

A Rapid Evidence Review on Recruitment and Retention in Adult Social Care within and across Systems in England

Summary Report

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December 2025

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Executive Summary

This summary report presents the findings from a rapid evidence review commissioned by Skills for Care and undertaken by the Evaluation and Policy Analysis Unit at Edge Hill University. The review explores what works to improve recruitment and retention (R&R) in the adult social care (ASC) workforce in England, focusing on provider-level and system-level levers, the roles of key stakeholders, and the conditions that enable success.

The rapid evidence review forms part of a wider research project designed to identify, test, and model effective workforce interventions across diverse geographies and ASC settings. Findings from this review provide an evidence-informed foundation to inform survey and interview design for the next phase of the study.

Aim and Research Questions

The review aims to rapidly identify, appraise, and synthesise evidence on the levers, interventions, and enabling conditions that influence R&R in ASC in England. It is guided by three research questions:

1. What levers or interventions are available at the provider level to improve recruitment and retention?
2. What levers or interventions are available at the system level to improve recruitment and retention?
3. What is the role of (a) providers and (b) system stakeholders in realising and maximising the impact of levers or interventions at each level? What conditions must be in place, and how can these be achieved?

Approach

The review covers literature published between 2015 and 2025, focusing primarily on England, but also encompassing pertinent literature from other UK nations where findings are transferable to the English context. Database searches (CINAHL and Scopus), alongside targeted grey literature searches, identified 3,997 unique records, of which 45 studies met the inclusion criteria and were included in the final synthesis.

The evidence base comprises qualitative, quantitative, and mixed-methods research across a wide range of ASC settings and system contexts.

Analysis followed a rapid thematic synthesis, mapping findings to the three research questions. This enabled identification of consistent themes relating to provider- and system-level levers, stakeholder roles, and the enabling conditions required to support R&R in ASC.

Key Findings

Evidence highlights the following themes:

- **Provider-level levers** include fair pay and job security, supportive and reflective leadership, positive organisational culture, structured career development pathways (including apprenticeships and leadership progression), manageable workloads, flexible working arrangements, and wellbeing and emotional support.
- **System-level levers** include sustainable funding and commissioning models, national and regional workforce alignment, labour market and migration policy, improved public recognition of care work, integrated recruitment approaches, and the use of workforce data and intelligence to support planning.
- **Enabling conditions** include collaborative leadership across system actors, sufficient and predictable investment, shared accountability between providers and system stakeholders, and inclusive cultures that value workforce voice, equity, and professional recognition across ASC.

Evidence-Informed Priorities

The findings identify a set of evidence-informed priorities to guide the next phase of the study and support engagement with providers and system stakeholders:

- **Strengthen workforce foundations:** Secure and equitable pay, fair contracts, predictable working hours, and coverage of non-wage costs (e.g. supervision and travel time) are consistently linked to improved retention.
- **Invest in leadership and workplace culture:** Stable, values-based management, reflective supervision, and psychologically safe environments are central to staff morale and retention. The next phase should explore how leadership behaviours and organisational values influence retention across settings.
- **Create clear progression routes:** Training and development support retention when embedded within structured career pathways, including apprenticeships, graduate routes, and leadership development. Further research should test how career frameworks and professional recognition can be expanded within ASC.
- **Ensure sustainable system funding and commissioning:** Provider-level improvements depend on funding stability, ethical commissioning, and longer-term contracts that recognise workforce development as a core cost. Surveys and interviews should assess how commissioning structures, fee rates, and contracts influence workforce investment.
- **Promote parity and recognition:** The status of ASC remains low relative to health. Surveys and interviews should explore how campaigns, workforce strategies, and integrated planning can raise the profile of ASC work.
- **Foster collaboration across systems:** Effective workforce strategies rely on joined-up action between providers, local authorities, Integrated Care Systems (ICSs), regulators, and national bodies. Upcoming data collection should explore how these relationships operate and how accountability is shared.
- **Embed wellbeing, inclusion, and equity:** The evidence shows that retention improves when staff feel valued, supported, and fairly treated. These themes will be examined further to understand what organisational and system conditions cultivate staff feeling valued, supported, and fairly treated.

These priorities do not constitute prescriptive recommendations but identify areas where further empirical investigation is needed to understand how levers operate in practice and under what conditions they are most effective.

Background

Adult social care (ASC) is sustained by around 1.5 million people and plays a vital role in both society and the economy (Skills for Care, 2025). In 2024/25, the sector contributed an estimated £77.8 billion in gross value added (GVA) to England's economy, a 14.2% rise from the previous year (Skills for Care, 2025). It includes around 19,000 organisations delivering care across 42,000 establishments, with a total of 1.71 million posts (Skills for Care, 2025). Of these, 1.6 million were filled (up 3.4% from 2023/24), while 111,000 posts remained vacant, representing a 6.5% vacancy rate (Skills for Care, 2025).

Despite this improvement, the sector continues to face persistent and structural workforce challenges. High staff turnover, recruitment difficulties, and pay disparities undermine continuity of care and limit provider sustainability. The population aged 65 and above is projected to grow from 11.5 million to 14.5 million between 2025 and 2040 (Skills for Care, 2025). By 2040, the sector may need an additional 470,000 posts (around 27% growth) to meet demand, and currently there is roughly one adult social care post for every seven people aged 65+ (Skills for Care, 2025). Yet many providers continue to operate within tight financial and structural constraints that restrict their ability to improve pay, offer career progression, or invest in workforce development which are all critical to R&R (Skills for Care, 2017a).

While there is substantial evidence of effective practice at the provider level, less is understood about how system-level factors shape workforce stability. The roles of key stakeholders such as local authorities, ICSs, regulators, and national government in enabling sustainable workforce solutions also remain insufficiently defined.

To address these gaps, Skills for Care has commissioned the Evaluation and Policy Analysis Unit at Edge Hill University to undertake research to identify what works for R&R at both provider and system levels, why it works, under what conditions, and how it can be implemented across diverse geographies. The first phase of the wider study includes undertaking a rapid evidence review to consolidate existing evidence to:

1. Sharpen research questions and topic guides;
2. Surface promising levers and contextual conditions;

3. Highlight gaps to be targeted in surveys and interviews; and
4. Provide an early, solutions-focused summary to inform pilot design

This final report presents the completed findings from the rapid evidence review on interventions and levers that influence R&R in the ASC sector. The findings are based on full data extraction and synthesis of all included studies (n = 45), providing a comprehensive overview of the available evidence at the time of review. This report replaces the earlier interim summary report and presents the final synthesis of evidence aligned to the three research questions. The findings are intended to inform and shape the next phase of the study, which involves empirical data collection with providers and system stakeholders, by identifying key levers, conditions, and gaps to be explored in greater depth.

Aim and Research Questions

The rapid evidence review was guided by the following aim and research questions:

Aim

To rapidly identify, appraise, and synthesise evidence on levers, interventions, and enabling conditions that influence R&R in ASC in England, at both provider and system levels.

Research Questions

1. What levers or interventions are available at the provider level to improve recruitment and retention?
2. What levers or interventions are available at the system level to improve recruitment and retention?
3. What is the role of (a) providers and (b) system stakeholders in realising and maximising the impact of levers or interventions at each level? What conditions must be in place, and how can these be achieved?

Methods

This section describes the methods used to undertake the rapid evidence review, including the inclusion and exclusion criteria, information sources and search strategy,

screening and study selection, data extraction, and analytical approach. Two online group consultations with subject matter experts (SMEs) from Skills for Care were undertaken to help define the parameters of the search and to finalise the rapid evidence review protocol (Version 4). The methods are reported to support transparency and enable interpretation of the findings, while reflecting the proportionate approach taken for a rapid evidence review.

Inclusion and Exclusion Criteria

Inclusion and exclusion criteria were defined to identify evidence relevant to R&R in ASC in England, while allowing inclusion of UK-wide and devolved nation studies where findings were transferable to the English context. The review focused on provider- and system-level interventions, levers, and enabling conditions affecting R&R. Both empirical studies and high-quality grey literature were eligible for inclusion. The inclusion and exclusion criteria were informed by subject matter expert (SME) consultation undertaken during the review and are summarised in Table 1.

Table 1. Inclusion and Exclusion Criteria

Criterion	Inclusion	Exclusion
Population / Context	Adult social care (ASC) workforce and employers in England; system actors such as commissioners, Integrated Care Systems (ICSs), local authorities, and care associations; labour-market and policy factors influencing ASC R&R	Non-ASC populations; children’s social care (unless explicitly transferable)
Interventions / Exposures	Provider-level (e.g., pay and benefits, contracts, training, wellbeing, workplace culture, supervision, leadership, technology, international recruitment); System-level (e.g., commissioning, market shaping, shared recruitment, data infrastructure, immigration policy)	Interventions unrelated to recruitment, retention, or workforce stability
Outcomes	Recruitment, retention, vacancy, stability, turnover, progression, wellbeing, agency and locum use/rates, cost/resource use, and quality outcomes	Studies without measurable or inferable recruitment,

	linked to recruitment and retention (R&R). Includes workforce stability indicators such as reliance on temporary, agency, or locum staff, sickness absence, or vacancy coverage.	retention, or workforce stability outcomes
Study designs	Empirical studies or data reported (i.e. high-quality grey literature)	Protocols, reviews, editorials, commentaries, conference abstracts
Setting	All adult social care settings (domiciliary, residential, supported living, day services, community/voluntary providers) and local authority adult social services departments or commissioned services	Health-only or non-ASC contexts
Geography	England only studies and UK-wide studies that include identifiable England-specific findings or analyses	Studies conducted entirely outside England or international evidence not specific or transferable to the English ASC context
Timeframe	2015 – 2025 (including pre-2015 if foundational and still relevant)	Pre-2015 evidence without ongoing relevance
Language	English	Non-English

Information Sources and Search Strategy

To maintain proportionality and timeliness, the review drew on two core bibliographic databases selected for their relevance to adult social care workforce research and UK policy evidence: CINAHL (EBSCO) and Scopus. These databases provided complementary coverage of workforce, organisational, social science, and policy literature relevant to R&R in ASC.

The search strategy combined three core concept blocks: 1) adult social care context and workforce roles; 2) recruitment, retention, and workforce stability; and 3) provider- or system-level levers and interventions using Boolean operators. Targeted grey

literature searching was also undertaken through focused searches of pre-identified organisational websites relevant to adult social care (including Skills for Care, The King’s Fund, NIHR, Health Foundation, Institute for Fiscal Studies, SCIE, DHSC, ADASS, CQC, LGA, and GOV.UK), supplemented by citation searching and reference checking of included studies and recommendations from subject matter experts. Table 2 summarises the search terms used.

Table 2. Search Terms

Concept	Search Terms	Purpose
1. Adult Social Care Context and Workforce Roles	“adult social care” OR “social care” OR “care home*” OR “domiciliary care” OR “home care” OR “supported living” OR “residential care” OR “day service*” OR “community care” OR “care provider*” OR “care workforce” OR “social care workforce” OR “care worker*” OR “care assistant” OR “personal carer” OR “home carer” OR “support worker*” OR “outreach worker*” OR “community support worker*” OR “senior care worker*” OR “home care worker*” OR “personal assistant*” OR “activities coordinator*” OR “care coordinator*” OR “assessment officer*” OR “social worker*” OR “principal social worker” OR “occupational therapist*” OR “principal occupational therapist” OR “ASYE leads” OR “registered nurse*” OR “nursing associate*” OR “allied health professional*” OR “approved mental health professional” OR “safeguarding officer*” OR “reviewing officer*” OR “manager*” OR “registered manager*” OR “deputy manager*” OR “frontline manager” OR “home manager” OR “assistant manager” OR “team leader*” OR “supervisor*” OR “nominated individual” OR “office staff”	Covers all ASC workforce groups per Skills for Care (2024) taxonomy, including direct care, managerial, regulated, and support roles.

	OR “administrative staff” OR “business support” OR “ancillary staff” OR “maintenance staff” OR “catering staff”	
2. Recruitment, Retention and Workforce Stability	recruit* OR retain* OR turnover OR “staff turnover” OR “turnover rate” OR “workforce stability” OR “vacanc*” OR “agency staff” OR “locum*” OR “bank staff” OR “temporary staff” OR “agency rate*” OR “labour supply” OR “workforce supply” OR “workforce mobility” OR “career progression” OR “job satisfaction” OR “staff wellbeing” OR “values-based recruitment” OR “workforce development” OR “learning and development”	Captures studies addressing recruitment, retention, workforce stability, and reliance on agency or temporary staff.
3. Provider or System-Level Levers	“commission*” OR “funding” OR “market shap*” OR “leadership” OR “management” OR “training” OR “supervision” OR “working conditions” OR “contract*” OR “pay” OR “terms and conditions” OR “career framework*” OR “domestic recruitment” OR “home grown” OR “international recruitment” OR “workforce planning” OR “integrated care” OR “Integrated Care System” OR “zero-hours contract*” OR “apprenticeship*” OR “care certificate” OR “visa” OR “immigration policy” OR “workplace culture”	Captures provider- and system-level factors influencing recruitment, retention, and workforce planning.

Screening and Study Selection

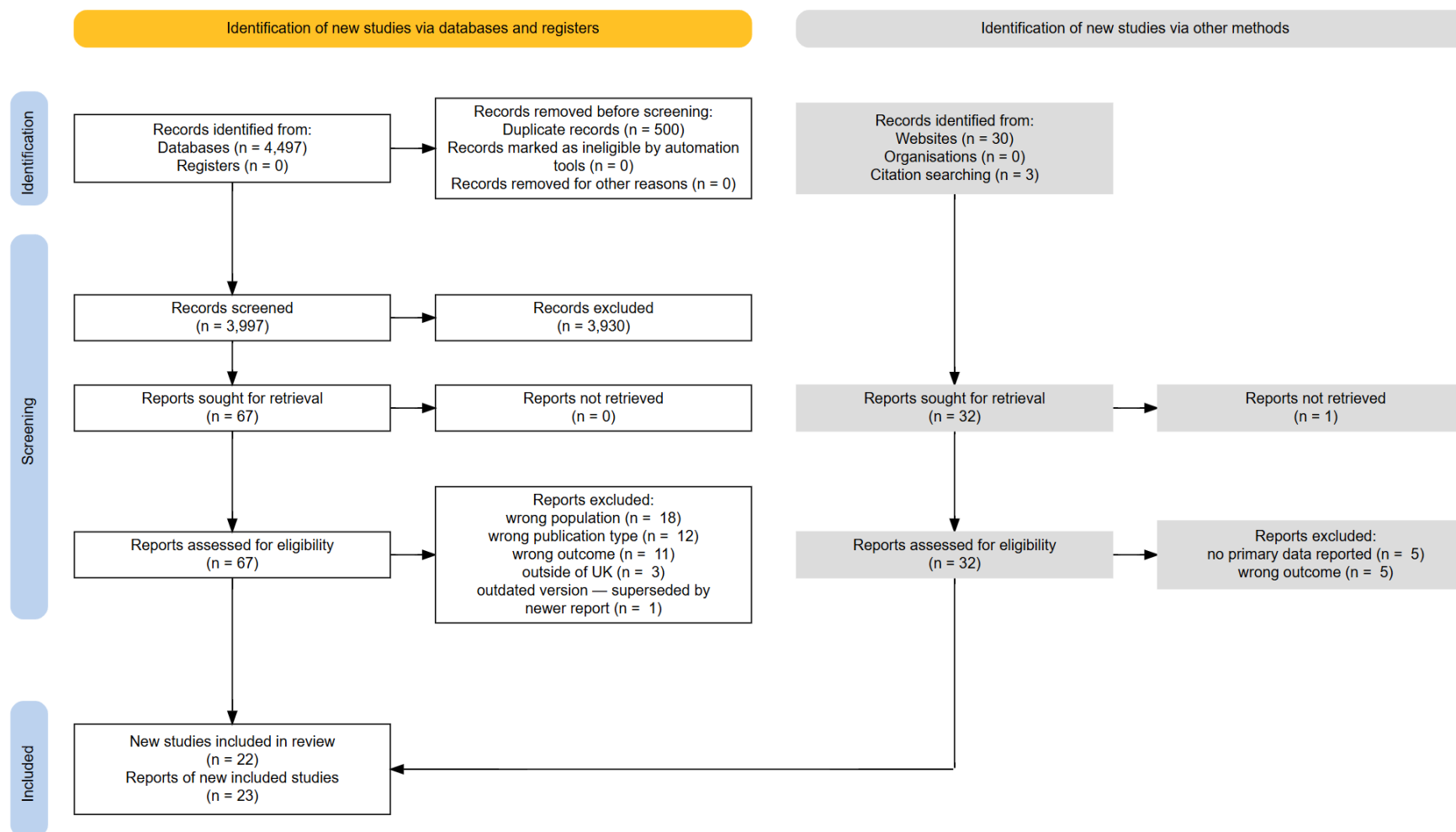
All search results were imported into Rayyan.ai (<https://www.rayyan.ai/>) for screening and reference management. Screening was undertaken in two stages, title and abstract screening followed by full-text review, using the predefined eligibility criteria. One reviewer (JF) completed screening for all records, with a 20% random sample independently checked by a second reviewer (CM) to ensure consistency. Any discrepancies were discussed and resolved collaboratively. Reasons for exclusion were recorded at the full-text stage.

The screening and study selection process followed PRISMA 2020 guidance and is summarised in Figure 1. Searches across CINAHL and Scopus databases and relevant grey literature sources, including targeted website searches and citation searching, identified 4,497 records. Following removal of 500 duplicate records, 3,997 unique records remained for title and abstract screening.

At the title and abstract stage, 3,930 records were excluded as they did not meet the predefined inclusion criteria, leaving 99 records for full-text assessment, comprising 67 records identified through database searching and 32 records identified through grey literature sources. Full texts were reviewed in detail, and 55 studies were excluded at this stage for reasons including wrong population, wrong publication type, wrong outcome, studies conducted outside the UK, or where no primary data were reported.

A total of 45 studies met the inclusion criteria and were included in the final synthesis. These studies form the evidence base for the findings presented in this report.

Figure 1. PRISMA 2020 flow diagram of study selection



Haddaway, N. R., Page, M. J., Pritchard, C. C., & McGuinness, L. A. (2022). PRISMA2020: An R package and Shiny app for producing PRISMA 2020-compliant flow diagrams, with interactivity for optimised digital transparency and Open Synthesis Campbell Systematic Reviews, 18, e1230. <https://doi.org/10.1002/cl2.1230>

Data Extraction

A structured data extraction template was developed and piloted to ensure consistency and relevance across the evidence base. Extracted information included study characteristics (year, design, setting, and population) and main findings mapped directly to the three research questions on recruitment and retention. Data extraction was undertaken by two reviewers (JF & CM), with a proportion of each reviewer's extracted data cross-checked by the other to ensure accuracy and consistency.

Analysis and Synthesis

A rapid thematic synthesis was undertaken, mapping findings systematically against the three core research questions. Themes were identified across provider and system levels, with attention to how interventions and levers operate in different contexts and the conditions required to realise and maximise their impact. The analysis presented reflects synthesis of the full evidence base included in this rapid evidence review.

Findings

This section of the report presents the findings from the rapid evidence review, structured around the three research questions outlined above. The evidence summarised is based on analysis of 45 studies included in the final review and reflects key themes identified across the literature. For each research question, we provide a short narrative synthesis followed by a summary table of key themes and supporting evidence. Together, these findings present a consolidated synthesis of the available evidence on recruitment and retention in adult social care in England.

Overview of the evidence base

The 45 studies included in the synthesis represent a diverse range of designs, contexts, and participant groups across adult social care settings in England, with relevant insights drawn from the devolved nations where applicable. Table 3 summarises the key characteristics of these studies.

Table 3. Overview of studies informing the findings (n = 45)

Study Characteristic	Summary of Evidence Base (n = 45)
Publication years	2015–2025 (majority published between 2019–2025)
Country	Predominantly England (40 studies), with additional studies from Scotland (2), Wales (2), and Northern Ireland (1) where findings were relevant to the English context
Settings / contexts	Broad coverage of adult social care settings in England, including residential and nursing care homes, domiciliary/home care, supported living, extra care housing, day centres, and local authority–delivered adult social work services. The evidence also includes learning disability, autism, mental health, and older people’s services; personal assistants and direct employment models; apprenticeships across care settings; and independent, voluntary-sector, and local authority providers. System-level policy, commissioning, workforce, and regulatory studies (e.g. CQC and national policy reviews) are also included.
Study designs	The evidence base includes qualitative, quantitative, and mixed-methods studies, encompassing cross-sectional and longitudinal designs, ethnographically informed case studies, surveys, interviews, focus groups, document and policy reviews, and impact and process evaluations. Mixed-methods approaches are prominent and include combinations of administrative and workforce datasets (e.g. ASC-WDS), online and employer surveys, statistical analyses, case studies, self-evaluation tools, stakeholder consultations, and qualitative interviews, alongside rapid literature reviews and action-oriented research.
Participant groups	Direct care workers and frontline staff (including care assistants, support workers, senior care staff, and personal assistants); registered managers, employers, and care providers across independent, voluntary-sector, and local authority services; social workers and Approved Mental Health Professionals (AMHPs); apprentices, graduate learners, and learning or placement providers; people employing personal assistants; and system stakeholders including commissioners, workforce leads, integrated service coordinators, policymakers, regulators, and sector bodies (e.g. Skills for Care).

Research Question 1. What levers/interventions are available at provider level to improve recruitment and retention?

The evidence highlights a consistent set of provider-level levers that influence R&R in ASC. Ten key themes were identified across the literature: pay, financial security, and employment terms; leadership quality, management stability, and supervision; organisational culture, values, and recognition; career development, training, and progression; workload and caseload management; team cohesion and peer support; flexible and fair scheduling or job design; emotional wellbeing, reflective practice, and support; employer branding, recruitment messaging, and local outreach; and workforce equality, inclusion, and fairness. A narrative synthesis of these themes, followed by a summary table of supporting evidence (Table 4), is provided below.

Pay and employment security are the most consistently identified determinants of retention across the evidence base. Using the ASC Workforce Dataset (ASC-WDS) data from 2016–2019, Vadean and Saloniki (2023) found that higher hourly pay and guaranteed hours for direct care workers significantly reduced turnover, particularly in the independent sector. Skills for Care (2017a) also highlights that competitive pay above the National Living Wage is essential for attracting and retaining staff, especially in areas with high competition for labour. Similarly, Moriarty et al. (2019) and Cunningham et al. (2022) found that low pay, zero-hour contracts, and pay compression between care staff and supervisors erode motivation and hinder retention, even in areas where policies such as the Scottish Living Wage have improved baseline rates (Cunningham et al., 2022).

Qualitative studies show similar findings. Hebsen et al. (2015), Murray et al. (2021), and Crozier and Atkinson (2024) link inadequate pay to feelings of being undervalued and demoralised, while Read and Fenge (2017) report that providers who pay above the National Living Wage and reimburse travel time achieve notably higher retention. Additional evidence indicates that non-wage financial supports, including paid travel time, transport assistance, accommodation support, and time-limited retention bonuses, can help stabilise retention, particularly during periods of workforce pressure

(Moriarty et al., 2018; Skills for Care, 2018; DHSC, 2023). Hemmings et al. (2024) and Care Quality Commission (2025) note that some employers have introduced better pay or benefits, but most are constrained by underfunded local authority contracts. Collectively, these studies confirm that fair pay and employment security are foundational to retention, but lasting improvements depend on system-level funding reform.

Leadership quality and organisational culture are critical levers for workforce stability. Vadean and Saloniki (2023) found that CQC-rated “Good” or “Outstanding” services have lower turnover, while Teo et al. (2022) linked retention to visible, consistent management and reflective supervision. Further studies by Skills for Care (2017a), Stevens et al. (2019), Orellana et al. (2021), and Hemmington (2024) show that approachable, supportive leaders reduce stress and burnout, whereas poor communication and lack of supervision increase attrition (Ravalier et al., 2023; Crozier & Atkinson 2024). Further evidence emphasises the importance of reflective supervision, psychological safety, and management support in pressured and hybrid working environments (Pulman & Fenge, 2024; Pulman & Fenge, 2025). Organisational culture reinforces these effects: commercial, target-driven environments erode morale (Thompson et al., 2015), while positive, person-centred and inclusive cultures foster teamwork, respect, and belonging (Orellana et al., 2021; Stevens et al., 2019; Hebsen et al., 2015; Lipman et al., 2018; CQC, 2025). Evidence also indicates that transitions toward values-based cultures may initially increase turnover during implementation before longer-term retention benefits are realised (Skills for Care, 2016a). Overall, staff are more likely to stay where leadership is stable, supervision regular, and care values embedded in daily practice.

Training, development, and progression opportunities are widely recognised as enablers of retention, but only when linked to tangible rewards or advancement. Skills for Care (2017a) highlight the importance of clear progression routes, investment in learning, and mentoring as drivers of staff retention. Similarly, Stevens et al. (2019) and Stone and Worsley (2022) found that investment in training and “grow your own” career models improved motivation and reduced turnover, while Rubery et al. (2015) and Vadean and Saloniki (2023) observed that training without pay progression can increase turnover, as workers seek better-paid opportunities elsewhere. Additional

evidence highlights apprenticeships, structured talent pipelines, and early-career routes, including graduate pathways, as effective mechanisms for attracting and retaining new entrants when progression routes are visible and supported (Skills for Care, 2017b; Skills for Care, 2017c Skills for Care, 2020a; Skills for Care, 2020b). The Care Quality Commission (2025) describes examples of providers who strengthened retention through structured learning opportunities, mentoring, and flexible “time off to train.” These findings suggest that training is most effective as a retention tool when embedded in clear career pathways and accompanied by recognition or reward.

Workload, team cohesion, and flexibility also shape retention outcomes. Ravalier et al. (2019, 2023), McFadden et al. (2025), and Pullman et al. (2025) found that excessive workloads, high caseloads, and administrative pressures are major causes of stress, burnout, and turnover. Further evidence identifies unnecessary bureaucracy and non-value-adding administrative work as distinct contributors to workload strain and attrition, alongside increasing complexity and severity of need (Pulman & Fenge, 2025; LGA, 2025). Hemmington (2024) reports that the emotional intensity of care work, combined with under-resourcing, amplifies these pressures.

Conversely, teams that work collaboratively and provide peer support demonstrate greater resilience and satisfaction. Skills for Care (2017a) underscore the importance of open communication, feedback, and listening to staff as integral to morale and retention, complementing evidence from Lipman et al. (2018), Stevens et al. (2019), and Orellana et al. (2021), who show that a sense of belonging within teams strengthens commitment. Rubery et al. (2015) and Read and Fenge (2017) further demonstrate that flexible scheduling and autonomy improve job satisfaction and work–life balance. Additional evidence highlights the importance of predictable rotas, adequate notice of shifts, and flexibility in how work is organised, particularly for carers, older workers, and those balancing multiple commitments (Work Foundation, 2021; Blythe & Bottery, 2024). Overall, providers that foster supportive teams, distribute workloads fairly, and enable flexibility are more likely to retain staff, particularly in roles with high emotional demand.

Emotional wellbeing, recognition, and inclusion are further highlighted across the literature as important provider-level levers. Hebsen et al. (2015) and Orellana et al.

(2021) highlight that recognising the emotional and relational nature of care work enhances meaning and motivation, while Ravalier et al. (2023) and Hemmington (2024) find that the absence of supervision or reflective practice contributes to moral distress and burnout. Skills for Care (2017a) suggest that wellbeing initiatives such as mental and physical health support, return-to-work interviews, and staff benefits help maintain satisfaction and loyalty. Further evidence emphasises psychological safety and organisational awareness of emotional labour and trauma exposure as essential to sustaining staff wellbeing (Pulman & Fenge, 2024; LGA, 2025). Providers that invest in emotional support through regular supervision, peer networks, or structured reflection help staff manage the psychological demands of their work.

Additionally, Lipman (2018) and the Care Quality Commission (2025) show that equality and inclusion further enhance retention, as staff who feel respected and fairly treated are more committed to their roles. Perceptions of organisational justice and equitable access to opportunities are particularly salient for early-career staff and aspiring leaders (Barratt, 2019; Blythe & Bottery, 2024). Recognition of care work as skilled and valuable is therefore a vital condition for long-term workforce sustainability.

Employer branding, recruitment messaging, and local outreach also contribute to attracting and retaining staff, though these are discussed less frequently in the literature. Skills for Care (2017a) emphasise the importance of strong organisational reputation, values-based recruitment, and clear communication of career opportunities. Read and Fenge (2017) and Gibb (2024) similarly note that providers promoting the social value of care work through local networks or social media attract candidates aligned with organisational values, while Lipman (2018) adds that positive branding enhances both R&R by fostering pride and belonging. Additional evidence highlights the importance of realistic job previews, work experience or “taster” opportunities, and addressing poor public perceptions of the sector to improve job fit and reduce early attrition (Skills for Care, 2016c; Skills for Care, 2018; Skills for Care, 2020d).

The evidence suggests that providers can substantially improve R&R through action on pay, leadership, culture, and staff development. The most effective organisations combine fair pay and secure contracts with supportive management, positive

workplace culture, and opportunities for growth. However, studies consistently note that providers' ability to implement these levers depends on the funding and policy context in which they operate. Provider-level actions can mitigate but not fully overcome structural challenges such as underfunding and workforce shortages. The evidence therefore indicates that a stable and motivated workforce requires alignment between provider-level practice and system-level support, grounded in fair employment, compassionate leadership, and recognition of care work as a skilled and professional vocation.

Table 4. Thematic summary of provider-level levers for recruitment and retention

Provider-Level Lever / Theme	Description (Summary of Evidence)	Studies Reporting This Lever
1. Pay, financial security, and employment terms	Higher wages, pay equity, and secure contracts (full-time or guaranteed hours) are consistently associated with improved retention. Zero-hour contracts and low pay are major push factors. Some evidence of “pay compression” where supervisory roles lose incentive differentials. Non-wage financial supports (e.g. paid travel time, transport or accommodation assistance) and time-limited retention bonuses can also support retention, although providers’ ability to implement these is often constrained by funding.	Hebsen et al. (2015); Read & Fenge (2017); Skills for Care (2017a); Moriarty et al. (2018); Skills for Care (2018); Moriarty et al. (2019); Skills for Care (2020a); Allan & Vadean (2021); Murray et al. (2021); Cunningham et al. (2022); Migration Advisory Committee (2022); DHSC (2023); Vadean & Saloniki (2023); Ravalier et al. (2023); Gibb (2024); Crozier & Atkinson (2024); Hemmings et al. (2024); Care Quality Commission (2025)
2. Leadership quality, management stability, and supervision	Stable, supportive, and values-based management enhances retention through improved supervision, communication, and role clarity. Reflective supervision and consistent leadership reduce stress and turnover. Recent evidence highlights the importance of management support in pressured and hybrid working environments, alongside sufficient management capacity to sustain retention-focused practices.	Skills for Care (2017a); Skills for Care (2017b); Moriarty et al. (2018); Barratt (2019); Stevens et al. (2019); Skills for Care (2020b); Teo et al. (2022); Stone & Worsley (2022); Orellana et al. (2021); Vadean & Saloniki (2023); Ravalier et al. (2023); Blythe & Bottery (2024); Crozier & Atkinson (2024); Hemmington (2024); Pulman & Fenge (2024); Care Quality Commission (2025); Pulman & Fenge (2025)
3. Organisational culture, values, and recognition	Positive, person-centred organisational cultures and recognition of care work strengthen morale, commitment, and loyalty. Embedding organisational values across recruitment, induction, and ongoing employment supports retention by improving job fit and staff performance. However, transitions toward values-based cultures may	Hebsen et al. (2015); Rubery et al. (2015); Thompson et al. (2015); Skills for Care (2016a); Skills for Care (2016b); Skills for Care (2017a); Read & Fenge (2017); Lipman et al. (2018); Moriarty et al. (2018); Barratt (2019); Stevens et al. (2019); Skills for Care (2020c); Orellana et al. (2021); Work Foundation

	involve short-term disruption or increased turnover during implementation.	(2021); Teo et al. (2022); Blythe & Bottery (2024); Care Quality Commission (2025)
4. Career development, training, and progression	Accessible training, mentoring, apprenticeships, and “grow your own” models improve staff engagement and retention when linked to clear, visible career pathways. Training alone is insufficient to sustain retention unless connected to recognised roles, progression opportunities, professional status, or improved pay. Structured talent pipelines and early career routes (e.g. apprenticeships and graduate pathways) are particularly important for attracting and retaining new entrants.	Rubery et al. (2015); Skills for Care (2017a); Skills for Care (2017b); Skills for Care (2017c); Read & Fenge (2017); Lipman et al. (2018); Moriarty et al. (2018); Barratt (2019); Stevens et al. (2019); Woolham et al (2019); Skills for Care (2020a); Skills for Care (2020b); Work Foundation (2021); Stone & Worsley (2022); Vadean & Saloniki (2023); Blythe & Bottery (2024); Pulman & Fenge (2024); Care Quality Commission (2025); Pulman & Fenge (2025)
5. Workload and caseload management	Manageable workloads and fair case allocation are critical to retention. Excessive caseloads, increasing complexity of need, administrative burdens, and chronic understaffing contribute to stress, burnout, and attrition. Reducing unnecessary bureaucracy and non-value-adding administrative work is increasingly identified as a key retention lever alongside caseload management.	Barratt (2019); Ravalier (2019); Migration Advisory Committee (2022); Ravalier et al. (2023); Hemmington (2024); Pulman & Fenge (2024); Care Quality Commission (2025); LGA (2025); McFadden et al. (2025); Pullman et al. (2025); Pulman & Fenge (2025)
6. Team cohesion and peer support	Strong team relationships, mutual support, and shared purpose underpin retention by creating a sense of belonging.	Hebsen et al. (2015); Skills for Care (2017a); Skills for Care (2017c); Lipman et al. (2018); Barratt (2019); Stevens et al. (2019); Orellana et al. (2021); Pulman & Fenge (2024)
7. Flexible and fair scheduling / job design	Flexibility in hours, shift design, and autonomy in work improves satisfaction, especially for older or part-time staff. Predictable rotas, adequate notice of shifts, and fair scheduling practices improve retention, while rigid scheduling and micromanagement increase turnover. Where feasible, flexibility in how and where work is	Rubery et al. (2015); Skills for Care (2017a); Read & Fenge (2017); Lipman et al (2018); Barratt (2019); Woolham et al. (2019); Work Foundation (2021); Migration Advisory Committee (2022); Blythe & Bottery (2024); Pulman & Fenge (2024)

	undertaken (including hybrid arrangements) further supports retention.	
8. Emotional wellbeing, reflective practice, and support	Emotional support, reflective practice, and opportunities to debrief reduce burnout and support retention. Recognition of emotional labour, trauma exposure, and the provision of psychologically safe environments are increasingly emphasised as essential to sustaining staff wellbeing and morale. A lack of such support erodes engagement and increases turnover.	Hebsen et al. (2015); Skills for Care (2017a); Barratt (2019); Orellana et al. (2021); Work Foundation (2021); Ravalier et al. (2023); Hemmington (2024); Pulman & Fenge (2024); LGA (2025); Pulman & Fenge (2025)
9. Employer branding, recruitment messaging, and local outreach	Employer branding and recruitment approaches that highlight the social value and meaningfulness of care work support recruitment and retention. Effective strategies include values-based recruitment, realistic job previews, local outreach, and work experience or taster opportunities. Addressing poor public perceptions of the sector and misaligned candidate expectations is critical to improving job fit and reducing early attrition.	SfC (2016c); Skills for Care (2017a); Skills for Care (2017b); Read & Fenge (2017); Lipman et al. (2018); Skills for Care (2018); Skills for Care (2020d); Work Foundation (2021); Gibb (2024)
10. Workforce equality, inclusion, and fairness	Inclusive, non-discriminatory management practices and fair treatment promote belonging, commitment, and retention. Perceptions of organisational justice, professional respect, and equitable access to opportunities are increasingly linked to retention, particularly for early-career staff and aspiring leaders.	Lipman et al. (2018); Barratt (2019); Blythe & Bottery (2024); Care Quality Commission (2025)

Research Question 2. What levers/interventions are available at system level to improve recruitment and retention?

System-level factors play a decisive role in shaping the conditions under which providers can recruit and retain staff. Seven key themes were identified across the literature. These include: the role of funding, commissioning, and market reform; efforts to promote national pay alignment and workforce parity; the importance of strategic workforce planning at national and regional levels; and the influence of regulation, oversight, and governance on workforce stability. The evidence also highlights the impact of labour market and migration policy, the recognition and public status of care work, and the need for integrated approaches and cross-sector collaboration between health, care, and employment systems. A narrative synthesis of these themes, followed by a summary table of supporting evidence (Table 5), is provided below.

Across the studies reviewed, the most consistent message is that funding and commissioning arrangements determine workforce stability. Skills for Care (2017a) highlight that funding constraints limit providers' ability to offer competitive pay, benefits, and training, confirming that sustainable investment and fair commissioning are critical enablers of R&R. Similarly, Rubery et al. (2015) and Crozier and Atkinson (2024) describe how competitive tendering and low-fee contracts drive down wages and encourage staff churn, while Hebsen et al. (2015) and Cunningham et al. (2022) suggest that austerity-era funding pressures limited local authorities' ability to sustain fair pay and stable provision. Additional system-level evidence highlights market fragility, rising delivery costs (including National Living Wage uplifts, pension auto-enrolment, and agency reliance), and provider exits or contract hand-backs as further consequences of underfunded commissioning environments (Skills for Care, 2018; Migration Advisory Committee, 2022). Conversely, Teo et al. (2022) and the Care Quality Commission (2025) cite examples of neighbourhood-based commissioning and pooled budgets (e.g. through the Better Care Fund) that improved continuity of care and enabled providers to offer more secure employment.

A second recurring lever is national pay alignment and workforce parity between health and social care. Studies by Allan and Vadean (2021) and Vadean and Saloniki (2023) demonstrate that wage differentials with the NHS cause significant movement of care staff into health roles. Further evidence indicates that this “gravitational pull” reflects a structural disadvantage linked to nationally determined pay frameworks and funding models rather than individual employer practice (Migration Advisory Committee, 2022). Hemmings et al. (2024) and the Care Quality Commission (2025) report that proposals for a Fair Pay Agreement or national pay framework could address this imbalance, but implementation depends on political and fiscal support. Read and Fenge (2017) and Lipman et al. (2018) suggest that parity of esteem and benefits with NHS roles would also enhance professional identity and sector attractiveness.

Several studies identify the need for coordinated workforce strategy and planning at national and regional levels. Lipman et al. (2018) and Stone and Worsley (2022) emphasise the value of national apprenticeship schemes and career ladders, while the Care Quality Commission (2025) points to the *Skills for Care Workforce Strategy* as a positive example of aligning skills development with long-term service planning. Skills for Care (2017a) suggest that the lack of local Personal Assistant (PA) registers and workforce databases creates barriers to matching candidates with employers, reinforcing wider evidence on the absence of robust, shared workforce data and system intelligence to support effective forecasting and planning (Skills for Care, 2020a; Skills for Care, 2020b; Migration Advisory Committee, 2022). Hemmings et al. (2024) stress that only a coordinated national plan can address fragmentation and duplication in local workforce initiatives.

Regulation and governance also feature prominently within the literature. Rubery et al. (2015) and Thompson et al. (2015) warn that marketisation and compliance-based regulation can inadvertently deprioritise workforce wellbeing. Woolham et al. (2019) and Pullman et al. (2025) highlight that roles such as personal assistants often fall outside formal oversight, leading to isolation and inconsistent employment standards. Additional evidence suggests that some nationally mandated qualification and regulatory requirements create administrative burden without demonstrable

improvements in retention (Moriarty et al., 2018). Integrated CQC and local authority oversight could strengthen workforce accountability and quality.

The labour market environment is another key driver. Read and Fenge (2017) and Allan and Vadean (2021) note that restrictive immigration policies, coupled with competition from retail and hospitality, reduce available labour, while Skills for Care (2017a) highlight additional pressures such as seasonal work and economic dependence on tourism. Further evidence demonstrates that the ending of Freedom of Movement, the cost and complexity of current visa routes, and demographic change have compounded labour shortages across many regions (Skills for Care, 2016c; Migration Advisory Committee, 2022). Lipman et al. (2018) and Gibb (2024) describe how regional incentives or visa reforms could help stabilise local workforces. Broader macroeconomic conditions and migration policy decisions therefore directly affect recruitment capacity.

Misconceptions about social care and limited awareness of career opportunities are major barriers to recruitment (Skills for Care, 2017a), aligning with the wider evidence on the need to improve the public image and professional status of the sector. Additionally, the status and societal recognition of care work remain pervasive system-level issues. Hebsen et al. (2015) and Stevens et al. (2019) argue that the undervaluing of care work, both politically and culturally, erodes professional pride and contributes to attrition. Further evidence highlights the role of negative media portrayals and limited public understanding in reinforcing perceptions of social care as low-skilled and undervalued (Migration Advisory Committee, 2022; Pulman & Fenge, 2025). Ravalier et al. (2023) and Pullman et al. (2025) suggest that workers feel invisible within integrated systems. National campaigns and inclusion of social care within workforce planning frameworks could elevate its profile and attract new entrants.

Evidence also indicates that ICSs, sustainability and transformation partnerships, and other joint system arrangements offer mechanisms for improved coordination across health and social care. Hemmings et al. (2024) and the Care Quality Commission (2025) note that integrated planning, data sharing, and joint funding across ICSs can support recruitment pipelines and reduce duplication of effort. However, studies

emphasise that differences in funding models, organisational cultures, governance arrangements, and levels of mutual understanding continue to limit the effectiveness of cross-sector collaboration (Skills for Care, 2017; Skills for Care, 2020). These benefits therefore depend on strong local relationships, clear governance, and stable funding flows.

Table 5. Thematic Summary of System-Level Levers for recruitment and retention

System-Level Lever / Theme	Description (Summary of Evidence)	Studies Reporting This Lever
1. Funding, commissioning, and market reform	Sustainable, equitable funding and commissioning models are the most frequently identified levers for workforce stability. Low-price contracting, competitive tendering, and austerity-era budgets create a “race to the bottom” on pay and conditions. Market fragility, rising delivery costs, and commissioning instability further undermine providers’ ability to recruit and retain staff. Neighbourhood-based and joint commissioning can support continuity, reduce travel costs, and improve pay.	Hebsen et al. (2015); Rubery et al. (2015); Skills for Care (2016b); Skills for Care (2017a); Moriarty et al. (2018); Skills for Care (2018); Stevens et al. (2019); Skills for Care (2020a); Work Foundation (2021); Cunningham et al. (2022); Migration Advisory Committee (2022); Teo et al. (2022); DHSC (2023); Crozier & Atkinson (2024); Gousia & Allan (2024); Hemmings et al. (2024); Care Quality Commission (2025); Pulman & Fenge (2025)
2. National pay alignment and workforce parity	Aligning pay and conditions between health and social care sectors could reduce workforce migration and turnover. Persistent pay disparities, particularly in comparison with the NHS, create a structural disadvantage for social care employers. Fair Pay Agreements, national living wage reform, and sector-wide collective bargaining are key emerging strategies.	Skills for Care (2016c); Read & Fenge (2017); Lipman et al. (2018); Skills for Care (2018); Allan & Vadean (2021); Work Foundation (2021); Migration Advisory Committee (2022); Teo et al. (2022); Vadean & Saloniki (2023); Hemmings et al. (2024); Care Quality Commission (2025)
3. Workforce strategy, national planning, and system intelligence	National and regional workforce strategies that link pay, training, and progression to long-term demographic and service needs are critical to addressing fragmentation across the adult social care workforce. Effective planning requires robust workforce data, shared intelligence, and consistent frameworks to support forecasting, monitor supply and demand, and evaluate recruitment and retention interventions. Apprenticeship frameworks,	Skills for Care (2017a); Skills for Care (2017b); Skills for Care (2017c); Lipman et al (2018); Skills for Care (2020a); Skills for Care (2020b); Work Foundation (2021); Migration Advisory Committee (2022); Stone & Worsley (2022); Hemmings et al. (2024); Care Quality Commission (2025)

	career ladders, Skills for Care initiatives, and integrated system-level planning support retention through coordination and alignment across organisations and regions.	
4. Regulation, oversight, and governance	Regulatory systems that value care quality, staff wellbeing, and fair employment are associated with better workforce outcomes. Poorly designed regulatory and qualification requirements can create administrative burden without improving retention. Weak oversight in unregulated roles contributes to precarity. Integrating CQC assurance and local workforce assessment can improve accountability.	Rubery et al. (2015); Thompson et al. (2015); Skills for Care (2016b); Moriarty et al. (2018); Woolham et al. (2019); Migration Advisory Committee (2022); Care Quality Commission (2025); LGA (2025); Pullman et al. (2025)
5. Labour market and migration policy	Labour shortages are exacerbated by restrictive migration policies and competition with other sectors. The ending of Freedom of Movement and the cost and complexity of current visa routes have reduced workforce supply in many areas. Regional incentives, visa reforms, and labour market coordination are recommended to address shortages and enhance recruitment.	Hebsen et al. (2015); SfC (2016c); Skills for Care (2017a); Read & Fenge (2017); Lipman et al. (2018); Moriarty et al. (2018); Skills for Care (2018); Skills for Care (2020a); Allan & Vadean (2021); Work Foundation (2021); Migration Advisory Committee (2022); Crozier & Atkinson (2024); Gibb (2024)
6. Recognition and status of care work	The perceived low status of care work undermines R&R. Negative media portrayals and limited public understanding reinforce perceptions of care as low-skilled and undervalued. National campaigns, integration into health workforce planning, and recognition frameworks can elevate the profession and attract new entrants.	Hebsen et al. (2015); SfC (2016c); Skills for Care (2017a); Read & Fenge (2017); Lipman et al. (2018); Skills for Care (2018); Stevens et al. (2019); Work Foundation (2021); Migration Advisory Committee (2022); Ravalier et al. (2023); Pullman et al. (2025); Pulman & Fenge (2025)

<p>7. Integrated care and cross-sector collaboration</p>	<p>Integrated Care Systems (ICSs) and joint commissioning bodies are identified as potential enablers of retention through better alignment of funding, workforce planning, and shared data across health and social care. Integrated recruitment campaigns, shared career pathways, and system-level collaboration can expand candidate pools and improve retention, although differences in funding models, cultures, and governance remain significant barriers.</p>	<p>Skills for Care (2017b); Skills for Care (2017c); Skills for Care (2020d); Work Foundation (2021); Cunningham (2022); Hemmings et al. (2024); Care Quality Commission (2025); Pulman & Fenge (2025)</p>
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Research Question 3. What is the role of (a) providers and (b) system stakeholders in realising / maximising the impact of levers / interventions at each level? What conditions must be true and how can these be achieved?

Analysis of the reviewed studies identified ten interrelated themes concerning the roles of providers and system stakeholders and the conditions needed to achieve successful workforce outcomes. The evidence points to the importance of sustainable funding, collaborative commissioning and partnerships, and effective leadership and organisational culture, supported by strong workforce infrastructure, data, and planning. Wider enabling factors include alignment across system levels, favourable labour market and policy environments, and a sector culture that emphasises recognition, equity, and inclusion. A narrative synthesis of these themes, followed by a summary table of supporting evidence (Table 6), is provided below.

Funding and commissioning are foundational. Studies by Rubery et al. (2015), Cunningham et al. (2022), and Crozier and Atkinson (2024) show that low-price contracting and austerity measures undermine pay, job security, and morale. Providers' ability to improve conditions depends on stable, multi-year funding and commissioning cycles that value workforce development as a legitimate cost. Additional evidence highlights that funding must also cover non-wage costs such as supervision, training, travel time, and administrative capacity if provider-led interventions are to be sustained (Migration Advisory Committee, 2022; DHSC, 2023). Hemmings et al. (2024) and the Care Quality Commission (2025) stress that flexible, neighbourhood-based commissioning can enable investment in staff pay and training, provided budgets are sufficient.

Collaborative relationships and partnership working between providers, local authorities, ICSs, and community partners are repeatedly highlighted as conditions for success. Stone and Worsley (2022) and Teo et al. (2022) found that joint initiatives between universities, providers, and local authorities supported training pipelines, while Rubery et al. (2015) emphasised that ethical, long-term contracting builds trust and stability. Skills for Care (2017a) similarly suggest that collaboration between

providers, local authorities, Clinical Commissioning Groups (CCGs), and Jobcentre Plus act to strengthen recruitment pipelines and address labour market challenges, reinforcing the importance of cross-sector partnership working. Further evidence indicates that early planning, pooled budgets, aligned policies, and sustained engagement across partners are necessary to translate collaboration into measurable workforce outcomes (Skills for Care, 2016b; Skills for Care, 2017b; LGA, 2025). Successful systems exhibit shared accountability and co-designed outcomes across sectors.

At provider level, leadership and organisational culture are key. Studies by Murray et al. (2021), Orellana et al. (2021), and Hemmington (2024) show that providers with supportive leadership, regular supervision, and recognition achieve better retention. Additional evidence emphasises that these practices require organisational commitment, leadership buy-in, and sufficient time and resources to be embedded effectively (Skills for Care, 2020c; Blythe & Bottery, 2024; Pulman & Fenge, 2024). However, as Allan and Vadean (2021) note, management improvements alone cannot succeed without the financial stability provided by system actors.

Workforce infrastructure, including career pathways, training investment, and professionalisation, is another common theme. Lipman et al. (2018) and Stone and Worsley (2022) found that apprenticeship and mentoring programmes increase loyalty when adequately funded. Crozier and Atkinson (2024) and the Care Quality Commission (2025) call for structured career frameworks and dedicated funding streams for workforce development. Further evidence highlights the importance of nationally coordinated professional frameworks, leadership pipelines, accredited qualifications, and dedicated coordination roles to ensure infrastructure translates into retention gains (Skills for Care, 2017b; Skills for Care, 2020b; Migration Advisory Committee, 2022).

Several studies stress system alignment and integration through ICSs and national workforce planning. Hemmings et al. (2024) and the Care Quality Commission (2025) describe ICSs as vital for aligning budgets and data-sharing across sectors, although their impact is constrained by fragmented funding and short-term contracts. Additional evidence suggests that integrated recruitment campaigns, shared career pathways,

and joint system programmes can enhance alignment, but only where differences in governance, organisational culture, and funding models are actively addressed (Skills for Care, 2017b; Skills for Care, 2020b; Skills for Care, 2020d). Integration also relies on strong local leadership and clear governance mechanisms.

Labour market and policy environments shape providers' ability to recruit competitively. Read and Fenge (2017) and Allan and Vadean (2021) link turnover to restrictive immigration rules and poor pay relative to other sectors, while Teo et al. (2022) and Crozier and Atkinson (2024) argue that competitive pay and parity policies are essential for sustainability. Skills for Care (2017a) suggest that engagement with Jobcentre Plus and responses to local labour market pressures connect with wider labour market and policy conditions influencing R&R. Further evidence indicates that local labour market competition, personalisation policies, and precarity in direct employment models (such as personal assistants) create system-level instability beyond provider control (Migration Advisory Committee, 2022; Gousia & Allan, 2024).

Raising the status and recognition of care work is another enabling condition. Skills for Care (2017a) call for improving the image of ASC through targeted campaigns, aligning with wider efforts to enhance the sector's public perception. Lipman et al. (2018) and Gibb (2024) emphasise public campaigns and employer branding to counter low-status perceptions, while Read and Fenge (2017) and Stevens et al. (2019) call for inclusion of social care within national workforce strategies to signal its equal value to health care. Additional evidence highlights the role of coordinated, sector-wide communication strategies, educational engagement, and political recognition in shifting narratives about care work (Migration Advisory Committee, 2022; Pulman & Fenge, 2025).

Evidence-based workforce planning also emerges as critical. Ravalier (2019) and McFadden et al. (2025) advocate for using staffing data to guide safe workload levels and policy decisions, while Hemmings et al. (2024) and Pullman et al. (2025) support systematic monitoring to ensure alignment between supply and demand. Further evidence stresses the need for shared data frameworks, consistent data collection, and system-level learning to support forecasting, evaluation, and continuous

improvement (Skills for Care, 2020a; Skills for Care, 2020d; Migration Advisory Committee, 2022).

Furthermore, enabling conditions include strong regulation and fair employment standards, ensuring pay compliance and contract security (Rubery et al., 2015; Woolham et al., 2019), while avoiding unnecessary administrative burden that can undermine retention (Moriarty et al., 2018), and a commitment to equality and inclusion across the workforce (Lipman et al., 2018; Gibb, 2024; Care Quality Commission, 2025), including targeted support for early-career staff, aspiring leaders, and underrepresented groups (Skills for Care, 2020b; Blythe & Bottery, 2024).

In summary, the evidence suggests that providers maximise impact when supported by stable funding, collaborative commissioning, and coherent system leadership. System stakeholders including local authorities, ICSs, regulators (i.e. CQC), workforce development partnerships (i.e. Skills for Care), and government create the enabling infrastructure through policy, funding, and workforce planning. The conditions for success require alignment of responsibilities, sufficient resourcing, shared data, and sustained collaboration across provider and system levels. Successful R&R depend on the alignment of efforts across provider and system levels, underpinned by fair pay, shared accountability, and recognition of care work as a valued, professional occupation.

Table 6. Thematic Summary of Roles and Enabling Conditions

Theme / Condition for Success	Description (Summary of Evidence)	Key Studies
1. Sustainable and adequate funding	Stable, predictable funding is the foundation for improving pay, conditions, and staffing stability. Without this, provider initiatives are unsustainable. Funding must be sufficient not only for wages but also for supervision, training, travel time, and workforce support infrastructure. Long-term, multi-year settlements and equitable commissioning rates are required.	Skills for Care (2017a); Read & Fenge (2017); Lipman et al. (2018); Skills for Care (2018); Skills for Care (2020a); Skills for Care (2020b); Cunningham (2022); Migration Advisory Committee (2022); Teo et al. (2022); DHSC (2023); Vadean & Saloniki 2023; Crozier & Atkinson (2024); Hemmings et al. (2024); Care Quality Commission (2025); Pulman & Fenge (2025)
2. Collaborative commissioning and partnership working	Success depends on collaboration between providers, local authorities, and ICSs through shared commissioning frameworks, longer contracts, and co-designed outcomes. Effective partnership working requires early planning, aligned policies, pooled budgets, and sustained engagement across sectors. Ethical commissioning that values workforce wellbeing and job quality is a key enabler.	Hebsen et al. (2015); Rubery et al. (2015); Thompson et al. (2015); Skills for Care (2016b); Skills for Care (2017a); Skills for Care (2017b); Skills for Care (2018); Skills for Care (2020d); Cunningham (2022); Stone & Worsley (2022); Care Quality Commission (2025); LGA (2025)
3. Leadership, management, and organisational culture	Providers must cultivate supportive leadership, supervision, and recognition to retain staff. This depends on organisational commitment, leadership buy-in, and sufficient time and resources to embed good practice. Managerial stability and adequate resources, supported by funding and policy alignment, are essential.	Skills for Care (2017a); Lipman et al. (2018); Skills for Care (2020c); Allan & Vadean (2021); Murray et al. (2021); Orellana et al. 2021; Teo et al. 2022; Ravalier et al. (2023); Blythe & Bottery (2024); Hemmington (2024); Pulman & Fenge (2024); Pulman & Fenge (2025)

4. Workforce infrastructure and career development	<p>Sustainable workforce infrastructure requires national investment in career pathways, training, and professionalisation, combined with provider-level mentoring and supervision systems. Clear professional frameworks, accredited qualifications, leadership pipelines, and dedicated coordination roles are necessary conditions to translate infrastructure into improved retention.</p>	<p>Skills for Care (2017a); Skills for Care (2017b); Lipman et al. (2018); Skills for Care (2020a); Skills for Care (2020b); Migration Advisory Committee (2022); Stone & Worsley (2022); Blythe & Bottery (2024); Crozier & Atkinson (2024); Hemmings et al. (2024); Care Quality Commission (2025)</p>
5. System-level alignment and integration	<p>Integrated Care Systems (ICSs) play a strategic role in aligning workforce planning and budgets across health and care. Joint programmes, integrated roles, shared data, and coordinated recruitment initiatives can maximise impact, but partnership working across providers, local authorities, and voluntary sectors must address differences in funding models, governance, and organisational cultures.</p>	<p>Skills for Care (2017a); Skills for Care (2017b); Skills for Care (2020b); Skills for Care (2020d); Cunningham (2022); Hemmings et al. (2024); Care Quality Commission (2025); Pulman & Fenge (2025)</p>
6. Labour market and policy environment	<p>Retention depends on competitive pay and employment relative to other sectors, immigration policy flexibility, and national wage reform. Local labour market conditions, competition between employers, and personalisation policies also shape workforce stability beyond provider control. System actors must maintain a stable labour market through fair pay, visa access, and recognition.</p>	<p>Skills for Care (2016c); Skills for Care (2017a); Read & Fenge (2017); Skills for Care (2020a); Allan & Vadean (2021); Migration Advisory Committee (2022); Teo et al. (2022); Crozier & Atkinson (2024); Gousia & Allan (2024); Hemmings et al. (2024)</p>
7. Recognition, status, and valuing of care work	<p>Raising the profile of social care as skilled, meaningful work is essential. National communication strategies, public campaigns, educational engagement, and coordinated narrative change are required to counter negative perceptions. Public awareness, national campaigns, and parity with NHS roles help attract and retain workers.</p>	<p>Skills for Care (2016c); Skills for Care (2017a); Read & Fenge (2017); Lipman et al. (2018); Skills for Care (2018); Stevens et al. (2019); Skills for Care (2020a); Migration Advisory Committee (2022); Crozier & Atkinson (2024); Gibb (2024); Care Quality Commission (2025); Pulman & Fenge (2025)</p>

<p>8. Evidence-based workforce planning and data</p>	<p>Use of workforce data and research to inform staffing levels, caseload management, and policy development is a key condition for success. Shared data frameworks, consistent collection, and system-level learning are required to support forecasting, evaluation, and continuous improvement.</p>	<p>Skills for Care (2017a); Ravalier (2019); Skills for Care (2020a); Skills for Care (2020d); Migration Advisory Committee (2022); Hemmings et al. (2024); McFadden et al. (2025); LGA (2025); Pullman et al. (2025)</p>
<p>9. Regulation and employment standards</p>	<p>Enforcing fair pay, minimum standards, and secure contracts helps reduce turnover. Regulatory and employment standards must protect workers without creating unnecessary administrative burden, particularly in personalised and direct employment models. Stronger regulation and professional recognition frameworks are needed to support employment security.</p>	<p>Rubery et al. (2015); Skills for Care (2017b); Woolham et al. (2019); Skills for Care (2020b); Cunningham (2022); Migration Advisory Committee (2022); Gousia & Allan (2024); Care Quality Commission (2025)</p>
<p>10. Equality, diversity, and inclusion</p>	<p>Conditions for success include inclusive workplaces, fair access to training and progression, and proactive strategies to address gender, ethnicity, and age disparities. Targeted support for early-career staff, aspiring leaders, and underrepresented groups strengthens retention and long-term workforce sustainability.</p>	<p>Skills for Care (2016c); Lipman et al. (2018); Skills for Care (2020a); Blythe & Bottery (2024); Gibb (2024); Care Quality Commission (2025); LGA (2025)</p>

Evidence-informed priorities for the next phase

The findings from this rapid evidence review identify a set of evidence-informed priorities to guide the next phase of the study. These priorities are grounded in synthesis of the full evidence base included in the review (45 studies) and are intended to inform the design of empirical data collection, including survey development and engagement with providers and system-level stakeholders.

Rather than constituting definitive recommendations, these priorities reflect areas where the evidence consistently points to potential impact on recruitment and retention, while also indicating where further empirical testing, validation, and contextual insight are required. They provide a structured starting point for exploring how identified levers and conditions operate in practice across different adult social care settings and system contexts.

1. Provider-Level Priorities for Exploration

The evidence indicates that workforce stability is driven by the quality of local employment practices, leadership, and organisational culture. The following areas should be examined through the provider survey and interviews:

- **Pay, job security, and flexibility:** How do pay rates, contract types, and scheduling practices influence retention across different service types and regions?
- **Leadership and supervision:** What management approaches or supervisory models best support staff wellbeing and retention?
- **Organisational culture and values:** How do values-based cultures and recognition schemes contribute to job satisfaction and loyalty, and how are values embedded consistently across recruitment, induction, supervision, and progression?
- **Career development and progression:** What opportunities or barriers exist for staff to advance within ASC organisations, including access to

apprenticeships, graduate pathways, leadership development, and structured progression for early-career staff?

- **Wellbeing and emotional support:** How are providers supporting staff resilience, reflection, and mental health, and what difference does this make to retention?

2. System-Level Priorities for Exploration

The literature shows that provider-level actions are often constrained or enabled by system conditions. The system-level survey and interviews should thus explore the following areas:

- **Funding and commissioning:** How do local funding models and contract terms affect providers' ability to improve pay, conditions, and career development, including the extent to which funding covers non-wage costs such as supervision, training, travel time, and workforce coordination?
- **National and regional workforce alignment:** What mechanisms exist (or are needed) to coordinate workforce planning across local authorities, ICSs, and national bodies, including the use of shared workforce strategies, integrated career pathways, and alignment with NHS workforce planning?
- **Public perception and status of care work:** What efforts are underway (e.g., campaigns or incentives) to raise the profile of ASC as a valued and rewarding career, and how effective are coordinated, sector-wide communication strategies in shifting narratives about care work?
- **Cross-sector collaboration:** How are partnerships with Jobcentre Plus, education providers, and the NHS being used to strengthen recruitment pipelines, including the development of integrated roles, apprenticeships, and joint recruitment campaigns across health and social care?
- **Workforce intelligence and data:** What systems or datasets (e.g., PA registers, Skills for Care data) are being used to support evidence-based workforce planning?

3. Roles and Conditions for Success

Evidence across the review highlights that successful interventions depend not only on what is implemented, but how and by whom. The next phase of data collection

should therefore explore the roles of key actors and the conditions that enable successful implementation of R&R interventions.

- **Roles and responsibilities:** What distinct roles do providers, local authorities, ICSs, regulators, and national bodies play in enabling effective workforce strategies?
- **Collaborative mechanisms:** How are partnerships and shared governance structures used to coordinate workforce initiatives across system levels?
- **Leadership and accountability:** What leadership behaviours or structures facilitate alignment between provider and system priorities?
- **Resourcing and sustainability:** What funding mechanisms or capacity supports are necessary for sustained delivery of workforce interventions?
- **Conditions for success:** What contextual factors (e.g., equity, inclusion, workforce voice, and wellbeing) underpin the effectiveness of interventions in different settings?

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