, while others based it on the amount that they could afford from their direct payment. There is a mixed opinion amongst PAs on their pay, although fewer than one in five reported being dissatisfied.

The factors that appear to most commonly influence PAs leaving their jobs with an IE are personal or family reasons (on the part of the PA), a disagreement with the IE over conduct or standards of work and PAs finding it difficult to balance their other employment commitments with the role.

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9.1   After a fairly slow start, uptake of direct payments has increased rapidly. In 2002, around 7,600 adults and older people were receiving direct payments but by 2010, this had increased to over 154,000.[17]

9.2   An understanding of the employment relationship between individual employers (IEs) and their personal assistants (PAs) is therefore becoming increasingly important. This strand of the project involved research with 93 IEs and 52 PAs and covered each of the topics discussed with managers and care workers reported in previous chapters. The aim was to better understand the factors affecting recruitment and retention in this part of the social care sector. The sub-sections below summarise the findings.

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[17] Fenton (2011) *The size and structure of the adult social care sector and workforce in England.*

Profile of Respondents

9.3   The IEs and PAs were recruited to the research through disabled peoples support organisations (DPSOs), as well as through voluntary and community groups. All IEs and PAs were invited to take part, rather than just those with high or low levels of retention. The IEs who contributed to the study fell within a broad age range, from 18-25 to over 70 years old, with just under half aged 41-55.

9.4   Approximately two thirds receive support from a PA due to a physical impairment. Mental health needs, learning difficulties and sensory impairments each account for equal proportions of the remainder.

9.5   The vast majority of the IEs had been receiving direct payments for up to four years or more, although one in ten had been receiving them for less than 12 months.

9.6   There was variation in the number of PAs that the IEs employed, ranging from one PA (around a third of IEs), two to three PAs (around half of IEs), to more than three (just over a fifth). The PAs provide a wide range of care and support, most commonly including leisure activities, shopping, cooking and personal care.

9.7   Approximately a third of PAs had worked for their employer for under a year, with the vast majority of the remainder having worked with their employer for less than four years.

Recruiting PAs

The IE Experience

9.8   IEs use a combination of approaches to recruit PAs. Many began by formalising existing care arrangements, i.e. formally employing someone who had previously worked for them on an informal basis. That said, word of mouth continues to be the most common recruitment channel. PAs also play a role in this; a large proportion of IEs said that their PAs put them in touch with other potential recruits.

9.9   Alongside world of mouth, a number of IEs have also placed adverts in various places such as Jobcentre Plus, local press, online forums (e.g. Gumtree) and online PA databases or websites (e.g. PA Pool). The general consensus, however, is that adverts tend to be an ineffective way of recruiting PAs – they frequently either generate little interest and/or attract applicants that are not suited to the role.

Box 9.1: Examples of IEs' recruitment approaches
An IE who is new to direct payments: I recruited the PA through a recommendation from someone at the DPSO. We talked to them first then met in person. After this we thought we'd give it a go for a three month trial period. She didn't have to formally apply. *IE*
IE who is experienced at recruitment and using multiple methods: I've had four PAs: 1: a family member who lives in the city; 2. I met the lady through work, she provided care to a gentleman who was going into residential care. I realised this meant she would be out of work so I gave her my card and explained what I was looking for; 3. I met them through church; 4. was recruited by through the job centre. In each case they were interviewed. The interviews took place at my house but with another person helping me. *IE*

9.10   A key theme that emerged from consultations with IEs is that, for the following reasons, they often do not want to use care agencies, with a number even going so far as to say that they would be reluctant to employ a PA who had previously worked for a care agency:

- Some agency staff can see the role as being quite task oriented, rather than placing a focus on helping IEs to live independently;

- Agencies can be unable to offer consistency of personnel, meaning that some IEs have found themselves having to repeat their care needs to several workers from the same organisation;

- The set arrival and departure times for agency staff do not always fit well with either IEs' needs or their plans for the day.

Interviews

9.11   Only around a quarter of IEs asked for a written application or undertook a formal interview when recruiting their last PA. Where this did happen, the process sometimes included tests or exercises and sometimes involved a friend or advocate of the IE to assist or provide a second opinion.

Box 9.2: IEs' interview techniques
Tests or exercises at the interview: Various tests were cited through the consultations. For example, one IE purposely dropped papers to see if the applicant would help to pick them up. Another IE, who was blind, would check whether the applicant left their shoes in the middle of the hallway when they came for the interview. In one case, applicants were asked to bring a picture that explained who they were and what they liked and did not like to encourage discussion and help judge their personality.
Screening unsuitable candidates: An IE uses a pre-interview questionnaire to help avoid wasted time at the interview stage. Previously, and despite having stated certain requirements such as being able to drive on the advert, she received applications from candidates who (unknown to her at the time) did not meet her criteria but who were nevertheless invited to interview. The pre-interview screening helps to ensures that only suitable applicants are invited to interview.
Obtaining a second opinion: A minority of IEs asked a second person to sit in on interviews. This might be another PA, a friend or family member or a representative from the DPSO.

Selection criteria

9.12   A key issue which emerged from the consultations is that IEs are seeking PAs to help them live independent lives rather than to be 'looked after'. This influences their decision-making on recruitment, with three attributes seeming to be the most important:

- **Rapport and personality match:** IEs reported that it is difficult to pinpoint exactly but they feel they can tell from an interview whether or not they will be able to get on with an applicant. They also look for evidence of trustworthiness and an understanding of privacy;

- **Flexibility and working hours:** IEs are more likely to consider candidates who show a willingness to work evenings and weekends, to vary their hours (sometimes at short notice) and to work a low number of hours per week;

- **Initiative and adaptability:** IEs report that is important for PAs to use their initiative to see what needs to be done, not just in terms of providing care, but also tasks around the house.

<table>
<tr><td>**Box 9.3: IEs' selection criteria**</td></tr>
<tr><td>They were suitable because of their manner and attitude to certain tasks – my questions were very specific as my greatest concern was that they would be respectful of my needs and that we would click together. *IE*</td></tr>
<tr><td>Combination of their skills e.g. cooking abilities (I'm vegan), experience and/or potential, their 'fit' with my world view and their longer term availability e.g. ignored anyone planning to move/start full time job within 6 months. *IE*</td></tr>
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9.13   The factors that were rated as less important were their qualifications and previous experience in the care sector.

Ease of recruiting

9.14   IEs are of mixed opinion regarding how easy or difficult they found the recruitment process, with the sample split equally between those that have found the it easy, those that have found it difficult or those that have found it neither easy nor difficult. Of some significance is the fact that a third of the IEs who have used direct payments for a number of years still do not consider the process to be easy.

9.15   The most commonly cited difficulty is a lack of suitable responses to job adverts. In some cases, this has led to IEs to:

- Recruit an applicant that they would not ideally have chosen
- Take longer to recruit PAs than they would like;
- Go without support;
- Rely on informal (and therefore less robust) channels of recruitment.

9.16   Over half of the IEs have accessed support in the recruitment process from a DPSO and a minority had received support from social services. This has tended to cover:

- Help with the wording of adverts and where to place them;
- Use of DPSO contact details to maintain privacy;
- Help with interviewing, such as providing a venue for interviews, advice on questions to ask and providing a member of staff to assist or observe;
- Advice on terms and conditions of employment.

9.17   It is difficult to draw conclusions on the extent to which this support met IEs' needs as only twelve individuals in the sample provided a comment. Amongst these satisfaction levels varied, with four IEs stating that it fell short of their needs and the remainder being broadly satisfied.

The PA Experience

9.18   The PAs who participated in the study had been recruited by their IE in one of two ways: either they responded to an advert or were already known to the IE and were approached directly. All the PAs were satisfied with the recruitment process and the majority also said that they were provided with suitable information about the role. Those that had gone through a more formal process considered it to have been professional.

Turnover

9.19   The majority of IEs consulted for the research had employed other PAs prior to those who work for them currently. The main reasons why previous PAs had left were as follows, each of which was cited by a similar proportion of IEs:

- Personal reasons on the part of the PA, for example maternity leave, leaving the area or moving into full time education;

- Disagreement with the IE about standards of work or conduct;

- Difficulties managing other employment commitments, where the PA had to work more than one job for financial reasons.

9.20   Approximately two thirds of the IEs considered their level of PA turnover to be an issue, or that it had been an issue in the past, and half said that they were worried about staff retention. Particular concerns related to the difficulties and costs associated with recruiting staff and the need for continuity of care.

9.21   Prior to their current role, over half of the PAs had worked in the health and social care sector either for a care organisation or by being employed directly by an individual. There were a range of reasons for leaving their previous role, which included the changing needs of the person they cared for, dissatisfaction with the role and redundancy.

Terms of Employment

IEs

9.22   The vast majority of IEs have issued formal employment contracts, have made arrangements for annual leave and have organised payslips for their PAs. Arrangements for sick leave and other documents describing the role and responsibilities were also widely cited.

The consensus view is that arrangements such as these are beneficial for both parties and help to ensure clear and realistic expectations. The only disadvantage appears to be amount of paperwork required.

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Box 9.6: Example of an IE's arrangements for sick leave

Arrangements for sick leave: An IE had four PAs, one of whom was designated as a senior PA. When one PA was unable to work due to illness, the arrangement was that they were to contact the senior PA who would arrange cover from amongst the other PAs.

'I just want to know that someone is coming; I don't want lots of phone calls to arrange sick leave.' *IE*

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9.23   Just over half of the IEs have a health and safety policy and approximately two fifths have maternity/paternity policy in place. However, very few have arrangements in place for staff pensions and many reported being uncertain about whether they will be required to comply with the incoming Workplace Pension legislation and, if so, what they would need to do.

The PA Experience

9.24   The PAs consulted for the study valued the formality of the employment arrangements (contracts, payroll, arrangements for annual leave etc). The majority agreed with IEs that both parties benefitted from having these in place, both on a day-to-day basis and in the event of a dispute.

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Box 9.7: PAs' views on terms of employment

I think having terms of employment in place is crucial in the job role. This PA set up should be clearly recognised as a job just like any other in the care profession. Residential settings will have this documentation in place. *PA*

I was surprised and rather angry and let down [that terms of employment weren't in place]. I was a manager of a residential home and any one of these missing would have landed me being in major trouble. *PA*

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Pay

9.25   The majority of IEs sought advice before deciding how much to pay their PAs, while others based it on the amount that they could afford from their direct payment. There is mixed opinion amongst PAs on their pay, although fewer than one in five reported being dissatisfied.

9.26   IEs most commonly review pay every one to two years, although a fifth reported not reviewing it at all. Over four fifths of IEs said that they provided non-pay related benefits, such as flexible hours, meals, health club membership and social activities. Monetary rewards were far less common – a Christmas bonus was mentioned but only by one in ten of the IEs in the sample.

9.27   Half of PAs in the sample work overtime, often as a result of the IE having unanticipated care needs or because they need to cover another PA's sick leave. Opinion amongst PAs on this is mixed, although in main they see it as an unavoidable part of the job. Some also said that when the additional hours cover activities such as shopping or evenings out, it is much more like a friendship relationship than one between employer and employee.

Motivation

9.28 The vast majority of IEs (more than 90%) agreed that they had some responsibility for motivating their PAs. The main way in which IEs do this is by showing appreciation and providing feedback. Other approaches include varying tasks, trying to ensure that the work is interesting and offering training.

10 IEs AND PAs: CAREER DEVELOPMENT AND RETENTION PRACTICES

Summary of Key Points

IEs frequently discuss the support that they receive from their PAs with them and feel comfortable in doing so, although this tends to happen on an issue specific basis rather than through more structured reviews or appraisals.

The majority of IEs provide induction training for their PAs and around half have also arranged for them to attend other types of training, e.g. on moving and handling, sensory impairments and diabetes awareness. The PAs are very positive about this, although those that haven't been on training did not say that it made them any more likely to leave their jobs.

Despite the training, PAs generally feel that there is little scope for career progression within their role. Whilst for some this is a concern, for others it actually fits very well with their aspirations, especially where they are retired and use the income as a way of topping up their pension.

There is a consensus amongst IEs and PAs about the key factors that help to maintain a good employment relationship, with appreciation, trust and mutual respect frequently cited by both sides. Honesty is similarly important, as is communication, both at the outset in setting out the requirements of the role, at interview and in the on-going relationship.

PAs tend to feel reasonably secure in their position as an employee of an IE. Those that do not spoke of uncertainties over funding/finance for their role and concerns about future reductions in direct payments. Others also cited concerns about their employer's health, which in some cases was deteriorating and making residential care more likely.

10.1   This chapter looks at the findings from the other topics covered by the consultations with IEs and PAs, namely feedback and supervision, training, job security and career progression. It is based on responses from the same participants as in Chapter Nine.

Feedback and Supervision

10.2   IEs frequently discuss their care and support with PAs and feel comfortable in doing so, although this tends to happen on an issue specific basis rather than through more structured reviews or appraisals.

10.3   The PAs in the sample confirmed this and agreed that they welcomed the dialogue, especially when it concerned how and/or when specific tasks should be undertaken. There was very little suggestion from PAs that they needed or wanted more feedback than they currently receive.

Box 10.1: Approaches to providing feedback
Yes I provide feedback – it's good to know when you're doing something right or wrong. *IE*
Understanding the rationale behind being asked to do certain tasks is important for PAs. *PA*

Training and Career Progression

10.4   The majority of IEs provide induction training for their PAs and around half have also arranged for their PAs (either current or previous) to attend other types of training. Topics covered by the training have included moving and handling, first aid, health and safety, along with more specific topics such as sensory impairments, diabetes awareness, epilepsy and spinal chord injury. PAs in the sample that had attended training were very positive about its benefits, in particular where it has been closely linked to the IE's care needs. PAs that hadn't attended training rarely said that this would prompt them to leave their current job (or had done in the past).

10.5   The main barrier that IEs face in providing training is cost, cited by half of IEs. This was followed by a lack of awareness of available training, a lack of suitable training and difficulties arranging cover.

10.6   In a small number of cases PAs had not received training due to their employer's health. For example, IEs with conditions such as dementia were unable to arrange training for their PA and in situations like this, some PAs had arranged the training themselves.

10.7   The majority of PAs (and IEs) feel that there is little scope for career progression within the PA role. PAs acknowledge that the skills and experience have helped them in other roles or to progress into nursing for example, but overall felt that there was little scope to progress as a PA. In some cases this suited the PAs' situation – for example one noted that they were retired and used the income to top up their pension but had no desire to carry on their career – but for others it is clearly a more fundamental problem.

Box 10.2: Career development
No opportunity – there is no movement upwards in terms of career. Where could you go with it? Into a carer role in an organisation? I would never want that, I like the relationship you have working with an individual in their home. There is no progression as far as I can see. I have learnt valuable skills which I have used in other work but as far as I can see there is no way to actually develop a career as a PA in the sense of upward mobility. *PA*
I was a full time PA for 18 months before deciding to go and study to be a nurse. Even though I am happy with this decision, I do feel that if there was a progression in this type of work I think I would have stayed at the level I was at. I was worried about the options I would have later if the individual was to pass away. Even though I love this job, I also had to think about my future. I think if the use of direct payments grows then the PA role will be more stable. I was worried that I would not find another PA position. *PA*

Job Security and Career Aspirations

10.8   PAs tend to feel reasonably secure in their position, in many cases citing the close relationship that they have developed with their employer. Those that did not feel secure spoke of uncertainties over funding/finance for their role and concerns about future reductions in direct payments. Others also cited concerns about their employer's health, which in some cases was deteriorating and making residential care more likely. However, none of the PAs said they were concerned about being made redundant.

10.9   Looking to the future, the majority of PAs expect to be working for the same employer in 12 months time, although only half expect to be working as a PA in two years time. This forecast attrition seems to be due mainly to people having come to the role with a short term perspective rather than seeing it as a longer term career choice.

I started originally just as an income boost and a degree of some secure income whilst doing erratic self-employed other work. I've carried on so long for one of my employers because I find that relationship a very rewarding one. But generally it isn't, and never has been, my aspiration to be a PA. *PA*

Drivers of Retention

10.10   There is a consensus amongst IEs and PAs about the key factors that help to maintain a good employment relationship, with appreciation, trust and mutual respect frequently cited by both sides. Honesty is similarly important, as is communication, both at the outset in setting out the requirements of the role, at interview and in the on-going relationship. Examples are provided in the box below.

10.11   There is mixed opinion amongst IEs regarding the effect of pay on staff retention. While some feel that there is little opportunity to use pay as a means of retaining staff due to the limits of their direct payments, others are able to offer (what they consider to be) higher than average wages and are confident that this is linked directly to better retention.

Box 10.3: Drivers of retention
Recruitment: An IE, in noting how important it is to have a PA with similar interests as herself, stated that PA retention had improved since she changed her approach to advertising vacancies. She wanted PAs who are interested in current affairs and debate and found that advertising in a university student jobcentre helped to attract the types of candidates that she was looking for.
Maintaining personal space: An IE had converted her spare bedroom into a PA staff room, with a TV and sofas. When there were no further jobs for a PA to do on a shift, she would ask if they wanted to have a break in the staff room. This allowed both parties to have some personal space during times when care and support was not required.
Mutual respect: The tasks asked of a PA were seen as important by several IEs in ensuring that PAs felt respected. Echoing the views of many, one commented that she 'wouldn't ask a PA to do anything that I wouldn't do normally when I was able-bodied – I'm not going to ask them to clean the oven or wash the skirting boards for the sake of it.'

10.12   From the PAs' point of view, job satisfaction is clearly linked to retention. The flexibility of the work is also important, as it allows PAs to manage personal and family commitments which might be more difficult in other roles.

11 CONCLUSIONS

11.1   This study has explored the practical measures taken by employers in the adult social care sector that appear to have a positive impact on staff retention. The findings add further weight to the existing body of evidence on the subject and show very clearly that there is no single approach or action which, taken in isolation, will have a demonstrable impact. Rather, it is down to a combination of factors which vary in their relative importance from provider to provider. These start with recruitment and induction and span human resources, management styles, company culture and communication. However, the study seems to have disproved the hypothesis that staff turnover is more prevalent in areas where there is a higher concentration of care providers.

11.2   Some elements of the package of measures that lead to high retention are easy to identify and describe. Managers in high retention organisations, for example, consistently appear to be approachable and are keen to empower staff and involve them in decision making. They are supportive of non-mandatory training, where it is linked to client need, and will often plan staff rotas many months in advance to give staff as much opportunity as possible to balance their work and home lives.

11.3   Other elements are less tangible. Culture, for example, does not lend itself to a definitive description, although the regularity with which staff in high retention employers said that the company felt like *"one big family"* gives some insight into the supportive and friendly environment that managers are creating.

11.4   Communication is similarly broad and is woven into almost every part of both the managers' and care workers' jobs. The more formal elements – appraisals, one-to-ones, two way discussions about company strategy etc – are well handled in the high retention companies, but there is also a sense that communication more generally flows well across the staff team on a day-to-day basis.

11.5   The role of pay in relation to retention is debatable but the study has found no evidence to suggest a direct correlation between pay and staff's propensity to leave. In most cases the salary bands for care workers from one provider to another are not significantly different and head-hunting is rare. Pay is therefore not surprisingly amongst the secondary drivers of retention, although non-pay related financial enhancements can have a more direct influence.

11.6   To assess the true impact on retention of the various different factors discussed here would require a study that included on-going observation of practice within low and high retainers and a detailed consideration of environmental factors such as location, local labour market demographics and service user profiles. That was never the intention of this study, but it has nonetheless identified a range of operational activities that appear to work very well and which Skills for Care is encouraged to publicise more widely. The case studies appended to this report have been specifically designed for that purpose.

11.7   The key question is of course how significant a difference there is between high retainers and low retainers in terms of the practices they employ. Whilst the difference in the sample sizes of the two groups needs to be borne in mind, the summary message is that the majority of the practices are present in the majority of organisations, regardless of their staff turnover. Whilst there are some differences (e.g. low retainers appear slightly less likely to offer financial enhancements in addition to basic pay), it is much more about how practices are implemented and the relative importance of different aspects of leadership. The greater importance that high retention managers attach to communication with and from their staff is of particular note.

11.8   The benefits of having high levels of staff retention are not in question and range from continuity of care at the individual service user level right through to productivity impacts for the economy as a whole. There is a suggestion from the study that some providers accept high turnover as a standard feature of the industry and whilst they can identify the costs that they incur as a result, do not necessarily see it as something that can be rectified. This study, and especially the case studies, should provide Skills for Care with valuable information to challenge perceptions about issues relating to retention and recruitment. This will not be a quick process (instilling culture change, for example, takes time) but there is plenty of evidence from this study to suggest that it can be done.

11.9   The study has also considered the views of Individual Employers and their PAs. Whilst the employer-employee relationship generally appears to work well, there is an argument for intervention in other areas. Recruitment difficulties, for example, are commonplace, and there may be need for more active awareness raising of formal PA network services (such as PA Pool), especially given the on-going prevalence of word of mouth as the primary recruitment channel. Support with employment contracts, employment rights and how to terminate contracts is also still very much in demand.

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