

# Recruitment and retention in adult social care, within and across systems

## Final Report

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# Executive summary

## Purpose and context

Skills for Care commissioned the Evaluation and Policy Analysis Unit at Edge Hill University to undertake research to identify effective approaches to strengthening recruitment and retention in adult social care at both provider and system levels.

In this study, system-level refers to organisations operating across local adult social care markets including local authorities, Integrated Care Systems (ICSs), regional care associations, skills partnerships, and other place-based bodies that influence workforce sustainability through commissioning, coordination and workforce development, rather than directly employing care staff.

The research responds to ongoing workforce pressures within a sector employing around 1.6 million people, where vacancy rates, turnover and demographic demand continue to present structural challenges.

The study addressed three questions:

1. What levers or interventions are available at provider level to improve recruitment and retention?
2. What levers or interventions are available at system level to improve recruitment and retention?
3. What is the role of providers and system stakeholders in realising and maximising the impact of these levers, and what conditions must be true for success?

The research combined a rapid evidence review (reported separately), two national surveys (29 providers and 21 system stakeholders) and in-depth interviews with 10 providers and 28 system stakeholders. Findings were triangulated to identify the strongest and most consistent evidence across data sources. The study culminates in a set of pilot-ready delivery models for testing in 2026/27.

## Provider-level levers: recruitment and retention in practice

At provider level, recruitment and retention are shaped primarily by relational and cultural practices rather than by stand-alone programmes. The most strongly evidenced approaches included:

- **Trust- and reputation-based recruitment**  
Providers relied heavily on staff referral, word-of-mouth and local social media (e.g. Facebook groups) to attract candidates. Existing staff acted as informal ambassadors, recommending people who already understood the realities of care work.

- **Clear signalling of organisational values and expectations**  
Providers described selecting for “fit” as well as skills, using values-based interview questions, realistic job previews and honest conversations about the demands of care. Several reported leaving posts vacant rather than recruiting individuals who did not align with organisational culture.
- **Active engagement during recruitment and onboarding**  
Maintaining regular contact with candidates while awaiting DBS checks or references was seen as critical to preventing drop-out. Some providers contacted applicants the same day and sustained communication throughout pre-employment checks.
- **Longer-term pipeline development**  
Engagement with schools, colleges, and student placements was described as an investment in future workforce supply, particularly in tight labour markets.
- **Retention through culture, stability and development**  
Providers emphasised regular supervision, predictable rotas, staff involvement in decision-making and access to training and progression as central to sustaining workforce stability.

## System-level levers: coordination and infrastructure

System-level interventions operate primarily through coordination, shared infrastructure and activity delivered at scale, rather than direct employment or day-to-day management of staff. Within this, recruitment was more often described as structured, identifiable programmes such as care academies, recruitment brokerage and international recruitment support, whereas retention was more frequently framed as enabling infrastructure, including leadership development and access to training and Continuing Professional Development (CPD).

For recruitment, the strongest evidence was for international recruitment support, employability and ‘grow your own’ pathways, recruitment brokerage functions and local authority-led care academies. These approaches expand workforce supply, reduce provider burden and improve access into care roles. System stakeholders also described the use of workforce intelligence and planning tools, including the Adult Social Care Workforce Data Set (ASC-WDS) and local workforce strategies, to understand labour market conditions and inform action across providers.

Retention activity at system level centred on strengthening leadership capability, widening access to CPD, and enabling continuity within the sector through redeployment or mobility pathways. Other approaches, including wellbeing initiatives and delegated or hybrid roles, were viewed as supplementary or emerging.

Across both recruitment and retention, system-level impact was contingent on provider engagement, clarity of ownership and sufficient capacity. System interventions were most effective when they reinforced and amplified provider action rather than replacing it.

## Realising impact through cross-level alignment

The central insight of the research is that impact depends on alignment between provider and system activity. Providers generate trust, culture and day-to-day workforce experience, while systems provide coordination, infrastructure and risk-sharing. Where pathways are joined up and expectations are consistent, recruitment pipelines strengthen and retention improves. Where activity is fragmented or poorly aligned, even well-designed interventions can struggle to achieve sustained impact.

Five recurring conditions were identified across both recruitment and retention: active provider engagement, clarity of roles and ownership, alignment of messaging and expectations, continuity across workforce pathways, and sufficient system infrastructure. Across all five conditions, stakeholders emphasised the importance of realistic timescales. These conditions informed the development of potential delivery models.

## Delivery Models for 2026/27

The report proposes five pilot-ready models developed through analysis of the study data, designed to translate the findings into practical action. The strongest case for piloting lies in two integrated models that address recruitment and retention together. **The Employability-to-Progression Pathway model** links system-led confidence-building and pre-employment support with provider onboarding and early career development, creating continuity from entry to retention. **The Leadership-Enabled Recruitment and Retention model** strengthens organisational culture through staged leadership development pathways that combine accredited training with mentoring and progression.

Alongside these integrated approaches, two recruitment-focused models offer lower-cost opportunities to enhance efficiency and reach. **The Local Recruitment Amplification model** strengthens provider-led recruitment through coordinated messaging and shared visibility. **The Recruitment Friction Reduction model** reduces structural delays by streamlining brokerage and clarifying ownership of recruitment processes.

A fifth model, **Sector Continuity and Workforce Stability**, addresses longer-term retention by supporting redeployment and mobility within the sector. This model requires stronger governance and system capacity and is therefore suited to areas with established infrastructure.

These models offer a graduated set of options for testing in 2026/27, ranging from amplification approaches to more integrated and infrastructure-dependent pilots.

## Recommendations

Piloting should prioritise integrated models that demonstrate the strongest convergence across data sources and that explicitly connect recruitment and retention pathways. Lower-cost recruitment pilots can operate alongside these to test amplification and friction reduction functions. Higher-investment retention infrastructure pilots should be phased where governance and provider engagement are well established. Given the relational and system-dependent nature of these models, pilots will require structured monitoring and evaluation to generate actionable insights. This should include clear baselines, proportionate outcome measures and documentation of delivery processes, aligned where appropriate with established public policy principles such as those set out in HM Treasury's *Magenta Book*.

Across all pilots, early provider involvement, clear delineation of roles and embedded evaluation will be critical. Skills for Care is well positioned to play a convening and enabling role, supporting implementation guidance and shared learning across sites. Pilots should be proportionate and realistic, with success defined not solely by scale but by the strength of alignment achieved and the sustainability of workforce outcomes.

## Conclusion

The evidence presented in this report demonstrates that recruitment and retention challenges in adult social care cannot be resolved through isolated interventions. Sustainable workforce stability depends on coordinated action between providers and system stakeholders, supported by clear ownership, aligned pathways and adequate infrastructure. The delivery models developed through this research provide tangible, evidence-informed options for piloting in 2026/27. By testing these models under clearly defined conditions, Skills for Care and its partners can move from identifying effective practice to demonstrating how workforce impact can be realised at scale.

# Contents

1. Introduction .....	9
2. Evidence context: findings from phase one rapid evidence review .....	11
3. Methodology.....	13
3.1 Research approach .....	13
3.2 Data collection methods .....	13
3.3 Research participants .....	14
3.4 Data analysis .....	19
3.5 Ethical considerations .....	20
3.6 Limitations .....	20
4. Provider-level levers to improve recruitment and retention .....	22
4.1 Introduction.....	22
4.2 Relational and reputation-based recruitment.....	22
4.3 Values, fit and signalling .....	25
4.4 Pipeline and engagement approaches .....	26
4.5 Culture and leadership.....	28
4.6 Stability, flexibility and fairness .....	29
4.7 Support, development and care.....	30
4.8 Key findings .....	33
5. System-level levers to improve recruitment and retention.....	35
5.1 Introduction .....	35
5.2 System-level recruitment interventions .....	35
5.3 System-level retention interventions .....	42
5.4 Key findings .....	46
6. Connecting provider and system levels: roles, alignment and conditions for impact .....	49
6.1 Introduction .....	49
6.2 Crossover analysis: aligning provider and system levers .....	49
6.3 Key conditions for impact.....	51
6.4 Delivery models .....	53
7. Recommendations .....	60
8. Conclusion .....	63

References.....	64
Appendices .....	65

## Table of Figures

<b>Figure 1.</b> Provider survey respondents by service type .....	15
<b>Figure 2.</b> Provider survey respondents by region .....	15
<b>Figure 3.</b> Provider survey respondents by sector .....	16
<b>Figure 4.</b> System stakeholder survey respondents by organisation type.....	16
<b>Figure 5.</b> Primary roles of system stakeholder survey respondents .....	17
<b>Figure 6.</b> System stakeholder survey respondents by region .....	17
<b>Figure 7.</b> Provider interview respondents by region .....	18
<b>Figure 8.</b> System stakeholder interview respondents by region .....	19
<b>Figure 9.</b> Perceived effectiveness of recruitment methods (provider survey) .....	24
<b>Figure 10.</b> Perceived effectiveness of retention actions (provider survey).....	33
<b>Figure 11.</b> Provider-level recruitment and retention practices.....	34
<b>Figure 12.</b> System-level recruitment interventions (ordered by strength and consistency of evidence across interviews and survey data) .....	38
<b>Figure 13.</b> System-level retention interventions (ordered by strength and consistency of evidence across interviews and survey data).....	44
<b>Figure 14.</b> Most frequently identified system-level enablers of effective recruitment and retention (system stakeholder survey).....	47
<b>Figure 15.</b> Top four system-level recruitment and retention interventions.....	48
<b>Figure 16.</b> Alignment between provider- and system-level recruitment levers.....	50
<b>Figure 17.</b> Alignment between provider- and system-level retention levers.....	51
<b>Figure 18.</b> Consolidation of recruitment and retention models into final pilot set.....	54

# 1. Introduction

Skills for Care is the strategic workforce development and planning body for adult social care in England. Its role is to work with employers, government and partners to ensure that the sector has the right people, skills and support to deliver high-quality care now and in the future. Against a backdrop of continued workforce instability, high turnover and ongoing recruitment challenges, there is a clear need for evidence that not only identifies effective practice, but also clarifies how impact can be achieved at scale across diverse local systems.

Adult social care employs around 1.6 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 (Skills for Care, 2025). There are approximately 1.71 million posts across around 19,000 organisations and 42,000 establishments, with 111,000 posts vacant in 2024/25 (Skills for Care, 2025). Although vacancy rates have reduced in recent years, workforce pressures remain structural and long term. The population aged 65 and over in England is projected to grow significantly by 2040, with an estimated additional 470,000 posts required to meet future demand (Skills for Care, 2025). At the same time, many providers operate within tight financial and structural constraints that restrict their ability to improve pay, invest in progression, or strengthen workforce development (Skills for Care, 2017).

While previous research has examined recruitment and retention at the provider level (Skills for Care, 2017), less attention has been given to how system-level actors shape the conditions within which providers operate. For the purpose of this study, system-level refers to organisations operating across local adult social care markets rather than individual provider organisations. This includes local authorities, ICSs, regional care associations, skills partnerships and other place-based bodies with responsibilities for workforce planning, commissioning, coordination or infrastructure. Although these actors do not directly employ the majority of the care workforce, they influence recruitment and retention through market shaping, funding, leadership and workforce development activity across providers, consistent with the statutory duties set out in the Care Act 2014 (UK Government, 2014) and recent policy emphasis on place-based workforce planning (Department of Health and Social Care, 2021; 2023), and reflected in national sector workforce data (Skills for Care, 2025). The relationship between provider- and system-level levers, and the conditions required for interventions at one level to succeed at another, remain insufficiently defined.

To address this gap, Skills for Care commissioned the Evaluation and Policy Analysis Unit at Edge Hill University to undertake research to identify best practice, explore potential barriers and develop proposed solutions to strengthen recruitment and retention at both provider and system levels. The research also sought to examine how these levels interact, asking what must be in place at one level to maximise the

impact of changes made at the other. The study is structured around three research questions:

1. What levers or interventions are available at provider level to improve recruitment and retention?
2. What levers or interventions are available at 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 these levers or interventions at each level? What conditions must be true, and how can these be achieved?

This research builds on and extends Skills for Care's previous work, including *Secrets of Success* (Skills for Care, 2017), which identified practices associated with lower turnover at provider level. While that work focused primarily on organisational factors linked to workforce stability, this study widens the lens to consider system-level levers and the interaction between levels. In doing so, it provides an updated and expanded evidence base that informs both local practice and future pilot activity.

The report is structured to reflect the stages of the research and the progression of the findings. Section 2 presents a summary of the rapid evidence review, which provides national context and identifies established and emerging approaches to recruitment and retention. The full rapid evidence review, including detailed methods and findings, has been shared separately with Skills for Care; a summary is included here to situate the primary research. Section 3 outlines the methodology, including the research design, data collection, participant characteristics, analysis and ethical considerations. Sections 4, 5 and 6 present the findings from the provider-level and system-level research respectively, followed by a cross-level analysis addressing Research Question 3 and setting out pilot-ready delivery models. The final section draws together the implications of the findings and presents recommendations for future activity and testing.

## 2. Evidence context: findings from phase one rapid evidence review

This section summarises the key findings from phase one of the study, which involved a rapid evidence review examining interventions and system levers influencing recruitment and retention in the adult social care workforce in England. The purpose of this section is to set the context for the study by outlining the core themes emerging from the existing evidence base.

The review identified a consistent message across the literature: recruitment and retention outcomes are shaped by the interaction between organisational employment practices and wider system conditions. Workforce stability does not depend on single interventions in isolation, but on how multiple levers operate together within the broader funding, commissioning and policy environment.

At organisational level, the evidence highlights a set of core factors associated with improved recruitment and retention. These include fair and reliable pay, secure contractual arrangements, manageable workloads and access to flexible working options. Leadership quality is repeatedly identified as a critical influence, with supportive, visible and values-driven management linked to stronger staff commitment and lower turnover. Positive organisational culture, clear career pathways and access to high-quality learning and development further contribute to workforce stability. The literature also underscores the importance of early employment practices. Values-based recruitment, realistic job previews, structured induction and mentoring arrangements are associated with improved retention, particularly in roles characterised by high emotional demand. Wellbeing support and recognition of the relational and skilled nature of care work are identified as important in sustaining morale and long-term commitment.

At system level, the evidence shows that providers' capacity to implement effective workforce practices is strongly shaped by structural conditions. Funding levels, commissioning models and contract duration influence whether organisations can offer secure employment, invest in workforce development and create progression opportunities. Short-term or cost-driven commissioning approaches can undermine workforce investment, whereas longer-term, collaborative arrangements provide a stronger foundation for stability. Wider labour market dynamics, migration policy, competition from other sectors and national workforce strategies further affect recruitment and retention outcomes. The evidence also points to the importance of aligned workforce planning across local authorities, Integrated Care Systems and national bodies, alongside improved workforce data and intelligence to inform strategic decision-making.

Overall, the findings from phase one demonstrate that sustainable improvements in recruitment and retention require coordinated action across organisational and system

levels. Isolated initiatives are unlikely to achieve lasting impact without supportive funding frameworks, aligned policy priorities and shared accountability across the sector. These insights provide the evidence-informed backdrop to the primary research presented in the remainder of this report, which explores how these levers operate in practice and how they are experienced by providers and system stakeholders.

## 3. Methodology

### 3.1 Research approach

This study adopted a mixed-methods design combining a rapid evidence review with national quantitative and in-depth qualitative research. The approach was structured to address three research questions: (1) what levers or interventions are available at provider level to improve recruitment and retention; (2) what levers or interventions are available at system level to improve recruitment and retention; and (3) what is the role of (a) providers and (b) system stakeholders in realising and maximising the impact of these levers or interventions at each level? What conditions must be true, and how can these be achieved?

### 3.2 Data collection methods

#### Rapid Evidence Review

During phase one of the project, a rapid evidence review was undertaken to synthesise evidence on interventions and levers influencing recruitment and retention in the adult social care workforce in England. The review analysed 45 academic and high-quality grey literature studies published between 2015 and 2025 and addressed the three research questions guiding this study. A full report of the rapid evidence review, including detailed methodology, thematic findings and summary tables, has been provided to Skills for Care as a separate document and should be read alongside this report. A brief summary of key findings is included in Section 2 for contextual framing. The rapid evidence review informed the design of the primary research but was not directly integrated into the triangulated analysis presented here.

#### National surveys

Phase two of the research focused on primary data collection across provider and system levels. Skills for Care supported participant identification and recruitment activities, including distributing survey invitations and facilitating targeted outreach. All survey instruments were developed by the Edge Hill University (EHU) research team, reviewed by Skills for Care and amended where appropriate. Surveys were hosted on the secure JISC online platform. Throughout the data collection period, the EHU research team monitored response levels and maintained regular communication with Skills for Care through meetings and email updates.

#### *Provider survey*

Skills for Care identified adult social care providers whose staff turnover rate was <10% in 2024/25 using the ASC-WDS and distributed survey invitations to these organisations. The survey launched on 12 November 2025 with an initial three-week response window (closing 3 December). Due to lower-than-expected response rates, the deadline was extended twice, ultimately closing on 16 December 2025. Reminder

communications were issued by Skills for Care to encourage uptake. The survey remained open for just under five weeks and received 29 completed responses. The survey included closed and open-text questions covering recruitment approaches, retention practices, perceived effectiveness, barriers and enabling conditions.

### *System stakeholder survey*

The system stakeholder survey launched on 19 November 2025 and remained open until 10 December 2025. Invitations were distributed by Skills for Care via key contact lists, including workforce development teams, local authorities, regional care associations, ICSs, skills partnerships and place-based care associations. A reminder email was issued after two weeks. The survey received 21 completed responses.

As part of ongoing monitoring, gaps in regional representation were identified and subsequently addressed through targeted interview recruitment to strengthen geographic coverage.

### **Qualitative interviews**

Semi-structured, in-depth qualitative interviews were conducted with both system stakeholders and care providers to explore recruitment and retention interventions, mechanisms, barriers, roles and enabling conditions in greater depth. Separate semi-structured interview guides were developed for each stakeholder group by the EHU research team, reviewed by Skills for Care and amended where appropriate prior to data collection commencing.

System stakeholder interviews were undertaken across phases 3 and 4 and were combined to minimise participant burden and avoid duplication. A total of 24 interviews were conducted with 28 participants, including both individual and small group interviews. Interviews took place between 4 December 2025 and 4 February 2026 and were conducted remotely via MS Teams. Interview duration ranged from 28 to 58 minutes, with an average length of 43 minutes. Provider interviews were undertaken as part of phase 4. Ten provider interviews were conducted between 6 January 2026 and 28 January 2026. Interviews lasted between 33 and 53 minutes, with an average duration of 43 minutes.

All interviews were conducted by members of the EHU research team. Interviews were recorded with participant consent and transcribed using MS Teams' transcription function. Transcripts were anonymised prior to analysis. Further detail on participant characteristics across surveys and interviews is provided in the following section.

## **3.3 Research participants**

### **Survey participants**

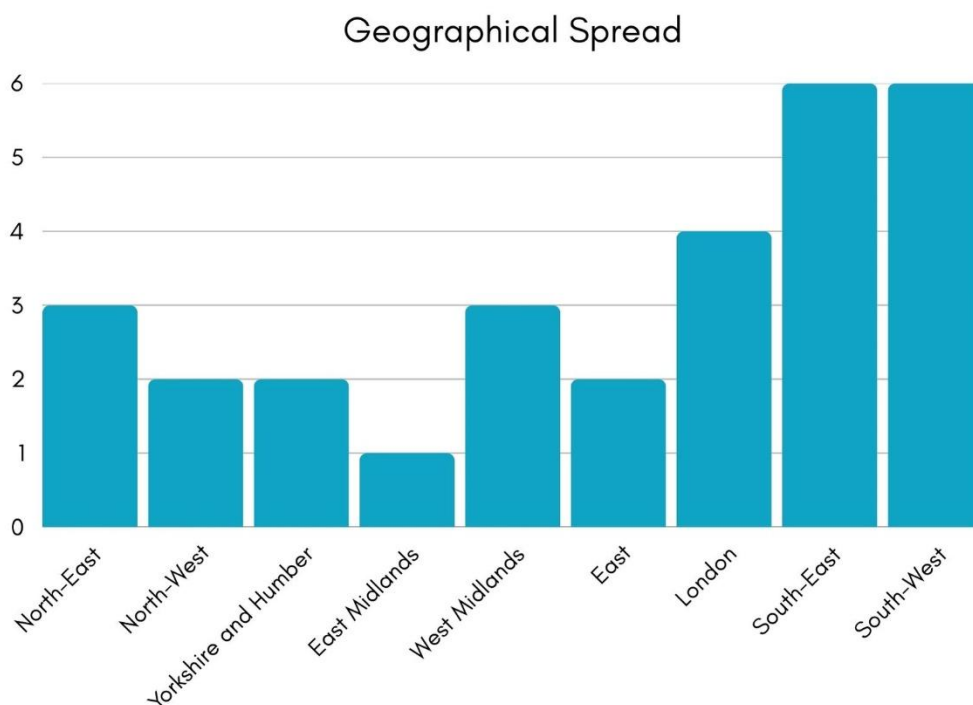
#### *Provider survey*

A total of 29 adult social care providers completed the survey. Respondents represented a range of service types, including residential care services (n=15), domiciliary or homecare services (n=10), and supported living services (n=4).



**Figure 1.** Provider survey respondents by service type

Providers were drawn from across England, with representation from the North East (n=3), North West (n=2), Yorkshire and Humber (n=2), East Midlands (n=1), West Midlands (n=3), East of England (n=2), London (n=4), South East (n=6), and South West (n=6).



**Figure 2.** Provider survey respondents by region

The majority of responding organisations were from the private or independent sector (n=23), with additional representation from the voluntary or not-for-profit sector (n=2), public sector local authority providers (n=2), and charities (n=2).



**Figure 3.** Provider survey respondents by sector

### *System stakeholder survey*

A total of 21 system stakeholders completed the survey. Respondents were primarily drawn from local authority settings (n=17), with additional representation from regional care associations (n=2), a place-based care association (n=1), and social prescribing (n=1).



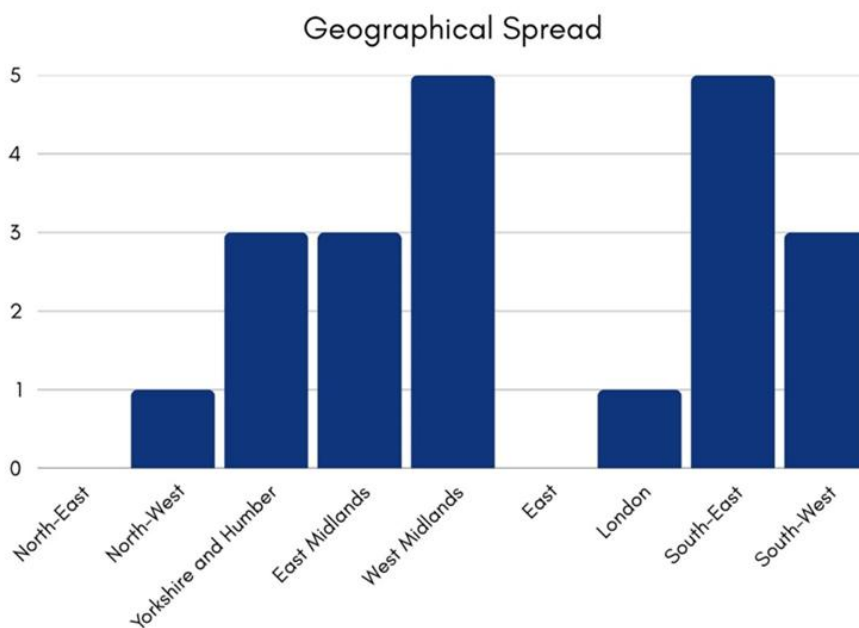
**Figure 4.** System stakeholder survey respondents by organisation type

Participants reported a range of primary roles in relation to the adult social care workforce, including workforce planning and strategy (n=4), commissioning and market shaping (n=4), policy or system leadership (n=3), workforce development or training coordination (n=5), and workforce education (n=1).



**Figure 5.** Primary roles of system stakeholder survey respondents

Respondents represented a broad geographic spread across England, including the North West (n=1), Yorkshire and Humber (n=3), East Midlands (n=3), West Midlands (n=5), London (n=1), South East (n=5), and South West (n=3). No responses were received from the North East or the East of England.

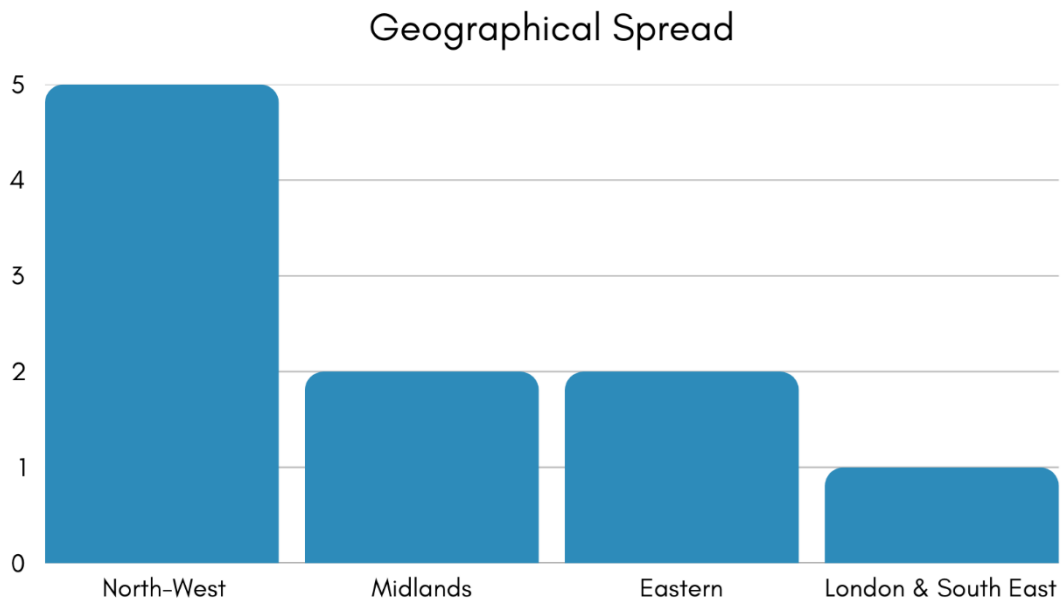


**Figure 6.** System stakeholder survey respondents by region

## Interview participants

### *Provider interviews*

10 interviews were conducted with adult social care providers. Participants represented organisations across several regions of England, including the North West (n=5), the Eastern region (n=2), the Midlands (n=2), and London and the South East (n=1). There was no representation from the South West in the provider interview sample.

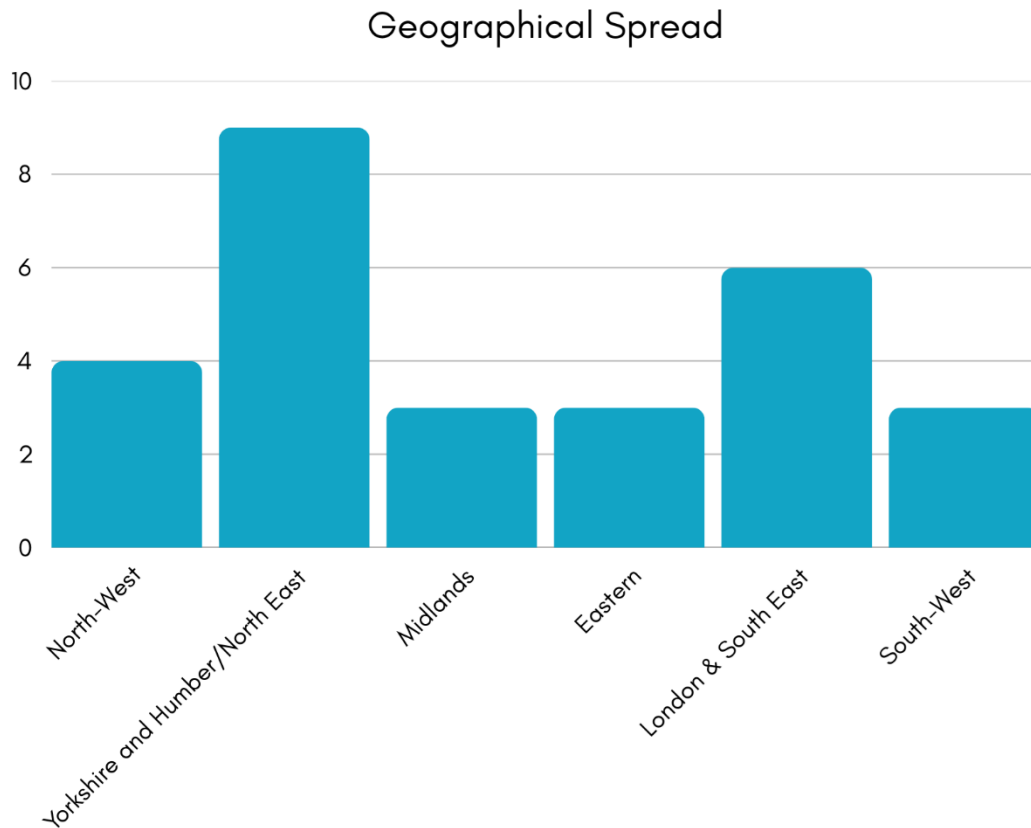


**Figure 7.** Provider interview respondents by region

### *System stakeholder interviews*

24 interviews were conducted with 28 system stakeholder participants. Participants represent a range of system-level organisations, including local authorities, Integrated Care Boards (ICBs), ICSs, care associations, Jobcentre Plus, and the Association of Directors of Adult Social Services (ADASS).

Participants represented a broad geographic spread across England, including the North West (n=4), the Midlands (n=3), the Eastern region (n=3), London and the South East (n=6), Yorkshire and Humber and the North East (n=9), and the South West (n=3).



**Figure 8.** System stakeholder interview respondents by region

### 3.4 Data analysis

#### Quantitative analysis

Survey data from providers and system stakeholders were analysed using descriptive statistics. Closed-question responses were summarised to identify the prevalence of reported recruitment and retention practices, perceived effectiveness and enabling conditions. Open-text responses were reviewed and coded thematically to identify recurring patterns and illustrative examples. Given the modest sample sizes, quantitative analysis was primarily descriptive and was used to contextualise and support qualitative findings rather than to undertake inferential statistical modelling.

#### Qualitative analysis

Interview transcripts were analysed using a structured thematic approach. An initial coding framework was developed deductively from the research questions and refined iteratively as analysis progressed. Coding focused on identifying recruitment and retention interventions at both provider and system levels, alongside mechanisms (how interventions were expected to work), reported or anticipated outcomes, barriers, enabling conditions and resource implications.

Analysis proceeded in stages. First, recruitment and retention data were coded separately within provider and system datasets. Second, secondary coding was undertaken to identify mechanisms, barriers, conditions and stakeholder roles. Third, the frequency and consistency with which interventions were described as effective were examined across interviews to identify the strongest areas of evidence.

### Triangulation

Findings were triangulated across four primary data sources: provider surveys, provider interviews, system stakeholder surveys and system stakeholder interviews. Convergence and consistency across datasets were used to assess the relative strength of evidence for different interventions. Where similar interventions were identified across both survey and interview data, this was treated as stronger support. Divergences or more limited evidence were noted accordingly.

In the later stages of analysis, crossover analysis was undertaken to compare provider- and system-level findings. Areas of overlap, dependency and alignment were identified and synthesised to inform the development of delivery models. Models were derived from interventions that demonstrated consistent support across datasets and clear interdependence between provider and system roles. Differences in model scope and investment level reflect the degree of infrastructure, coordination and sustained engagement indicated by the data.

## 3.5 Ethical considerations

Ethical approval for the research was granted by the Health-Related Ethics Committee at Edge Hill University on 6 November 2025. All participants were provided with an information sheet outlining the purpose of the research, what participation would involve, how data would be used and stored, and their right to withdraw. Informed consent was obtained prior to participation in both surveys and interviews. Interview participants provided recorded verbal consent at the start of each interview.

## 3.6 Limitations

Several limitations should be considered when interpreting the findings. Survey response numbers were modest (29 providers and 21 system stakeholders), and participation was self-selecting. The provider survey was intentionally targeted at organisations whose staff turnover rate was <10% in 2024/25; as such, findings are not statistically representative of the wider sector. Survey data were descriptive and used to support qualitative analysis rather than to provide generalisable conclusions.

Qualitative findings reflect the perspectives of participating providers and system stakeholders. Although interviews achieved broad geographic coverage, representation was uneven in some regions, including no provider interview participation from the South West. Findings are therefore based on reported and perceived effectiveness rather than measured impact or longitudinal outcome data.

Despite these limitations, the study's mixed-methods design, triangulation across four primary data sources, and systematic crossover analysis between provider and system levels strengthen the robustness of the findings and underpin the development of the delivery models.

## 4. Provider-level levers to improve recruitment and retention

### 4.1 Introduction

This section addresses *Research Question 1: What levers or interventions are available at the provider level to improve recruitment and retention?* It draws on interviews with ten care providers and survey data from 29 providers to identify the actions and practices providers describe as effective in recruiting and retaining staff in adult social care.

Recruitment and retention are presented as distinct but closely related, reflecting how providers described them in practice. Recruitment levers focus on attracting and engaging people into roles, while retention levers relate to the day-to-day experiences that influence whether staff stay. Many levers operate across both stages and are typically used in combination rather than in isolation.

Provider-level levers are grouped into a small number of thematic clusters. Recruitment themes relate to relationships and reputation, values and fit, and pipeline and engagement approaches. Retention themes focus on organisational culture and leadership, stability and fairness, and support and development. Findings are presented thematically, with illustrative quotes from interviews and survey responses used to support the key themes.

### 4.2 Relational and reputation-based recruitment

Across the provider data, recruitment was most often described as effective when it was rooted in relationships, trust and local reputation, rather than formal or transactional recruitment channels. Providers consistently highlighted staff referral and word-of-mouth recruitment, alongside local, relationship-led use of social media, as central to how they attract new staff.

#### **Staff referral and word-of-mouth recruitment**

Staff referral and informal word-of-mouth recruitment emerged as one of the most important and reliable recruitment levers used by providers. Several providers described relying on this approach almost entirely, often in preference to formal advertising or external recruitment channels:

*“In all honesty, we don’t actually advertise. It’s all from word of mouth.”*  
(P37, provider interview)

Providers explained that candidates coming through existing staff networks or local reputation often have a clearer understanding of the realities of care work and the organisation itself, which reduces mismatch and early turnover. By contrast, large job

platforms such as Indeed or Jobcentre postings were sometimes described as generating higher volumes of less informed applications, increasing recruitment workload without necessarily improving retention outcomes:

*“We gave up years ago because nothing materialised from the Jobcentre.”*  
(P30, provider interview)

*“Word of mouth works better than advertising externally.”* (P34, provider interview)

*“Indeed, I didn’t think that was particularly worthwhile.”* (P32, provider interview)

Word-of-mouth recruitment was closely linked to staff advocacy and organisational reputation, with existing staff acting as informal ambassadors when they felt positive about their work:

*“We actually have a lot of employees... they actually go out and say it’s a lovely place to work.”* (P37, provider interview)

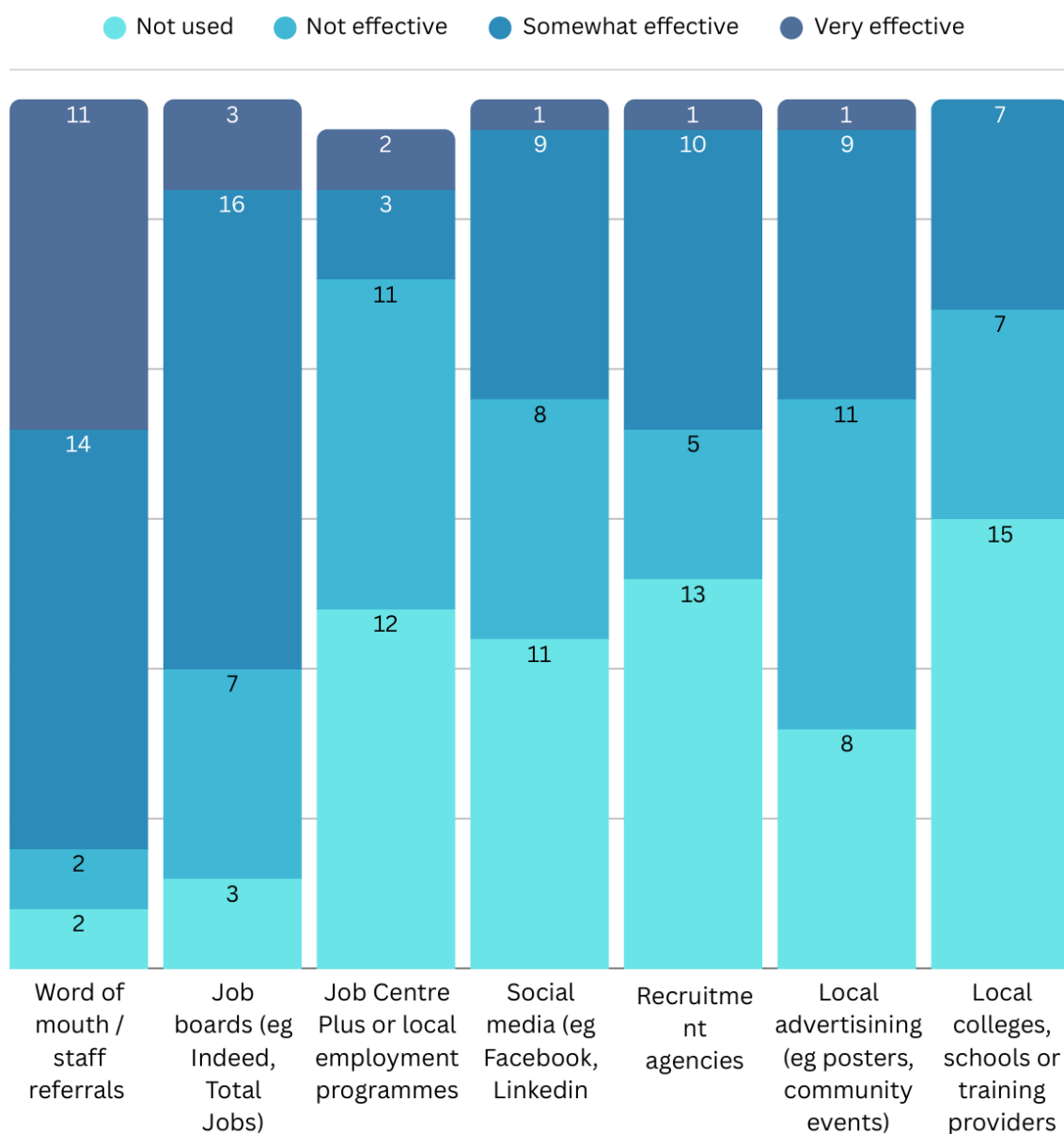
*“Some of our staff... were recommended by a friend and those ones have stayed.”* (P34, provider interview)

Survey data strongly reinforced this pattern. Many providers mentioned staff referrals as a core recruitment route, even when listing multiple methods:

*“Most of my new staff have come from staff who know someone.”* (PS21, provider survey)

Figure 9 (below) shows that word-of-mouth and staff referrals were among the most positively rated recruitment methods in the provider survey, with the majority of respondents who used this approach describing it as somewhat or very effective, and very few rating it as ineffective. This supports interview evidence that reputation-based recruitment plays a central role at provider level.

## Which of the following methods does your organisation use to recruit staff, and how effective have they been?



**Figure 9.** Perceived effectiveness of recruitment methods (provider survey)

In some cases, providers described formalising staff referral through incentive schemes to increase uptake and sustain recruitment flow:

*“We’ve got an internal referral programme... if staff are referring, they’ll get remunerated for that.” (P28, provider interview)*

*“Referral bonus for our existing staff members at work.” (PS13, provider survey)*

*“Care Friends App – staff receive a monetary bonus when introducing successful candidates.” (PS27, provider survey)*

### **Local social media recruitment**

Several providers described using local social media, particularly community-based Facebook groups, as a way of extending word-of-mouth recruitment and increasing local visibility. Social media was most effective when posts were shared through existing staff networks, helping roles reach people already connected to the area:

*“We’ve got a Facebook page and Instagram page that one of our staff does... it’s just shared that way.” (P29, provider interview)*

*“We use Facebook quite a lot, especially sharing posts through our staff.” (P28, provider interview)*

*“It tends to reach people locally who already know a bit about us.” (P33, provider interview)*

Survey responses reflected this more mixed but supportive picture. While social media was not used by all providers, those who did use it highlighted its value in increasing local visibility and reinforcing organisational reputation:

*“Our colours and logos are prominent in local social media and advertising.” (PS19, provider survey)*

*“We showcase employee testimonials and success stories on our careers page and social media platforms.” (PS12, provider survey)*

Figure 9 (above) shows that social media recruitment was rated as effective by a minority of providers, though with more variation than staff referral and word-of-mouth approaches. This aligns with interview evidence that social media works best as a supporting recruitment channel, strengthening local reputation and amplifying personal networks rather than functioning as a standalone recruitment route.

## **4.3 Values, fit and signalling**

Providers consistently described recruitment as most effective when it focused on values, cultural fit and clearly signalling what working in the organisation involves, rather than simply filling vacancies. This approach was often described as taking longer but resulting in stronger matches between staff and organisation, with benefits for both recruitment quality and retention.

### **Values-based recruitment and recruiting for fit**

Survey data indicate that values-based recruitment is widely used across the provider sample. Most of the 29 respondents reported that shared values are considered during

recruitment, either formally within recruitment processes (n=18) or informally alongside skills and experience (n=11).

Many providers prioritised values-based recruitment, even when this meant leaving roles unfilled for longer. Recruiting people whose values aligned with the organisation was seen as central to building stable teams, with providers viewing this selectivity positively and as important for reducing later problems and improving retention.

*“Values and attitude are more important than qualifications.”* (PS17, provider survey)

*“We want the right people, not just people to fill shifts.”* (PS22, provider survey)

*“If they’ve got the right values, we can teach them the rest.”* (P37, provider interview)

*“The right people with the right values, they’re going to stay around.”* (P29, provider interview)

### **Signalling culture and role expectations**

Providers also emphasised the importance of clearly signalling organisational culture and role expectations throughout the recruitment process. Rather than relying on standard job descriptions, some providers described using more personal and realistic messaging:

*“Job descriptions are quite cold... our job adverts are very bespoke... written in a very personal way.”* (P28, provider interview)

Survey respondents similarly highlighted transparency about values and expectations:

*“We explain who we are, what our values are... what we would expect from them.”* (PS21, provider survey)

## **4.4 Pipeline and engagement approaches**

Providers further described a set of recruitment approaches focused on building pipelines and maintaining engagement over time, rather than relying on one-off recruitment activity. Three related practices were emphasised: maintaining regular contact during recruitment and onboarding, developing links with schools and colleges, and, for some providers, international recruitment and sponsorship.

### **Regular contact during recruitment and onboarding**

Many providers highlighted the importance of maintaining regular contact with candidates once they had expressed interest in a role. This included checking in during recruitment processes, keeping candidates informed, and offering reassurance before start dates. Providers viewed this as important in reducing drop-out, particularly where there were delays between application and starting work:

*“We keep in really regular contact with them while we’re waiting for DBS and things, because otherwise you lose them.”* (P28, provider interview)

*“That early period is where you can lose people very easily if you’re not in touch.”* (P33, provider interview)

*“We found that checking in with people during onboarding has helped reduce no-shows.”* (PS15, provider survey)

Providers also described early contact as helping candidates feel supported and valued, especially those new to care:

*“It’s about reassuring them and making them feel welcome before they even start.”* (P27, provider interview)

### **Schools, colleges and placements**

Providers described engagement with schools, colleges and training providers as a longer-term recruitment strategy aimed at building future pipelines. This included offering work experience and student placements to give people early exposure to care work and challenge negative perceptions of the sector:

*“We do placements with colleges because it gives them a real idea of what care is actually like.”* (P35, provider interview)

*“It gives them a real idea of what the job’s like.”* (P37, provider interview)

While not seen as an immediate solution to vacancies, providers viewed these approaches as important for raising awareness and supporting values-based recruitment:

*“It’s about changing attitudes and showing it can be a good career.”* (P33, provider interview)

*“Student placements with local colleges have helped us recruit staff in the long run.”* (PS14, provider survey)

*“It’s about growing our own workforce through education links.”* (PS27, provider survey)

### **International recruitment and sponsorship**

For some providers, international recruitment and sponsorship formed a key part of their recruitment strategy, particularly where local labour supply was limited. Providers described this route as resource-intensive but, in some cases, essential:

*“International recruitment has been the only way we’ve been able to fill vacancies.”* (P30, provider interview)

*“International recruitment has been essential for us due to local shortages.”*  
(PS5, provider survey)

*“Without sponsored staff we would struggle to maintain staffing levels.”* (PS11,  
provider survey)

Providers also highlighted the need for additional support to ensure international recruits were able to settle and remain in post:

*“You have to support them properly when they arrive, otherwise it won’t work.”*  
(P28, provider interview)

## 4.5 Culture and leadership

Providers consistently described organisational culture and leadership behaviour as central to retaining staff. Rather than being framed as a discrete intervention, supportive culture was described as shaping staff’s everyday experience of work, influencing whether they felt valued, listened to and able to stay in post over time. This theme was strongly reinforced across both interviews and survey responses, indicating a high level of saturation in the data.

### Supportive organisational culture

Many providers emphasised the importance of approachable, visible and supportive leadership, particularly in creating an environment where staff felt able to raise concerns and seek support. Providers linked retention to managers being present, responsive and willing to listen:

*“We’re very open-door. Staff know they can come and talk to us if they’re struggling.”* (P34, provider interview)

*“It’s about being there for them, not just when things go wrong but all the time.”*  
(P29, provider interview)

Supportive culture was closely associated with staff feeling valued and respected, which providers described as influencing decisions to stay even when the work was demanding:

*“People stay because they feel valued, not just because of pay.”* (P30, provider interview)

*“Staff stay because they feel supported and listened to.”* (PS8, provider survey)

Several providers noted that this kind of culture was particularly important during periods of stress or personal difficulty, helping to prevent staff leaving at critical points:

*“If someone’s having a hard time, we try to support them rather than lose them.”*  
(P36, provider interview)

*“Creating a positive, supportive environment is the most important thing for retention.” (PS17, provider survey)*

### **Staff involvement in decision-making**

Providers described staff involvement in decision-making as an important feature of supportive leadership and a contributor to retention. Involving staff in decisions about how services are run and how changes are introduced was seen as helping staff feel respected, trusted and invested in the organisation.

Several providers emphasised the importance of listening to staff views and acting on feedback, rather than decisions being made solely at management level:

*“We ask their opinions and actually listen to what they say.” (P29, provider interview)*

*“Staff feel more valued when they know their views matter.” (P34, provider interview)*

Providers also linked involvement to day-to-day problem solving, describing how open discussion helped prevent dissatisfaction from escalating:

*“We talk things through with staff before they become bigger problems.” (P36, provider interview)*

*“We involve staff in changes and listen to feedback to improve retention.” (PS20, provider survey)*

## **4.6 Stability, flexibility and fairness**

Providers consistently described stability, flexibility and perceptions of fairness as important factors in retaining staff. Rather than focusing on single incentives, providers emphasised the value of predictable working patterns, flexibility to accommodate personal circumstances, and fair pay and benefits relative to local alternatives.

### **Flexible working and predictable rotas**

Flexible working and predictable rotas were frequently described as helping staff balance work with caring responsibilities, health needs and other commitments. Providers linked flexibility to reduced stress and improved retention, particularly where staff had limited control in previous roles:

*“Flexibility is massive for us. If we can work around people, they’re more likely to stay.” (P29, provider interview)*

*“Knowing your shifts makes a massive difference to whether people stay.” (P32, provider interview)*

Several providers emphasised that flexibility did not necessarily mean fewer hours, but greater control and predictability, which helped staff plan their lives and reduced last-minute pressures:

*“It’s about being fair and giving people notice, not chopping and changing all the time.”* (P36, provider interview)

*“Staff stay longer when we can accommodate their personal circumstances.”* (PS14, provider survey)

### **Pay benchmarking, pensions and incentives**

Pay, pensions and incentives were also identified as important, though providers often described them as necessary to get right, but not sufficient on their own to retain staff. Providers emphasised the importance of being competitive within the local labour market and transparent about pay structures, rather than offering the highest wages. In practice, this typically meant remaining broadly competitive with other local care providers while recognising that staff may also compare care roles with employment in other sectors such as retail or hospitality:

*“We’re not the highest paid, but we make sure we’re competitive and fair.”* (P30, provider interview)

*“If people feel pay is unfair, they’ll leave.”* (P32, provider interview)

Several providers described benchmarking pay against local employers and using pensions or small incentives to support retention:

*“We review pay regularly to make sure we’re in line with others locally.”* (P28, provider interview)

*“The pension and little extras do make a difference.”* (PS22, provider survey)

## **4.7 Support, development and care**

Providers described support, development and care as important retention levers, particularly in helping staff settle into roles, build confidence and remain in post during challenging periods. This theme brought together training and development, mentoring and structured support, and support during personal difficulties, all of which were seen as contributing to staff feeling valued and invested in.

### **Training, learning and development**

Training and learning opportunities were widely described as supporting retention by helping staff feel confident in their roles and by signalling that the organisation was investing in them. Providers linked access to development with greater engagement and commitment, particularly in the early stages of employment:

*“If people feel confident in what they’re doing, they’re more likely to stay.”* (P29, provider interview)

*“Training shows staff that we’re investing in them, not just expecting them to get on with it.”* (P34, provider interview)

*“Ongoing training and development opportunities help staff stay engaged.”* (PS16, provider survey)

Survey findings reinforced the importance of training for retention. Most providers reported that training and development opportunities contribute a great deal or somewhat to staff retention, with very few indicating that they make little or no contribution.

### **Mentoring and structured support**

Many providers highlighted the value of mentoring and structured support, particularly for new starters. Buddying, shadowing and having a named person to go to for support were described as helping staff feel less isolated and more confident during the early stages of employment:

*“Having someone there to support them at the beginning makes a big difference.”* (P36, provider interview)

*“We buddy new staff up so they’re not on their own.”* (P30, provider interview)

*“Mentoring and buddying help new starters settle and feel part of the team.”* (PS10, provider survey)

Providers viewed this early support as especially important in reducing the risk of staff leaving in the first few months.

### **Support during personal difficulties**

Providers also emphasised the importance of supporting staff during personal difficulties, such as health issues, caring responsibilities or periods of stress. Flexibility, understanding and practical support were described as helping staff remain in post during critical moments:

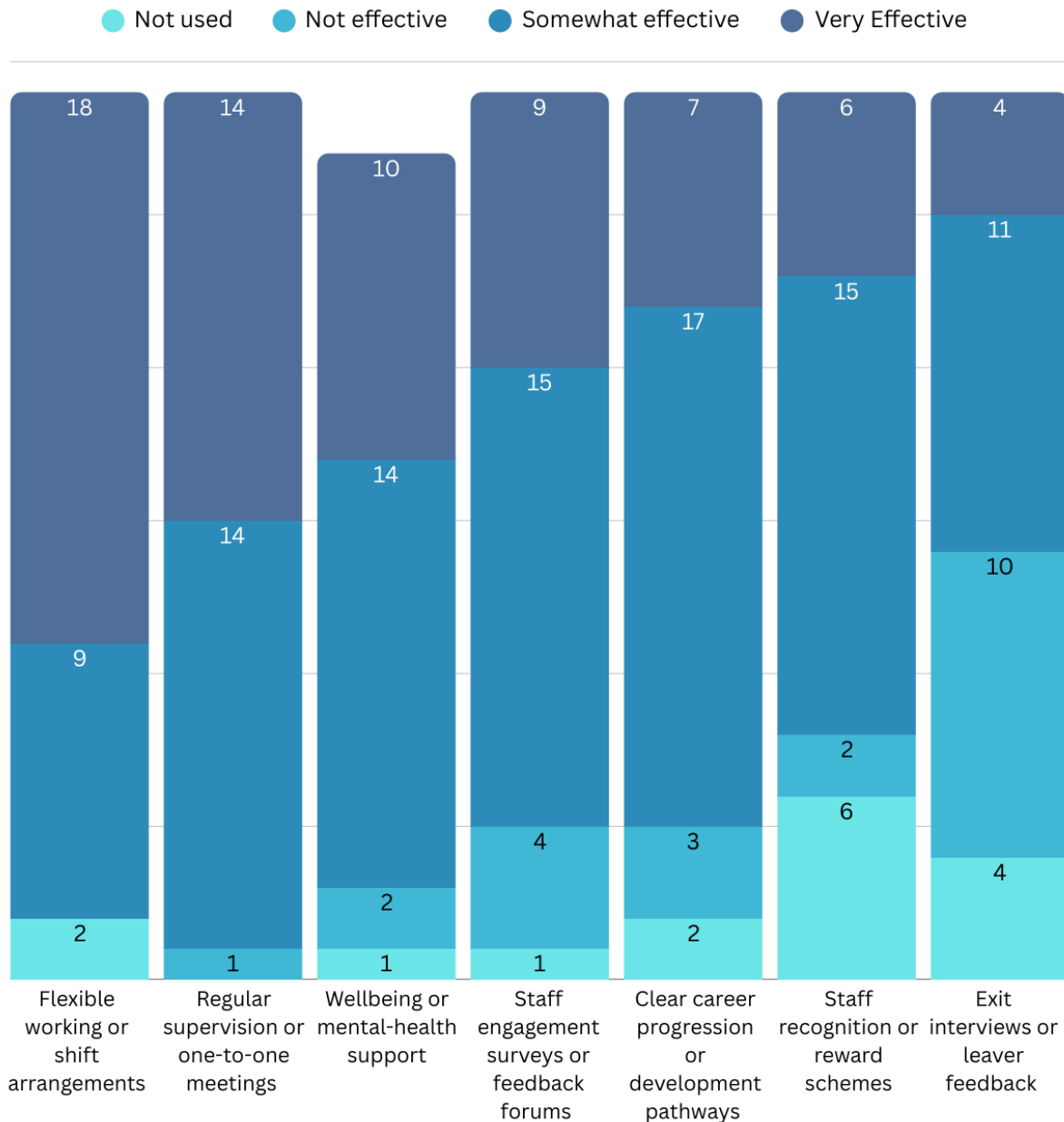
*“If someone’s going through something, we try to support them rather than lose them.”* (P36, provider interview)

*“Life doesn’t stop because you work in care, and we recognise that.”* (P29, provider interview)

*“Supporting staff through difficult times helps with retention.”* (PS18, provider survey)

Survey findings further emphasise the importance of ongoing support, development and care in retaining staff. Actions such as regular supervision or one-to-one meetings, wellbeing or mental health support, flexible working arrangements and staff recognition were widely used and most commonly rated as very effective. Clear career development pathways were also viewed as contributing to retention, though with greater variation, reflecting differences in organisational size and structure. In contrast, exit interviews and leaver feedback were less consistently rated as effective, suggesting that preventative and relational approaches play a more important role in supporting retention than reactive measures (see figure 10 below).

## Which of the following actions does your organisation take to help retain staff, and how effective do you think each one is?



**Figure 10.** Perceived effectiveness of retention actions (provider survey)

### 4.8 Key findings

Provider-level recruitment and retention are shaped by a set of interconnected, relational practices, rather than single interventions. Recruitment was most effective where providers built local reputation and trust through staff referral, word-of-mouth

and social media, clearly signalled values and expectations, and invested in longer-term pipelines through sustained engagement, education links and, for some, international recruitment. Retention was strongest where staff experienced supportive leadership, involvement in decision-making, stability and fairness in working arrangements, and access to development, mentoring and practical support during difficult periods. Across both recruitment and retention, providers emphasised that impact depended on how practices were combined and sustained over time, with organisational culture and leadership acting as the foundation that enabled individual interventions to work.



**Figure 11.** Provider-level recruitment and retention practices

# 5. System-level levers to improve recruitment and retention

## 5.1 Introduction

This section addresses *Research Question 2: What levers or interventions are available at the system level to improve recruitment and retention?* In this study, system-level refers to organisations operating across local adult social care markets including local authorities, ICSs, regional care associations, skills partnerships, and other place-based sector bodies that influence workforce sustainability through commissioning, coordination, infrastructure and workforce development, rather than directly employing care staff.

The findings draw on 24 system stakeholder interviews (28 participants) and survey responses from 21 system stakeholders, including both closed and open-text data. These data provide insight into how system-level organisations understand their role in shaping recruitment and retention across local care markets.

In contrast to the provider-level findings, which are presented thematically, system-level interventions are presented in order of the strength and consistency of evidence across interviews and survey data. To support clarity and prioritisation, the findings combine summary tables with more detailed narrative for interventions with the strongest evidence or where stakeholder views highlight important distinctions. Recruitment and retention interventions are presented separately but comparatively, with illustrative quotes used throughout to support the findings.

## 5.2 System-level recruitment interventions

System stakeholders identified a set of recruitment interventions aimed at supporting entry into the adult social care workforce and improving how recruitment operates across local systems. These interventions are first summarised in figure 12 which provides an overview of their purpose, mechanisms and relative strength of evidence. The interventions are presented in order of the strength and consistency of evidence across interviews and survey data. A more detailed narrative is then provided for the interventions with the strongest supporting evidence, while those with more limited or mixed evidence are described briefly.

System-level action typically operates through coordination, shared infrastructure and activity delivered at scale rather than through direct employment of staff. Stakeholders also referred to the use of workforce intelligence and planning tools, including the ASC-WDS and local workforce strategies, to understand labour market conditions and inform action across providers. However, these activities were generally framed as enabling infrastructure rather than recruitment or retention interventions in their own right.

Order (by strength of evidence)	Recruitment Intervention	Description of Intervention	How It Works (Mechanism)	Supporting Evidence	Limits / Conditions
1	<b>International recruitment support (including displaced worker pools)</b>	System-led coordination of overseas recruitment, sponsorship and displaced worker matching	Addresses acute shortages; shares risk and complexity across the system	<p>"Without international recruitment, some providers simply wouldn't be able to operate." (P7, interview)</p> <p>"We had a really good success rate. It was around 42% success rate that we managed to get and find other roles." (P38, interview)</p> <p>"Overseas licenses worked well, and would have benefitted from continuing..." (SSS12, survey)</p>	Dependent on ethical recruitment, pastoral and integration support; vulnerable to policy and regulatory change; displaced worker pools can be complex to manage
2	<b>Employability / 'Grow your own' programmes</b>	System-led employability pathways into care for local residents	Builds local supply; improves fit and sustainability	<p>"We've got the grow our own programme... we've had 29 into employment through that programme." (P14, interview)</p> <p>"They run a cadet programme for 16 to 19 year olds... we wanted to expand placement opportunities into social care." (P38, interview)</p> <p>"Offering opportunities to young people (NEETs) and minoritised groups pathways into the ASC sector." (SSS18, survey)</p>	Resource-intensive; slower to deliver impact; reliant on provider engagement and wraparound support

3	<b>System-led recruitment brokerage / talent hubs</b>	Centralised recruitment portals and brokerage across providers	Reduces duplication; improves access and matching	<p>"We created the talent and recruitment hub... asking people to be informed and interview ready." (P8, interview)</p> <p>"My team will help sift the candidates... that has worked really well end to end." (P1, interview)</p> <p>"Directed interested people to a recruitment portal... worked well." (SSS6, survey)</p>	Requires sustained funding and system capacity; effectiveness depends on provider buy-in and ongoing promotion
4	<b>Care academies (local authority-led)</b>	LA-led academies offering structured routes into care	Improves readiness and understanding of care roles	<p>"Some of the care academies are really proactive in supporting recruitment." (P15, interview)</p> <p>"We've launched with a pre-employment programme... in collaboration with the college and system partners." (P38, interview)</p>	Delivery and effectiveness vary across areas; dependent on strong partnerships and provider participation
5	<b>Sector-based work academies / short pre-employment courses</b>	Short pre-employment training linked to care entry	Improves readiness; screens for suitability	<p>"It's that sector-based work academy that we've developed and launched." (P38, interview)</p> <p>"Worked with colleges and led skills bootcamps..." (SSS4, survey)</p>	Variable uptake and completion; conversion into jobs not guaranteed

6	<b>Recruitment events with on-the-day interviews</b>	System-run recruitment events with same-day interviews/offers	Speeds up hiring; lowers access barriers	<p>"Over 300 people through the door... interviews taking place on the day, jobs offered on the day." (P38, interview)</p> <p>"They saw about 300 participants go through the events." (P14, interview)</p>	Often most effective as part of a wider recruitment approach; outcomes influenced by competing employers
7	<b>Education-led attitude change (FE / HE, schools)</b>	Outreach to schools and colleges to influence perceptions	Builds longer-term pipeline	<p>"We go into schools... to myth bust." (SSS2, survey)</p> <p>"To reach much younger people to plant those seeds." (P23, interview)</p>	Long time horizon; limited short-term recruitment impact; dependent on sustained funding
8	<b>Jobcentre Plus-led recruitment</b>	Recruitment activity via Jobcentre Plus	Accesses jobseekers; supports entry-level recruitment	<p>"We've done job fairs with the Job Centre... what worked really well was the one-to-one support." (P23, interview)</p> <p>"Including joint JCP initiatives." (SSS7, survey)</p>	Effectiveness varies locally; relies on intensive follow-up and coaching to convert interest into jobs

**Figure 12.** System-level recruitment interventions (ordered by strength and consistency of evidence across interviews and survey data)

## **International recruitment support (including displaced worker pools)**

International recruitment support emerged as the most consistently evidenced system-level recruitment intervention within the current workforce context. Across interviews and survey responses, stakeholders described it not simply as effective, but as critical to maintaining service viability, under conditions of sustained domestic recruitment shortfalls. Several participants indicated that, in the absence of international staff, parts of the sector would struggle to continue operating.

System-level coordination was described as critical in managing the operational, regulatory and financial complexity associated with international recruitment, particularly in relation to displaced workers whose sponsorship arrangements had failed. Across multiple regions, stakeholders described structured approaches that went beyond informal signposting and instead operated as coordinated brokerage and support functions.

In London and the South East, stakeholders outlined partnership models developed with local authorities to support providers with access to displaced worker talent pools. These included vacancy matching services, coordinated interview processes, and, in some cases, financial recognition schemes designed to offset sponsorship costs and encourage responsible re-sponsorship. In North East London, system teams reported managing a displaced worker pool of over 1,600 individuals, actively matching candidates to vacancies while navigating Home Office approval processes. Similarly, in Yorkshire and Humber, stakeholders described regional efforts to increase the number of approved sponsors while coordinating placements for displaced workers, with around 70 individuals reportedly being placed into employment each month.

Greater Manchester stakeholders also described a council-led displaced worker pathway combining pastoral support with job brokerage, achieving a reported 42% success rate in securing alternative employment for displaced workers and subsequently expanding across the wider city-region.

Across regions, stakeholders emphasised that these coordination functions require sustained system capacity, data visibility and provider engagement. While international recruitment, when supported by structured brokerage and redeployment mechanisms, was described as helping stabilise workforce supply in the short term, participants were cautious about its long-term sustainability and dependence on national policy. It was therefore viewed as an important component of workforce strategy rather than a substitute for strengthening domestic recruitment and retention pathways.

## **Employability and 'grow your own' programmes**

In this study, employability and 'grow your own' programmes refer to targeted, place-based approaches that support people into adult social care roles who are not yet ready or able to enter the open labour market. System stakeholders described these

programmes as focusing on people who may be further from employment, lack confidence or work readiness, or come from under-represented or deprived communities. Rather than competing for a limited pool of experienced staff, these approaches are explicitly framed as developing a local workforce, through tailored one-to-one support, pre-employment preparation, confidence-building, and access to training or qualifications.

Employability and 'grow-your-own' programmes emerged as a strongly supported strategic response to a constrained labour market. Across interviews, stakeholders consistently endorsed these approaches as a necessary alternative to short-term recruitment fixes, particularly where local labour supply is limited and competition for staff is high. Survey responses reinforced this position, with respondents explicitly describing targeted employability support as more effective than general recruitment campaigns.

There was clear agreement across the data on why these programmes work. Stakeholders emphasised their role in widening the recruitment pool, improving confidence and readiness for care roles, and creating clearer, supported pathways into employment. While consistently described as time- and resource-intensive, this was framed as a deliberate and worthwhile trade-off. The evidence indicates strong convergence between interview and survey data that employability and grow-your-own approaches are particularly effective for longer-term workforce sustainability, even if they do not deliver immediate recruitment gains.

### **System-led recruitment brokerage and talent hub models**

System-led recruitment brokerage and talent hub models refer to centralised, system-run approaches to coordinating recruitment across multiple providers, often through shared portals, candidate screening, and active brokerage between candidates and vacancies. In the areas described by participants, these functions were typically delivered by local authority workforce or commissioning teams, regional local authority partnerships, and in some cases through joint health and social care recruitment hubs linked to ICSs. Stakeholders described these models as addressing fragmentation in local recruitment activity and reducing the burden on individual providers, particularly smaller organisations with limited Human Resources (HR) capacity.

This intervention ranked third due to strong alignment across interviews and survey data on the problem it solves and how it works. Interviewees consistently described brokerage as effective in streamlining recruitment, improving candidate experience, and reducing duplication across providers, provided it was adequately resourced. Examples included ICS-linked recruitment hubs offering shared vacancy information across health and social care, local authority teams promoting vacancies and undertaking cross-provider candidate matching, and regional partnerships overseeing pre-employment programmes and maintaining shared pools of work-ready candidates who are then matched across multiple local providers. Survey respondents reinforced

this view, repeatedly calling for more central, hands-on recruitment support rather than expecting providers to manage recruitment independently.

There was clear agreement across the data on the mechanism of impact: brokerage models work by creating a single point of access into care roles, coordinating demand across providers, and actively supporting candidates to become interview ready. While some of the most operationally detailed examples related to displaced international worker pools, stakeholders described brokerage more broadly as a response to fragmented recruitment markets. Outcomes were recognised as dependent on sustained system capacity and clear ownership. Overall, the evidence indicates strong conceptual coherence and consistent endorsement of brokerage as a necessary system function rather than an optional add-on.

### **Care academies (Local authority-led)**

Local authority-led care academies were described as coordinating infrastructures that bring together pre-employment activity, training and recruitment pathways into adult social care. Stakeholders referred to academies as mechanisms for improving candidate readiness, offering clearer routes into care roles, and strengthening links between councils, providers and education partners.

This intervention ranked fourth due to consistently positive but context-dependent support across interviews and survey responses. Interviewees frequently described care academies as effective where they are proactive, well-resourced and closely connected to providers, particularly in supporting people to understand care work before entering employment. However, stakeholders also highlighted significant variation in how academies operate across different areas, and not all participants reported direct experience of an active or well-developed model. The ranking therefore reflects variability in coverage and implementation rather than disagreement about their potential effectiveness. Survey responses reinforced this assessment, while also highlighting significant variation in how academies operate across different areas.

Across the data, there was strong agreement on the conditions under which care academies work. Their effectiveness was seen to depend on local authority capacity, sustained resourcing and strong partnerships with providers and colleges. As a result, stakeholders viewed care academies as capable of delivering meaningful recruitment benefits in some contexts, but not as a universally reliable solution. The evidence therefore supports a moderate-to-strong assessment of effectiveness, with outcomes highly contingent on local delivery conditions.

### **Education-led attitude change (FE / HE, schools)**

Education-led approaches aimed at changing perceptions of adult social care careers were widely described as important and necessary, but evidence of direct recruitment impact was limited. Across interviews and survey responses, stakeholders consistently emphasised the need to address stigma, low visibility and misconceptions

about care work, particularly among young people and those in education. However, both interviews and survey data framed these activities as long-term and upstream, rather than as interventions that deliver immediate recruitment outcomes. Stakeholders described their value in shaping future workforce supply by increasing awareness and normalising care as a career option, but did not present them as a solution to current staffing pressures.

As a result, while there is strong agreement on the strategic importance of education-led attitude change, the evidence base supports a weaker assessment of direct effectiveness for recruitment in the short term. This intervention is therefore best understood as necessary but not sufficient, contributing to longer-term system resilience rather than immediate workforce growth.

### 5.3 System-level retention interventions

System stakeholders further identified a set of retention interventions focused on supporting workforce stability and reducing avoidable exits from adult social care across local systems.

In this study, system-level retention interventions refer to activity led or coordinated by local authorities, regional partnerships and, in some areas, ICS-linked workforce teams to support retention across multiple providers, rather than retention practices delivered within individual organisations. In practice, this included local authority-funded or regionally coordinated leadership and management programmes for provider managers, shared access to training and CPD through cross-provider portals or funded courses, and sector-wide mechanisms to support workforce continuity through redeployment and mobility pathways.

These interventions are first summarised in Figure 13 to provide an overview of their purpose, mechanisms and relative strength of evidence. As with the recruitment interventions, the retention interventions are presented in order of the strength and consistency of evidence across interviews and survey data. A more detailed narrative is then provided for the interventions with the strongest supporting evidence.

Compared to recruitment, system-level retention interventions were described less as discrete programmes and more as a set of enabling conditions and infrastructure that support providers to retain staff. Stakeholders tended to frame retention levers as indirect and longer-term, with impact mediated through leadership capability, organisational culture and system support. As a result, the evidence base for retention is less sharply defined than for recruitment, reflecting the more complex and relational nature of retention at system level rather than a lack of consensus among stakeholders.

Order (by strength of evidence)	Retention Intervention	Description of Intervention	How It Works (Mechanism)	Supporting Evidence	Limits / Conditions
1	<b>Leadership &amp; management development</b>	System-led leadership and management development programmes for registered managers and senior staff	Improves leadership capability; strengthens organisational culture; supports staff retention through better management practice	<p>"Good leadership is absolutely critical to retention." (P6, interview)</p> <p>"If managers feel supported and skilled, staff are far more likely to stay." (P11, interview)</p> <p>"Leadership programmes have had a real impact on stability within services." (SSS4, survey)</p>	Impact depends on sustained investment and uptake; benefits are indirect and mediated through provider leadership
2	<b>Training, CPD &amp; learning portals</b>	System-wide access to training, CPD and shared learning platforms for care staff	Builds skills and confidence; signals investment in staff; supports progression and retention	<p>"Access to ongoing training makes people feel valued and more likely to stay." (P2, interview)</p> <p>"Learning portals have helped standardise access to CPD across providers." (P17, interview)</p> <p>"Training and development opportunities are key to retaining staff." (SSS9, survey)</p>	Requires coordination across providers; benefits accrue over time rather than immediately

3	<b>Keeping people in the sector (redeployment / mobility)</b>	System mechanisms to retain staff within adult social care through redeployment, mobility or cross-provider movement	Prevents workforce loss; maintains sector capacity; supports retention during service change	<p>"We'd rather keep people in the sector than lose them altogether." (P9, interview)</p> <p>"Redeployment across providers has helped avoid people leaving care." (P20, interview)</p> <p>"Supporting people to move between roles or employers can help retain experienced staff in care." (SSS13, survey)</p>	Requires coordination, data sharing and provider cooperation; may be complex to operationalise
4	<b>Wellbeing support (EAPs / accelerators)</b>	System-supported wellbeing initiatives such as EAPs, mental health and resilience support	Addresses stress and burnout; supports staff during difficult periods	<p>"...we've also got a wellbeing and pastoral support offer..." (P38, interview)</p> <p>"Having access to wellbeing support helps people cope and stay in work." (P16, interview)</p> <p>"Mental health and wellbeing support makes a difference to retention." (SSS7, survey)</p>	Often supplementary rather than sufficient alone; uptake may vary across providers
5	<b>Delegated healthcare activities / hybrid roles (emerging)</b>	Development of hybrid roles enabling care staff to undertake delegated healthcare tasks	Enhances role value and progression; improves job satisfaction	<p>Enhances role value and progression; improves job satisfaction</p> <p>"Hybrid roles could help make care roles more attractive and retain experienced staff." (P22, interview)</p> <p>"Delegated healthcare activities could support retention if implemented well." (SSS16, survey)</p>	Emerging intervention; requires regulatory clarity, training and clinical governance

**Figure 13.** System-level retention interventions (ordered by strength and consistency of evidence across interviews and survey data)

## **Leadership and management development**

Leadership and management development emerged as the strongest and most consistently supported system-level retention intervention. Stakeholders described leadership capability as central to staff experience, organisational culture and workforce stability, with effective managers playing a critical role in supporting teams, managing pressure and responding to staff needs.

Leadership development was frequently described as operating through staged pathways that combine formal training with mentoring and coaching. Examples included system-funded team leader courses delivered in partnership with further education providers, supporting progression across multiple care organisations. These training routes were often explicitly linked to follow-on mentoring or coaching, particularly for staff aspiring to acquire leadership roles, strengthening confidence, legitimacy and readiness for increased responsibility. Stakeholders emphasised that these layered leadership pathways support retention not only by improving management quality, but by creating visible progression routes within the sector. While impacts were described as indirect and longer-term, there was strong agreement that leadership development, when linked to mentoring and progression, plays a central role in stabilising services and retaining staff across the system.

## **Training, Continuing Professional Development (CPD) and learning portals**

Training, CPD and shared learning portals were widely described as an important system-level lever for retention, supporting workforce development and signalling investment in care staff. Stakeholders highlighted the value of system-wide access to training in improving skills, confidence and opportunities for progression, particularly where individual providers may lack the resources to deliver this independently. These interventions were seen to contribute to retention by helping staff feel valued and supported, and by creating clearer development pathways within the sector. While benefits were described as accruing over time rather than immediately, there was strong agreement that access to training and learning infrastructure plays a key role in sustaining the workforce.

## **Keeping people in the sector (redeployment and mobility)**

System-level approaches to keeping people in the sector, including redeployment and workforce mobility, were described as an effective way of reducing avoidable loss of staff from adult social care. Rather than focusing solely on retaining staff within individual organisations, stakeholders emphasised the importance of retaining skills and experience within the wider sector. In practice, this included local authority-led coordination of displaced worker pools, circulation of vacancies across commissioned providers, and active matching of staff at risk of redundancy to alternative roles within the same local care market. These approaches were viewed as particularly valuable during service change, provider instability or contract transitions, enabling staff to move between providers rather than leaving care altogether. While implementation

was acknowledged to be complex and dependent on coordination and data-sharing, stakeholders consistently described redeployment and mobility as a pragmatic and strategic retention approach at system level.

## 5.4 Key findings

The findings in this section show that system-level interventions shape recruitment and retention in adult social care primarily through coordination, infrastructure and enablement, rather than direct delivery. System stakeholders identified a clearer and more strongly evidenced set of recruitment interventions than retention interventions, reflecting differences in how these operate at system level.

Survey findings reinforce this interpretation. When asked to identify the most important enablers of effective recruitment and retention across local systems, respondents most frequently selected public recognition and campaigns that promote the value and status of adult social care (n=16), followed by joint learning, career development and progression programmes (n=11), and data-driven planning and commissioning approaches (n=8) (see figure 14 below). These responses highlight that system impact is perceived to depend not only on discrete programmes, but on wider coordination, visibility, and workforce infrastructure.

A small number of stakeholders also referenced the Care Workforce Pathway as an emerging framework intended to support clearer progression and mobility across the sector. However, interview participants generally described it as still developing and not yet consistently embedded within local workforce systems.

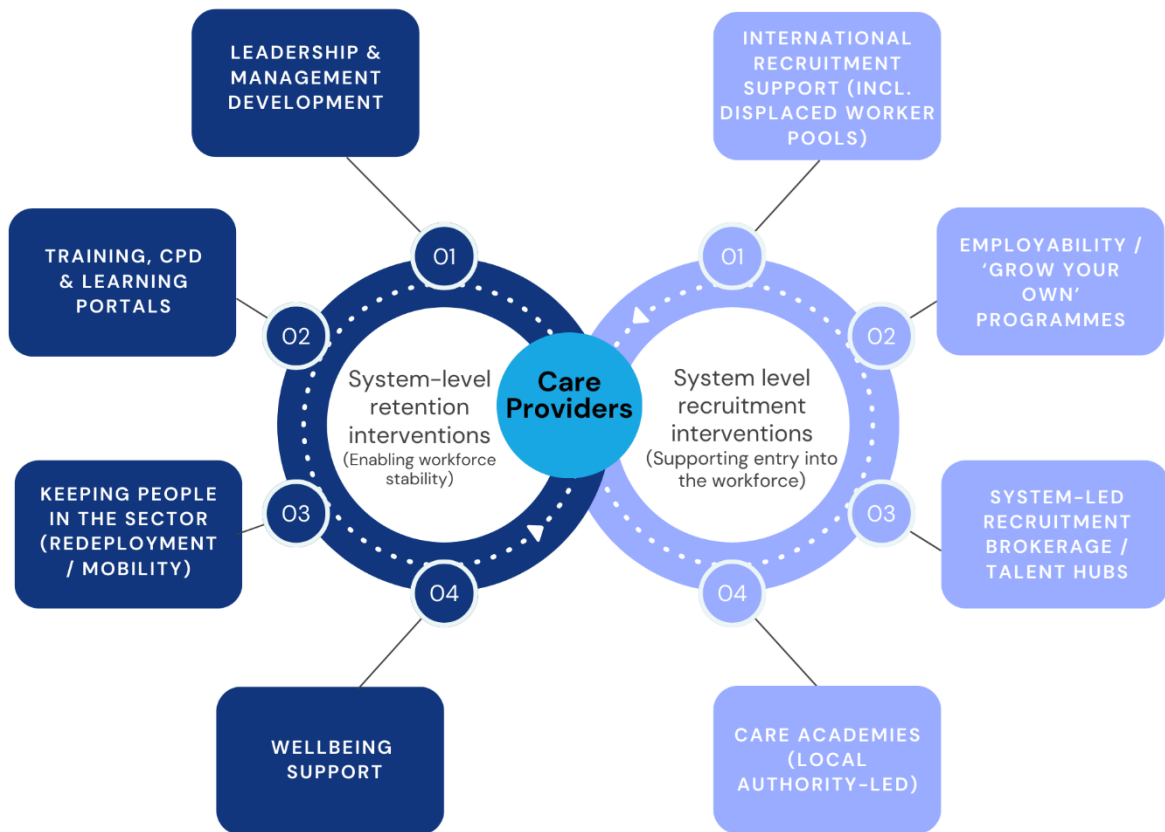
## What are the most important enablers that support effective recruitment and retention across your local system?



**Figure 14.** Most frequently identified system-level enablers of effective recruitment and retention (system stakeholder survey)

System-level recruitment levers were largely programme-based, with strongest evidence for international recruitment support, employability and ‘grow your own’ programmes, recruitment brokerage and care academies. These interventions focus on expanding workforce supply, reducing provider burden and improving access into care roles. Other recruitment levers, such as education-led attitude change and Jobcentre Plus-led recruitment, were widely viewed as important but longer-term or context-dependent, with weaker evidence of direct impact. System-level retention levers were described more as enabling infrastructure than stand-alone programmes. Leadership and management development, access to training and CPD, and system approaches to keeping people in the sector were most strongly supported, while wellbeing support and delegated or hybrid roles were seen as supplementary or emerging.

Across both recruitment and retention, stakeholders emphasised that system-level interventions are most effective when they enable and amplify provider action, with variation in impact linked to provider engagement, clarity of ownership and system capacity rather than intervention design. Figure 15 summarises the top four system-level interventions identified and illustrates how recruitment and retention interventions cluster and relate to one another.



**Figure 15.** Top four system-level recruitment and retention interventions

## 6. Connecting provider and system levels: roles, alignment and conditions for impact

### 6.1 Introduction

This section addresses *Research Question 3: What is the role of providers and system stakeholders in realising and maximising the impact of levers or interventions at each level, and what conditions must be true for these to be effective?* Building on the findings presented in Sections 4 and 5, it shifts the focus from identifying effective recruitment and retention interventions to understanding how impact is achieved in practice.

Our analysis shows that impact depends less on the presence of individual interventions and more on the alignment between provider-level action and system-level support. Providers are responsible for delivering recruitment and retention in day-to-day practice, shaping candidate and staff experience through relationships, leadership and organisational culture. System stakeholders, by contrast, operate at scale, enabling, coordinating and stabilising provider activity through infrastructure, funding, brokerage and workforce development support. While improvements can be achieved at either level independently, the strongest and most sustained impacts were described where provider practice and system infrastructure were aligned and mutually reinforcing.

Across the findings, instances where recruitment or retention interventions underperformed were rarely attributed to poor design. Instead, they reflected misalignment between roles, expectations or capacity, such as system activity that did not connect with provider practice, or provider-level efforts that were unsupported by wider infrastructure. Conversely, the most effective approaches were those where provider and system actions were mutually reinforcing, with clear ownership, shared objectives and realistic assumptions about delivery.

This section therefore examines where provider and system interventions overlap, what this reveals about the respective roles of providers and system stakeholders, and the conditions required to maximise impact. It brings together the earlier analyses to develop a set of delivery models that translate the evidence into practical, testable approaches for future piloting.

### 6.2 Crossover analysis: aligning provider and system levers

Analysis of provider- and system-level evidence shows that recruitment and retention outcomes depend on alignment across a small number of shared mechanisms, rather than on the presence of individual interventions in isolation. Figures 16 and 17 summarise where provider and system actions overlap and how these interactions

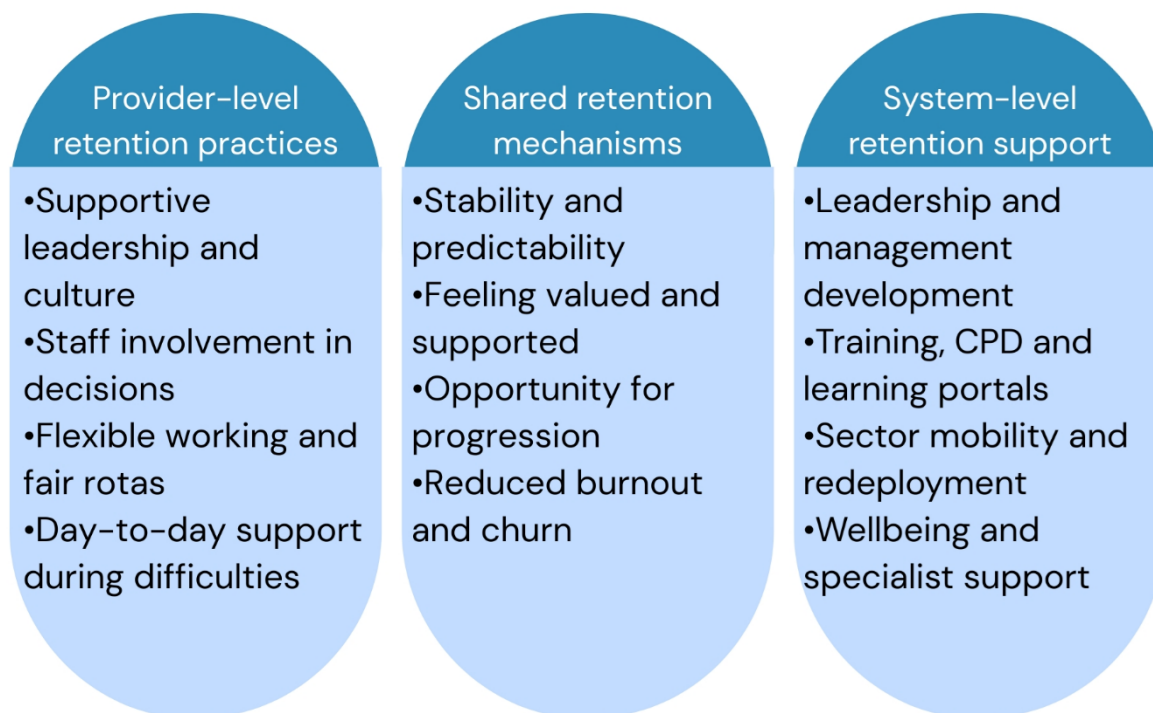
shape impact. Full analytical crossover tables, detailing all interventions, are provided in Appendix C (recruitment) and Appendix D (retention).

Figure 16 shows that recruitment is most effective where provider-led attraction and assessment are amplified by system-level access and coordination. Providers generate trust, credibility and local reputation through staff referral, values-based recruitment and ongoing candidate engagement. System stakeholders support these efforts by widening access, reducing friction and preparing candidates upstream through employability programmes, brokerage, care academies and recruitment events. The shared mechanisms of trust, clear expectations, confidence and continuity from interest to entry highlight that misalignment at handover points (for example, between system preparation and provider onboarding) weakens impact, while coordinated pathways strengthen it.



**Figure 16.** Alignment between provider- and system-level recruitment levers

Figure 17 illustrates a different but complementary pattern for retention. Providers shape the day-to-day experience of work through leadership, culture, involvement and fair, predictable arrangements. System stakeholders contribute primarily through enabling infrastructure, including leadership and management development, access to training and CPD, sector mobility and wellbeing support. The shared mechanisms of stability, feeling valued, opportunity for progression and reduced burnout indicate that system-level retention levers are most effective when they reinforce provider capacity, rather than attempting to substitute for it.



**Figure 17.** Alignment between provider- and system-level retention levers

Combined these figures (16 and 17) show that recruitment levers tend to be more intervention-heavy at system level, while retention levers operate more through capacity-building and infrastructure. In both domains, the strongest outcomes are observed where roles are clear, ownership is shared appropriately, and activity is aligned around common mechanisms. These crossover patterns provide the basis for identifying the conditions for impact and for developing the delivery models set out in the section below.

### 6.3 Key conditions for impact

Across the provider interviews, system stakeholder interviews and survey data, a consistent set of conditions emerged as critical to the effectiveness of recruitment and retention interventions. These conditions recur across both recruitment and retention findings and help explain why similar interventions generate different outcomes in different contexts. They reflect how activity is aligned and delivered in practice, rather than the presence of specific interventions.

#### Provider engagement and capacity

Effective recruitment and retention depend on providers having the capacity to engage with and act on system-level support. Providers deliver recruitment and retention on the ground, shaping candidate and staff experience through leadership, culture and day-to-day management. Where provider capacity is stretched, even well-designed system interventions struggle to translate into impact. This condition sits primarily with

providers, though systems play a role in designing activity that is realistic and proportionate.

### **Clarity of ownership and roles**

The findings show that interventions are most effective where responsibilities are clearly defined. Recruitment and retention efforts weaken where it is unclear who is responsible for delivery, coordination or follow-through, particularly at the interface between system activity and provider practice. Clear ownership is a shared responsibility and is essential to avoiding duplication, gaps or unmet expectations.

### **Alignment of messaging and expectations**

Across both recruitment and retention, alignment between how care roles are presented and how they are experienced was identified as critical. Providers influence expectations at the point of hiring and through organisational culture, while systems shape expectations upstream through employability activity, academies and careers messaging. Misalignment increases early attrition and undermines trust. Achieving alignment requires coordinated action across both levels.

### **Continuity across pathways**

The evidence highlights the importance of continuity across recruitment and retention pathways, particularly from initial engagement into employment and early progression. Breaks in support at transition points reduce effectiveness and increase drop-out. Responsibility for continuity is shared, with systems coordinating pathways and providers sustaining engagement through onboarding and early support.

### **Sufficient system infrastructure**

System-level recruitment and retention levers rely on infrastructure, including brokerage capacity, leadership development, training provision and wellbeing support. Where this infrastructure is inconsistent or under-resourced, impact is limited regardless of provider effort. Responsibility for this condition sits primarily with system stakeholders.

### **Time and realism about outcomes**

Finally, the findings emphasise the importance of realistic expectations about timescales. Some recruitment interventions deliver immediate benefits, while pipeline and retention activity requires sustained investment to show impact. Unrealistic expectations undermine commitment and learning. Responsibility for setting appropriate time horizons is shared between providers and system stakeholders.

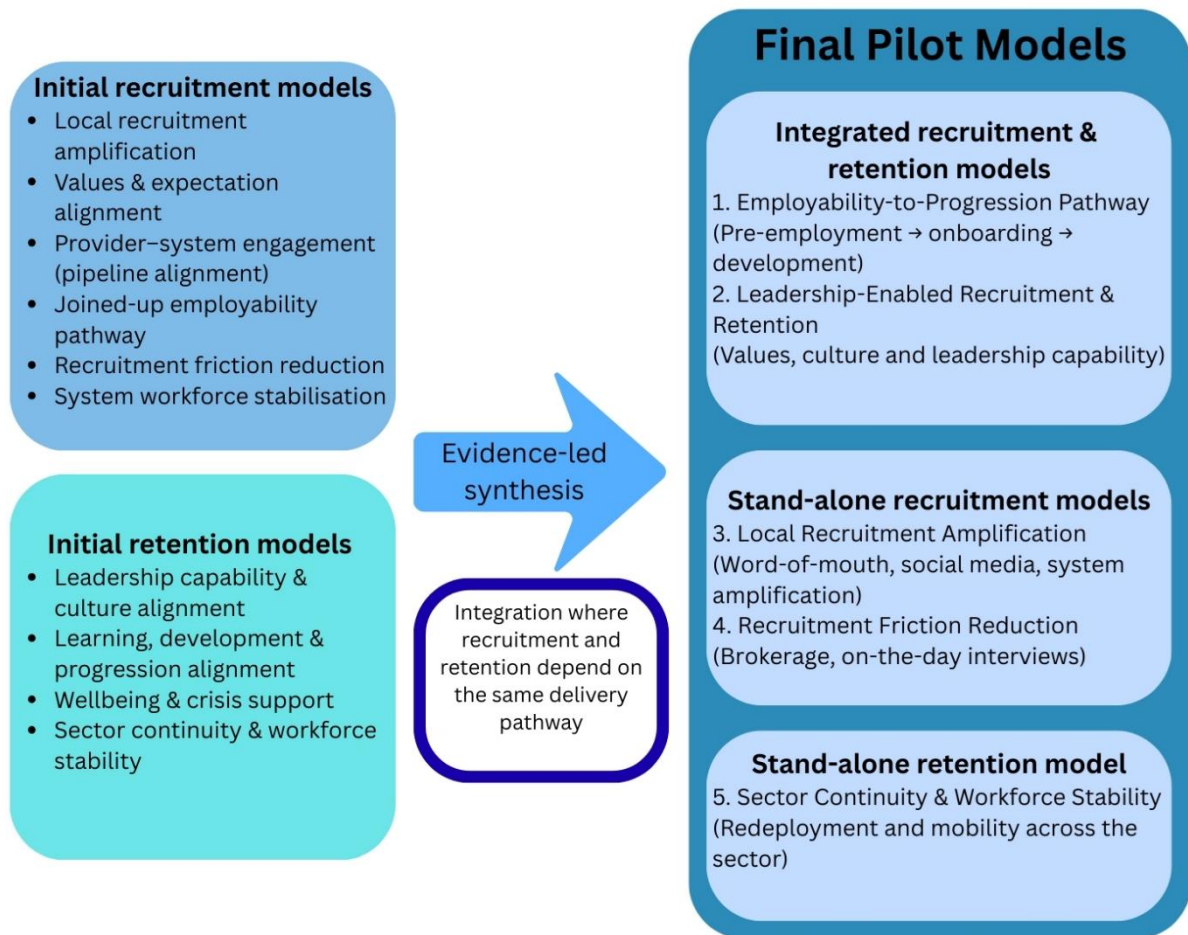
Together, these conditions explain how provider and system roles must align to maximise impact. They form the foundation for the delivery models presented in the next section, which translate these principles into practical, testable approaches for piloting.

## 6.4 Delivery models

The delivery models were developed through structured thematic synthesis and cross-case mapping of where provider- and system-level interventions overlapped across recruitment and retention, drawing on the crossover analysis presented in Section 6.2 and the conditions for impact set out in Section 6.3. An initial, wider set of potential interventions and approaches was identified from the data and reviewed in light of the strength and consistency of evidence across interviews and survey responses. These potential approaches were then consolidated where they acted on shared mechanisms, depended on similar conditions, or were mutually reinforcing in practice. Models were retained only where the evidence indicated that alignment between provider and system roles was both necessary and achievable. Other approaches were either merged into integrated models or retained as stand-alone where integration was not supported by the data.

The final set of models varies in scope and level of investment. Integrated models combine recruitment and retention activity where the evidence showed these to be most effective when delivered together. Other models remain stand-alone where a more focused intervention is appropriate. Differences in cost reflect the level of coordination, infrastructure and time required to deliver each model, rather than ambition alone. Figure 18 illustrates how the initial range of intervention ideas was consolidated into the final set of pilot-ready delivery models.

To illustrate how these models operate in practice, a small number of evidence-informed case studies derived directly from the interview data are provided in Appendix E. These are intended to demonstrate how the underlying mechanisms identified in the analysis manifest in real-world contexts, rather than to present linked provider–system partnerships.



**Figure 18.** Consolidation of recruitment and retention models into final pilot set

### Integrated recruitment and retention models

The analysis identified two delivery models where recruitment and retention are most effective when designed and delivered together. In both cases, the evidence shows that separating entry into the workforce from early experience, development and progression weakens impact. These integrated models therefore reflect situations where alignment between provider and system roles is not only beneficial, but necessary.

## **Employability-to-Progression Pathway Model (medium cost)**

### **Purpose and hypothesis**

This model is based on the hypothesis that recruitment outcomes are strengthened, and early attrition reduced, when employability support, recruitment and early progression are delivered as a single, continuous pathway rather than as discrete interventions. The evidence shows that many potential entrants face barriers related to confidence, readiness and understanding of care roles, and that these same factors influence whether individuals stay once employed.

### **How the model works**

System stakeholders lead amendment pre-employment activity, including targeted employability support, confidence-building, preparation for interviews and realistic expectation-setting about care work. Providers become involved at defined transition points, such as placements, interviews and onboarding, and take responsibility for induction, early support and progression once individuals are employed. The pathway is designed to minimise breaks in support and ensure continuity from initial interest through to sustained employment.

### **Roles and responsibilities**

System stakeholders are responsible for coordinating the pathway, resourcing employability support and managing transitions into provider roles. Providers are responsible for recruitment decisions, onboarding, supervision and access to early development opportunities. Both levels share responsibility for aligning messaging and maintaining continuity across the handover from system-led preparation to provider-led employment.

### **Conditions for success**

This model requires clear handover points between system-led employability support and provider-led recruitment and progression, with sufficient system capacity to coordinate pathways and provider commitment to sustained onboarding and development.

### **Geography and outputs**

The model is suited to delivery at a local authority or sub-regional footprint, with outputs including increased recruitment from under-represented groups, improved early retention and clearer progression routes into care roles.

## **Leadership-Enabled Recruitment and Retention Model (medium cost)**

### **Purpose and hypothesis**

This model is based on the hypothesis that leadership and management capability underpins both effective recruitment and sustained retention. The evidence shows that organisational culture, leadership behaviour and staff experience strongly influence whether providers can attract people whose values align with care work and whether staff feel supported to stay.

### **How the model works**

System stakeholders invest in leadership and management development through structured pathways that combine accredited training with mentoring and coaching. Providers embed this development locally by supporting aspiring and existing leaders to apply learning in practice, shaping recruitment messaging, supervision, staff involvement and day-to-day culture. Leadership development is treated as an enabling intervention that strengthens multiple recruitment and retention levers simultaneously.

### **Roles and responsibilities**

System stakeholders design, fund and coordinate leadership development pathways, including access to training, mentoring and peer support. Providers are responsible for identifying participants, releasing staff time where possible and embedding leadership practice into recruitment, induction and workforce management. Responsibility for impact is shared, with system support reinforcing provider-level leadership capacity rather than substituting for it.

### **Conditions for success**

Impact depends on system investment in accessible leadership development and providers having the capacity and willingness to release staff time and embed learning into everyday leadership practice.

### **Geography and outputs**

This model is suited to delivery at integrated care system or sub-regional level, with outputs including improved recruitment through clearer values-based leadership, stronger staff engagement, and improved retention through supportive and consistent management.

## Stand-alone recruitment models

In addition to the integrated models, the analysis identified two recruitment-focused delivery models that are best implemented as stand-alone interventions. In both cases, the evidence shows that these approaches address specific recruitment constraints but do not, on their own, deliver sustained retention outcomes. They are therefore positioned as complementary to the integrated models, providing targeted improvements at particular stages of the recruitment process.

### Local Recruitment Amplification Model (no-low cost)

#### Purpose and hypothesis

This model is based on the hypothesis that recruitment outcomes can be improved by amplifying provider-led attraction through coordinated, low-cost system support, rather than by introducing new recruitment infrastructure. The evidence shows that providers are most effective at attracting candidates through trust, reputation and local networks, but that their reach is often limited without system-level coordination.

#### How the model works

Providers continue to lead recruitment through staff referral, word-of-mouth and local social media. System stakeholders support this activity by coordinating shared messaging, promoting vacancies across local platforms and aligning recruitment campaigns and events with provider needs. The focus is on increasing visibility and reach while preserving provider authenticity and local credibility.

#### Roles and responsibilities

Providers are responsible for generating and managing interest, assessing candidates and progressing recruitment locally. System stakeholders are responsible for coordination, amplification and light-touch support, ensuring that system activity reinforces rather than replaces provider-led recruitment.

#### Conditions for success

This model is most effective where providers have an established local presence and are actively engaged, and where systems focus on coordination and amplification rather than substituting for provider-led recruitment.

#### Geography and outputs

The model is well suited to neighbourhood, place-based or local authority footprints. Outputs include increased candidate interest, improved conversion from enquiry to application and improved efficiency of existing recruitment activity.

## **Recruitment Friction Reduction Model (low-medium cost)**

### **Purpose and hypothesis**

This model is based on the hypothesis that recruitment outcomes can be improved by reducing structural barriers and delays that prevent candidates from progressing into roles, particularly in tight labour markets. The evidence shows that candidates are often lost due to complexity, slow processes or lack of coordination across providers.

### **How the model works**

System stakeholders lead recruitment brokerage activity, including talent hubs, vacancy coordination and on-the-day interview events, to simplify access to roles and reduce delays. In practice, this may involve maintaining a shared, regularly updated vacancy list across providers, promoting vacancies through a central portal, pre-screening candidates before referral, coordinating joint interview days, and agreeing standard response times to prevent candidate drop-out. Providers engage with the system by clearly signalling vacancies, decision-making timelines and capacity to recruit. The model focuses on speed, accessibility and reduced complexity, rather than long-term workforce development.

### **Roles and responsibilities**

System stakeholders are responsible for managing brokerage functions, coordinating recruitment activity and reducing administrative barriers. Providers are responsible for responding quickly to candidates, making timely decisions and ensuring readiness to recruit when opportunities arise.

### **Conditions for success**

Effectiveness depends on clear ownership of brokerage functions, sufficient system capacity to manage recruitment flow, and provider readiness to act quickly on candidates as barriers are removed.

### **Geography and outputs**

This model is suited to sub-regional or integrated care system footprints where coordination across multiple providers is required. Outputs include faster recruitment, reduced drop-out during recruitment and improved matching of candidates to vacancies.

## Stand-alone retention model

The analysis further identified one retention-focused delivery model that operates primarily at system level and is best implemented as a stand-alone intervention. While closely connected to recruitment pressures, this model addresses a distinct challenge: maintaining workforce stability across the system when providers face service disruption, contract change or fluctuating demand. Because it requires significant coordination and infrastructure, it is positioned as a higher-cost, strategic model.

### **Sector Continuity and Workforce Stability Model**

#### **Purpose and hypothesis**

This model is based on the hypothesis that staff retention can be improved at system level by reducing unnecessary exits from the adult social care workforce during periods of organisational change. The evidence shows that staff often leave the sector not because they want to stop working in care, but because roles become unavailable, unsustainable or insecure. A coordinated system response can retain skills and experience by enabling movement within the sector rather than loss from it.

#### **How the model works**

System stakeholders lead the development of mechanisms that support redeployment, mobility and continuity of employment across providers. This may include shared vacancy visibility, redeployment pathways, transitional support and coordination during service reconfiguration or provider exit. Providers participate by sharing information, engaging in redeployment processes and supporting staff through transitions. The model focuses on retaining people in the sector rather than within individual organisations.

#### **Roles and responsibilities**

System stakeholders hold responsibility for governance, coordination and infrastructure, including data-sharing arrangements and oversight of redeployment activity. Providers contribute by identifying staff at risk, offering opportunities where available and supporting staff movement across organisational boundaries. Responsibility for delivery is necessarily collective, with strong system leadership required to maintain trust and participation.

#### **Conditions for success**

This model requires strong system leadership, shared governance and data-sharing agreements, and sustained provider participation to support redeployment and mobility across organisational boundaries over time.

#### **Geography and outputs**

The model is best suited to delivery at an integrated care system or sub-regional footprint, where workforce planning and service change can be coordinated. Outputs include reduced workforce churn, improved retention of experienced staff within the sector and increased resilience during periods of system change.

## 7. Recommendations

The findings of this study show that impact in recruitment and retention is achieved not through isolated interventions, but through alignment between provider-level delivery and system-level enablement. The delivery models developed in Section 6 translate this evidence into practical, pilot-ready approaches for 2026/27. The recommendations below are organised in tiers, reflecting the strength of evidence, the degree of integration across recruitment and retention, and the relative level of investment required.

### Tier 1: Core integrated pilots (highest strategic priority)

The strongest case for piloting lies in models that integrate recruitment and retention and reflect convergence across provider and system evidence.

**The Employability-to-Progression Pathway Model** should be prioritised in geographies where system partners are able to coordinate employability provision with provider onboarding and early progression pathways. Evidence across interviews and surveys demonstrates strong support for targeted “grow your own” approaches that widen the recruitment pool and build confidence prior to entry. However, findings also show that impact depends on continuity between system-led pre-employment support and provider-level onboarding and retention practices. This model therefore tests the handover point between system and provider activity. Piloting within one or two ICS or combined authority footprints with clear governance arrangements and committed provider clusters would allow measurement not only of entry into roles, but retention at six and twelve months, strengthening understanding of sustainability.

**The Leadership-Enabled Recruitment and Retention Model** also warrants high priority. Leadership and management development emerged as the most strongly supported system-level retention intervention, while provider-level findings consistently emphasised the importance of supportive culture and visible leadership. This model formalises staged leadership pathways that combine accredited training with mentoring and coaching, creating clear progression routes linked to retention. Piloting at ICS or sub-regional level would allow shared provision of leadership development while maintaining provider ownership of culture and day-to-day implementation. This model addresses recruitment indirectly by strengthening the organisational environments that sustain workforce stability.

### Tier 2: Targeted recruitment efficiency pilots

Alongside integrated models, there is value in testing lower-cost recruitment-focused interventions that amplify provider strengths and reduce system friction.

The **Local Recruitment Amplification Model** builds on strong evidence that providers generate trust and credibility through staff referral, word-of-mouth and local reputation, while systems can enhance reach and visibility. This model would support

coordinated messaging, shared campaign windows and practical tools to strengthen provider-led recruitment activity. It is suitable for piloting at local authority or neighbourhood level and offers a low-cost opportunity to test how system coordination can reinforce rather than replace provider recruitment practice.

The **Recruitment Friction Reduction Model** addresses structural barriers that slow recruitment, including fragmented vacancy information and complex access routes. Evidence from system stakeholders highlights the value of brokerage and coordinated activity in reducing delay, while providers emphasise the importance of responsiveness and speed in converting interest into appointments. Piloting this model in areas with multiple small providers and identified recruitment bottlenecks would test whether light-touch brokerage and clearer ownership reduce time-to-hire and vacancy duration. As a low- to medium-cost intervention, it complements the broader pipeline models.

### **Tier 3: Strategic retention infrastructure pilot**

The **Sector Continuity and Workforce Stability Model** represents a more strategic, higher-investment approach focused on retaining people within the sector rather than losing them between providers or to other industries. Evidence supports the importance of redeployment and mobility mechanisms, but also indicates that such approaches depend heavily on system capacity, data-sharing and clear governance. This model should therefore be piloted only in areas where strong provider networks and system coordination mechanisms already exist. It offers potential for significant long-term impact but requires careful staging and infrastructure readiness.

### **Implementation considerations**

Across all tiers, pilot success will depend less on intervention design alone and more on the conditions within which delivery occurs. Early and sustained provider engagement will be essential to ensure ownership and feasibility. Clear articulation of roles between providers and system stakeholders must be established from the outset, particularly where coordination and shared infrastructure are required. Alignment of messaging and expectations across levels should be built into pilot design to avoid fragmentation between recruitment signals, progression pathways and workplace experience.

Given the relational and system-dependent nature of these models, testing them will require more than simple monitoring of vacancy or turnover rates. Robust evaluation frameworks should be embedded at inception, including the establishment of clear baselines (e.g. turnover, time-to-fill, early attrition and progression activity), documentation of implementation fidelity, and the collection of both quantitative and qualitative data. Where feasible, comparison groups or matched non-participating providers should be considered to strengthen inference. Evaluation design should align with recognised public policy standards, including the principles set out in HM

Treasury's *Magenta Book*, to ensure pilots generate actionable insights about what works, for whom, and under what conditions.

Skills for Care has a critical convening and enabling role in supporting implementation guidance, facilitating shared learning across pilot sites and ensuring coherence with existing workforce initiatives. Above all, pilots should be realistic in scope, with success defined not solely by scale, but by the strength of alignment achieved and the sustainability of workforce outcomes over time.

## 8. Conclusion

This research demonstrates that effective recruitment and retention in adult social care depends on the complementary roles of providers and system stakeholders. Providers deliver the relational, cultural and day-to-day practices that attract and retain staff, while systems provide coordination, infrastructure and scale. Interventions are most effective when these roles are aligned and supported by clear ownership, engagement and capacity.

The delivery models set out in this report provide practical, evidence-informed options for piloting in 2026/27. By testing these models in carefully selected geographies and under clearly defined conditions, Skills for Care and its partners can move from identifying what works to demonstrating how sustainable workforce impact can be realised in practice.

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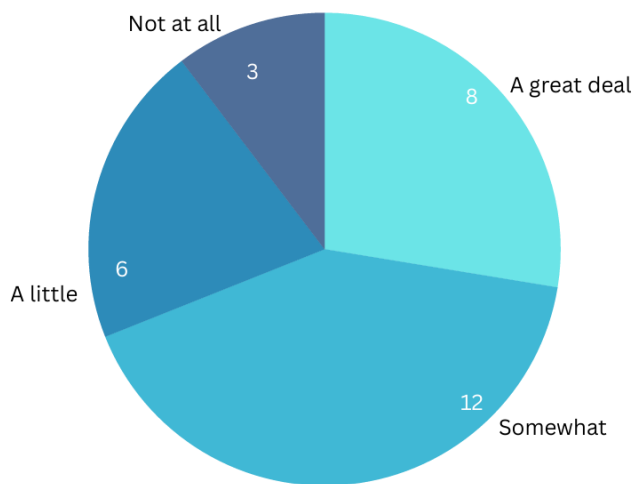
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# Appendices

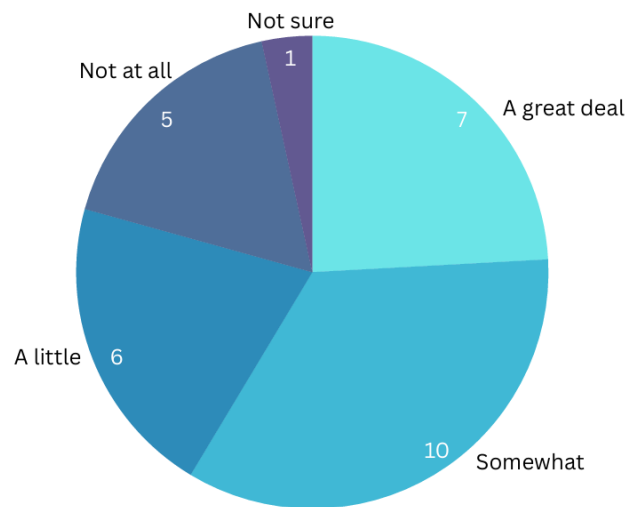
## Appendix A: Supplementary survey graphs from provider survey

### To what extent do the following contribute to staff retention in your organisation?

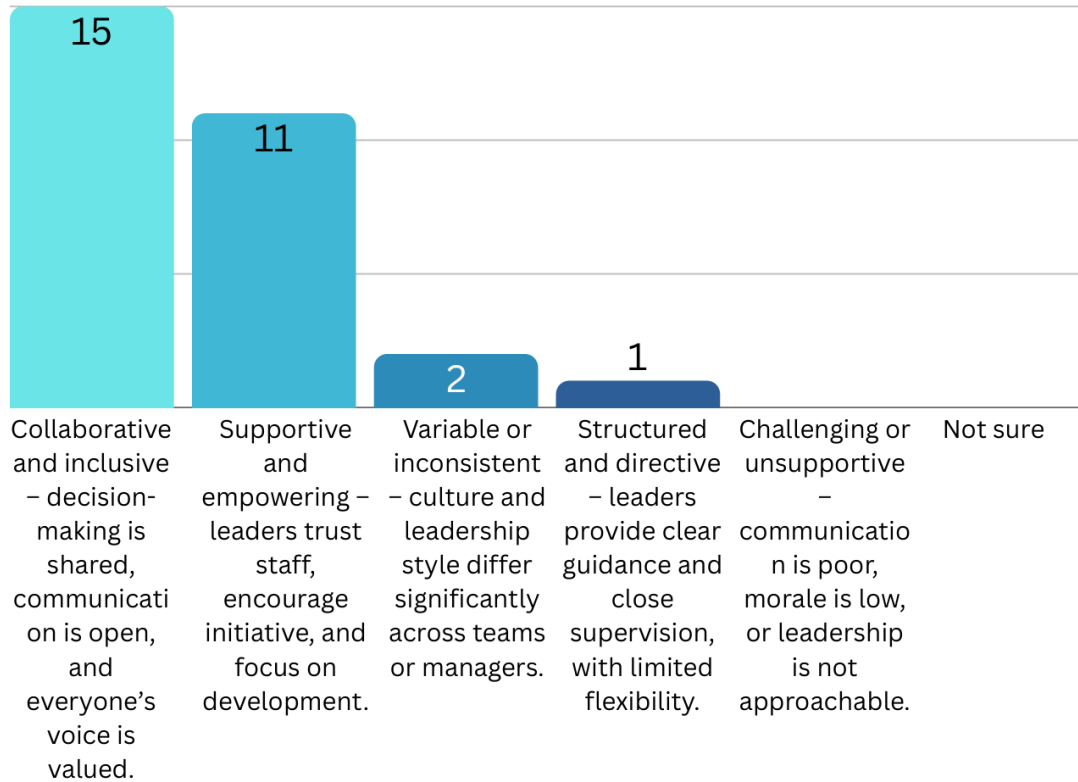
Training and development opportunities



Career progression routes

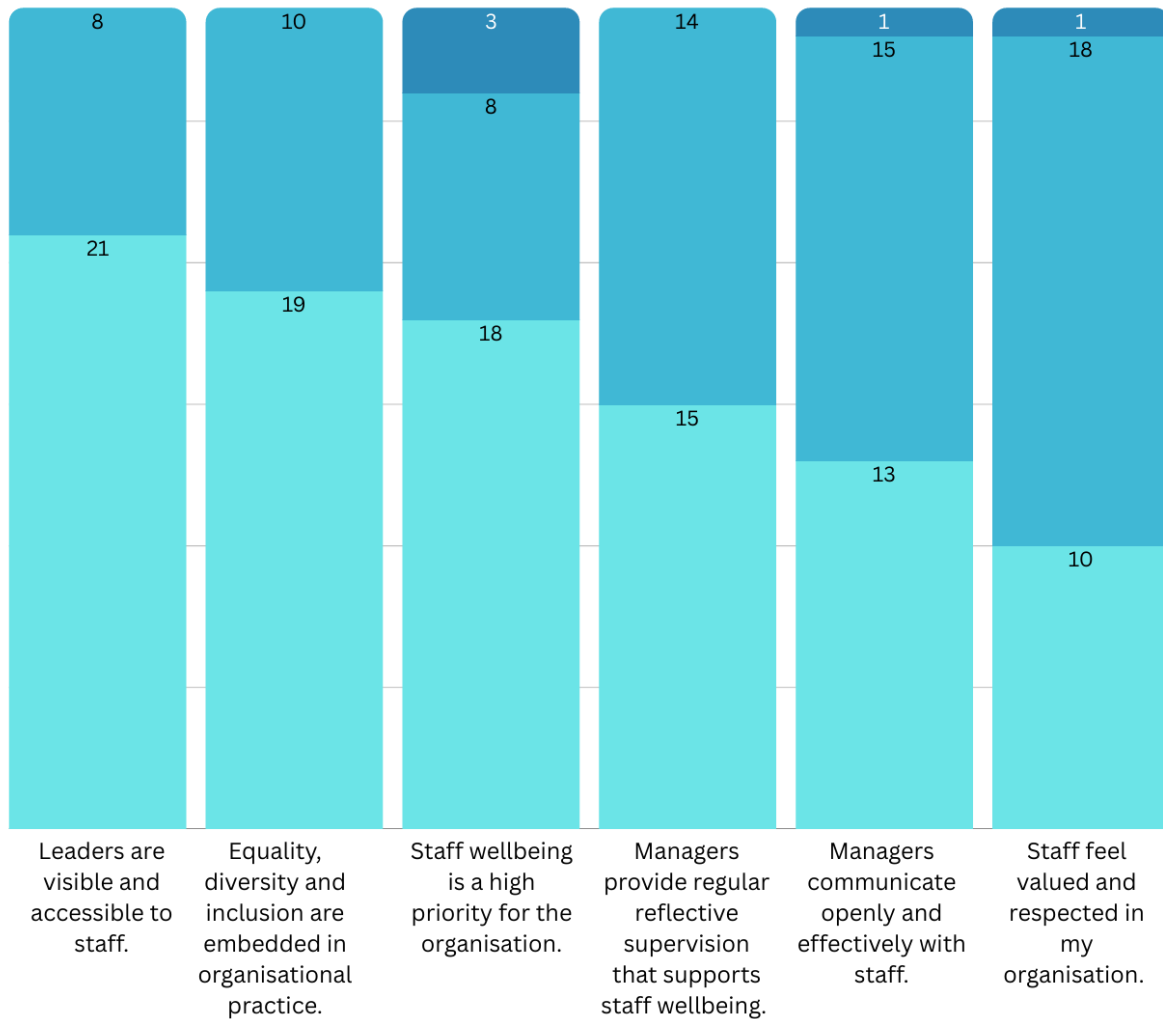


## Which of the following best describes your organisation's leadership and workplace culture?



## How strongly do you agree or disagree with the following statements?

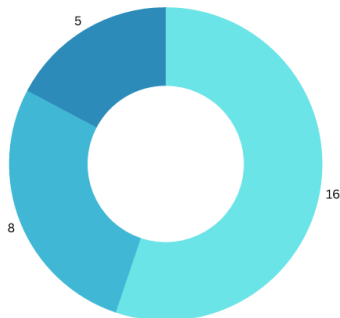
● Strongly agree  
 ● Agree  
 ● Neither agree nor disagree  
 ● Disagree  
 ● Strongly disagree



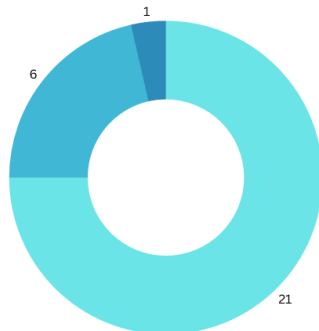
**Which of the following organisations or partners does your organisation have contact with on recruitment and retention?**

- No contact
- Occasional contact
- Regular contact

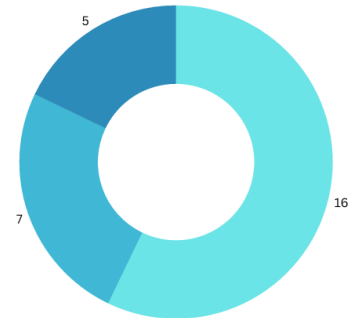
**Local authority or council**



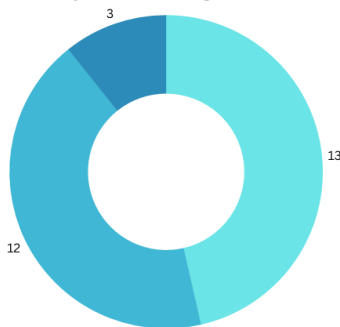
**Integrated Care System (ICS)**



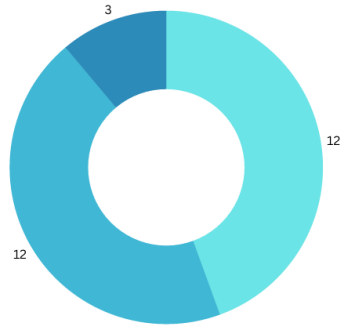
**Local care association or provider network**



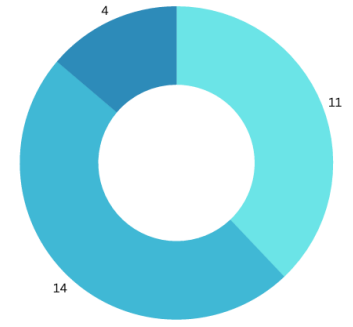
**Job Centre Plus / employment programmes**



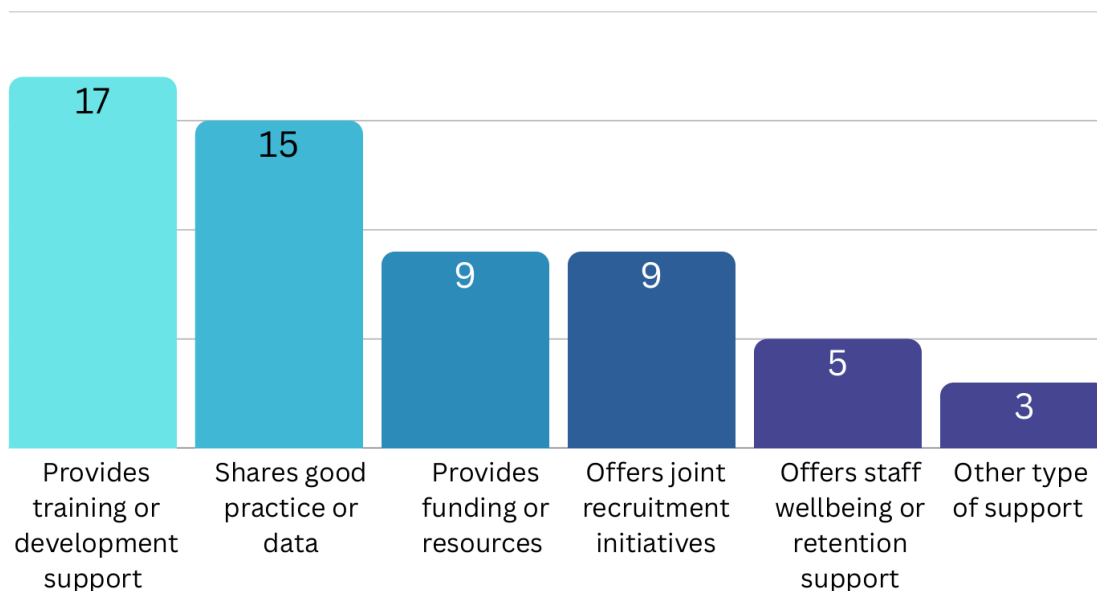
**Local colleges, schools, or training providers**



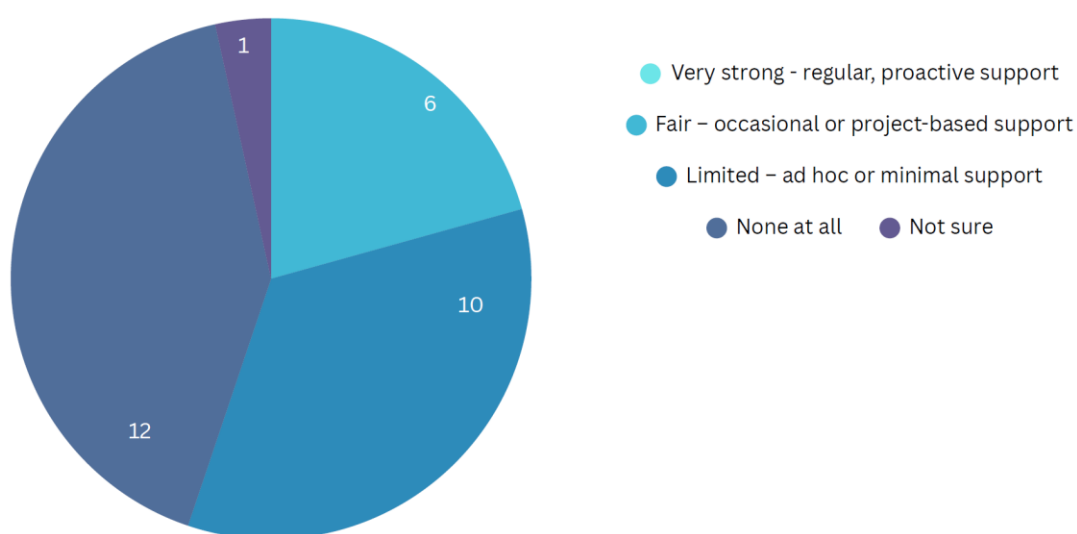
**Skills for Care**



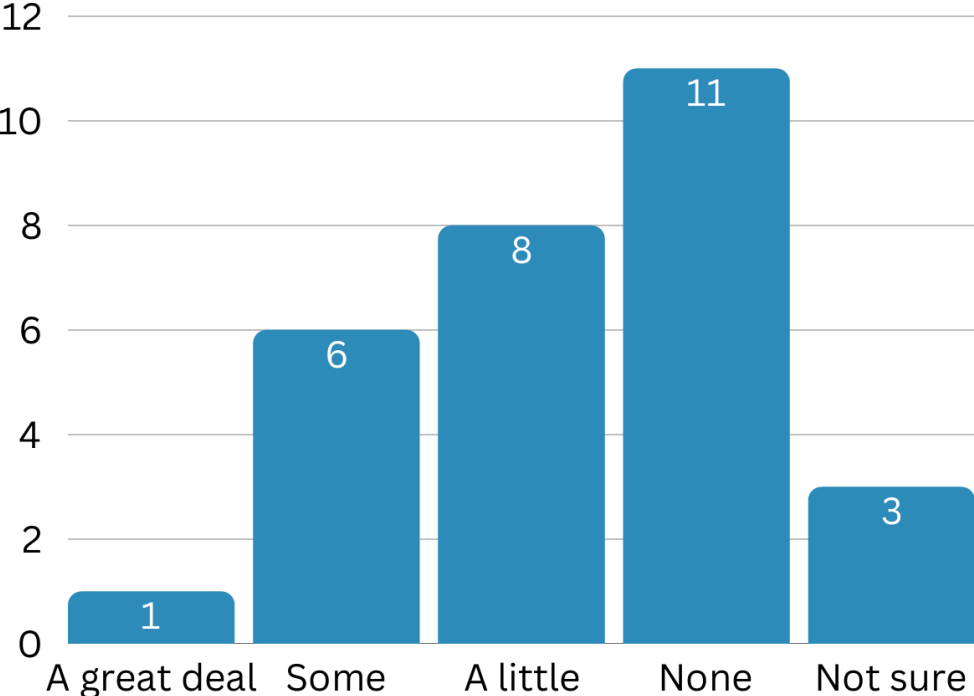
## What types of support do these organisations or partners provide to your organisation on recruitment and retention?



## How would you describe the level of support your organisation receives from local or system partners to help with recruitment and retention?

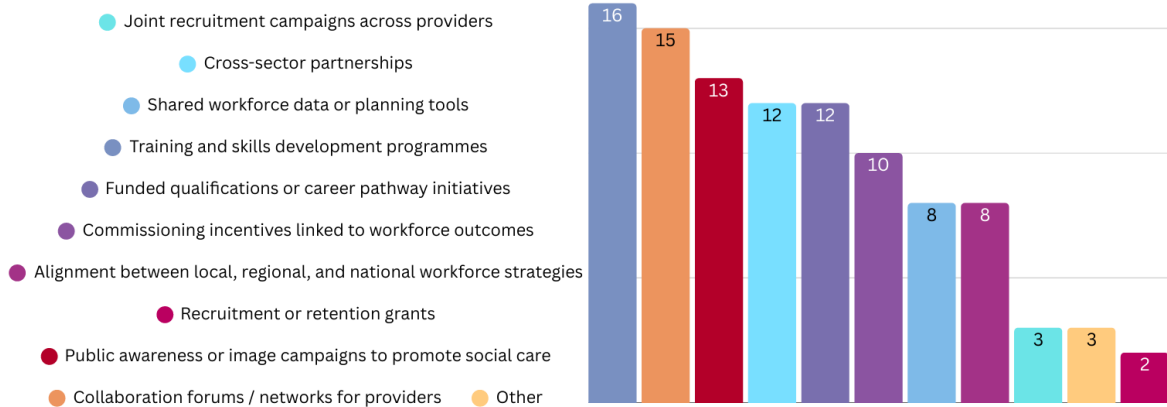


**How much influence do you feel local or system-level actions have on your ability to recruit and retain staff?**

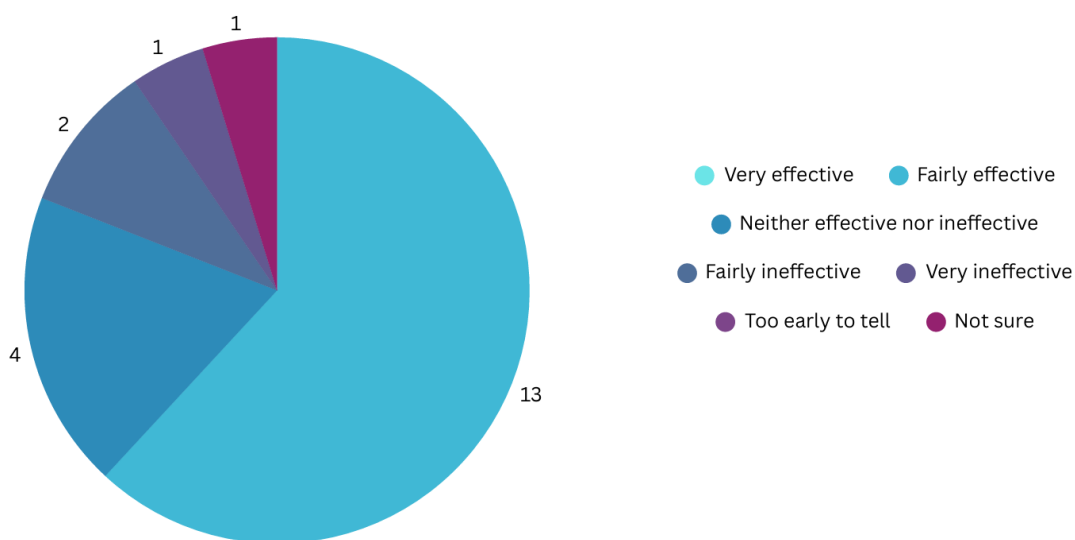


## Appendix B: Supplementary survey graphs from system stakeholder survey

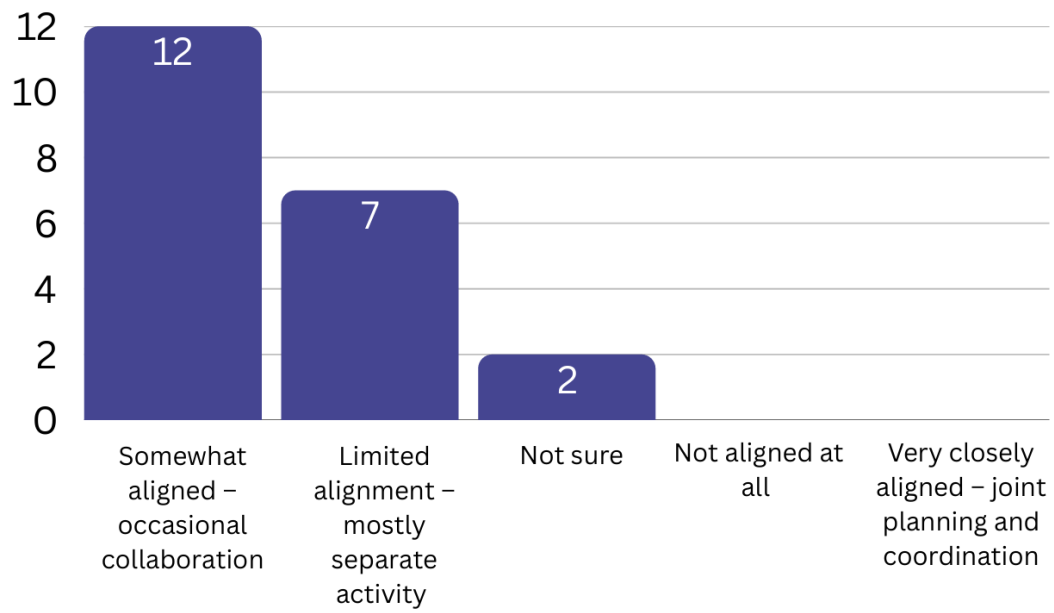
### Which of the following system-level interventions are currently in place within your area?



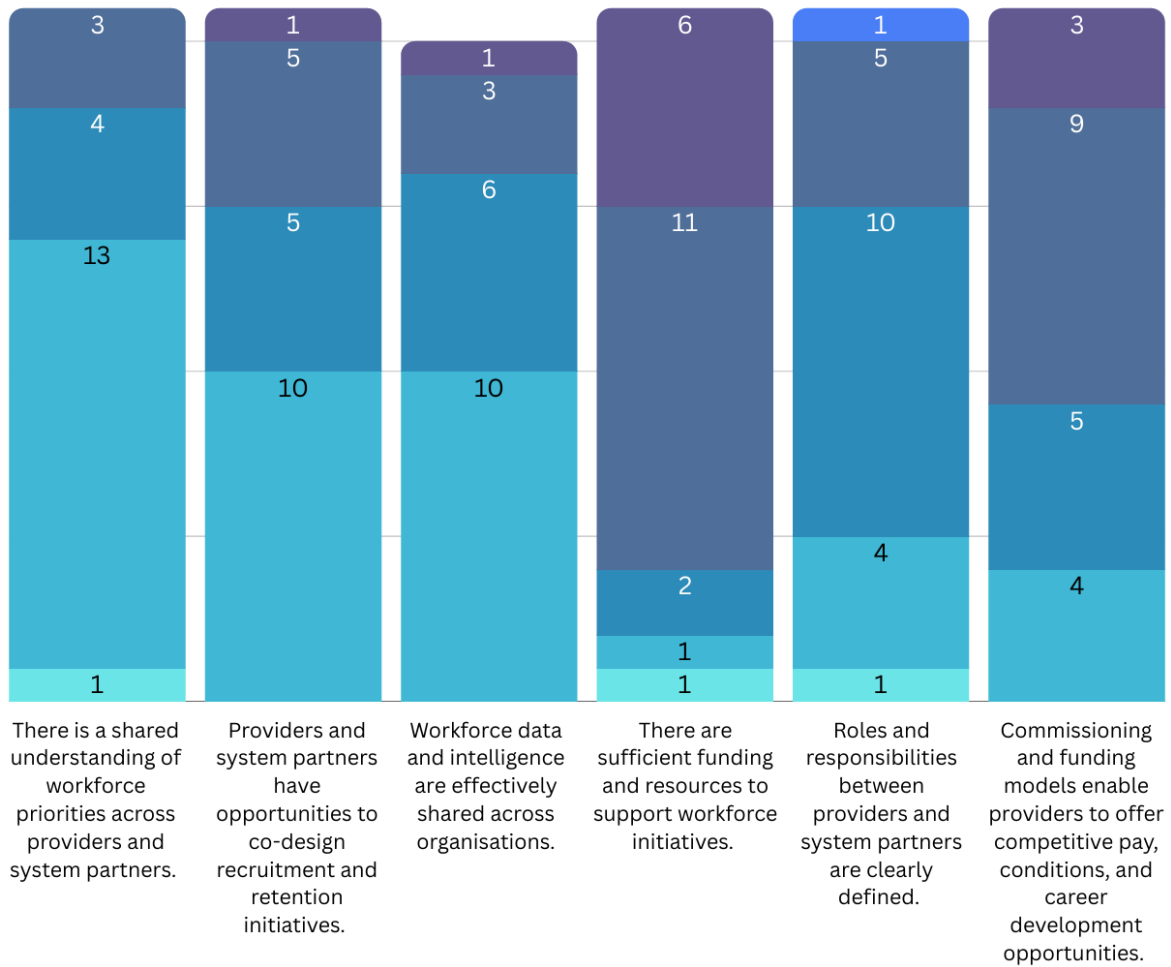
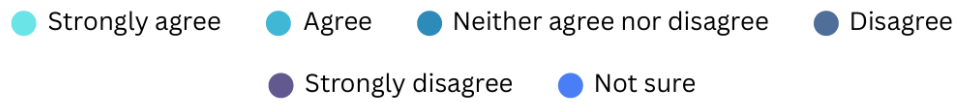
### How effective do you think these interventions have been overall in improving recruitment and retention in your area?



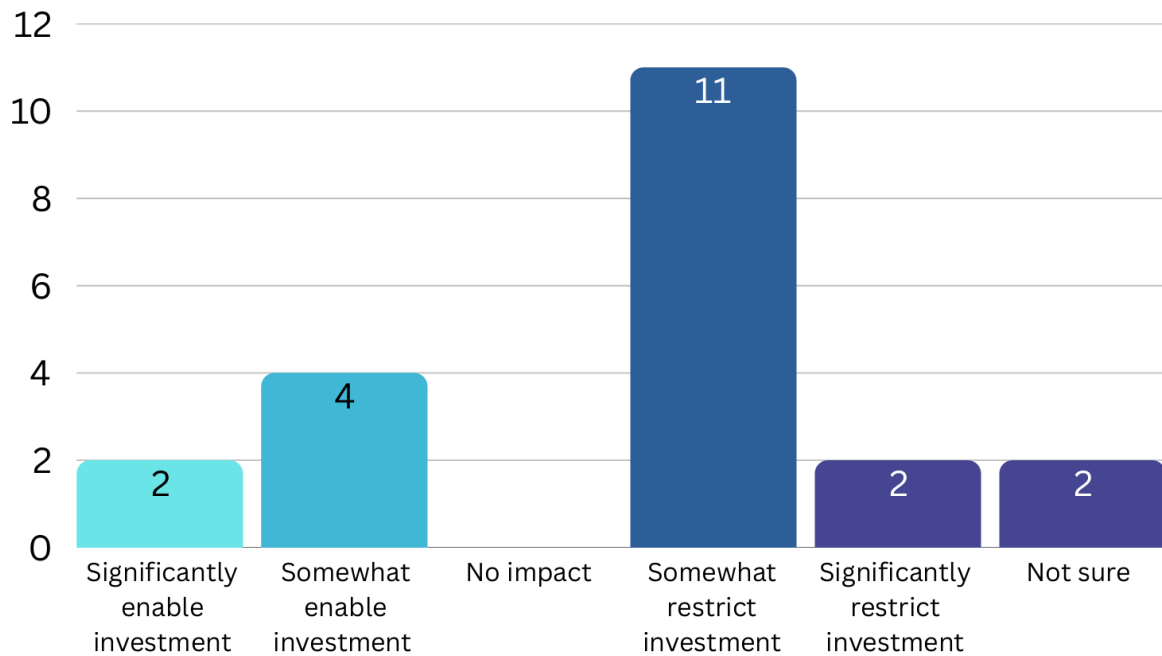
## How well are system-level interventions aligned with provider-led efforts?



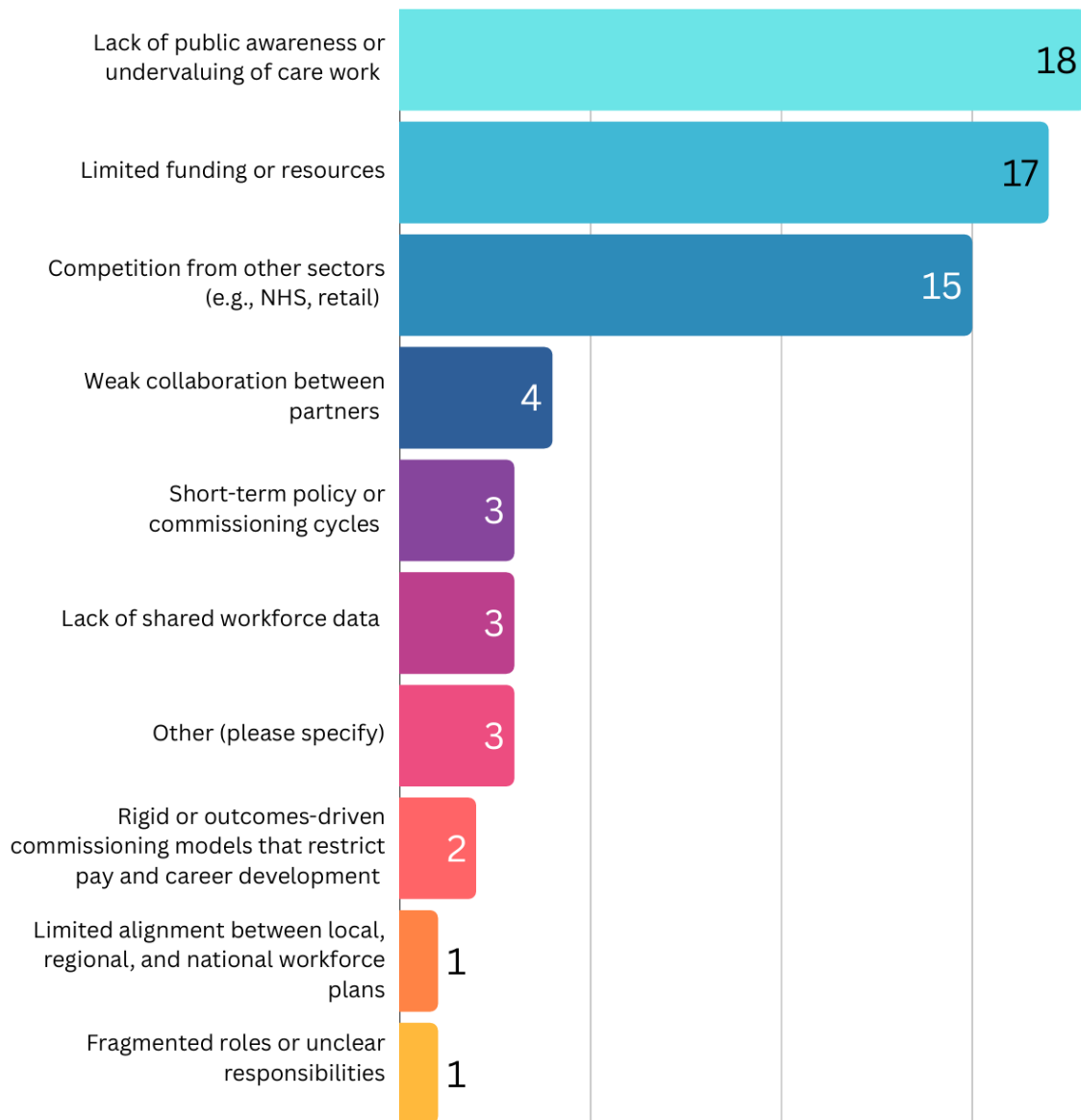
## How strongly do you agree or disagree with the following statements?



**To what extent do current commissioning and funding arrangements (e.g., contract length, payment models, funding stability) influence providers 'ability to invest in staff pay, conditions, and career development?**



## What are the main barriers to improving recruitment and retention across your local system?



## Appendix C: Crossover between provider- and system-level recruitment interventions

<b>Recruitment function</b>	<b>Provider-level recruitment interventions (strong evidence)</b>	<b>System-level recruitment interventions (strong evidence)</b>	<b>Shared mechanism</b>	<b>What the crossover shows</b>	<b>Implications for RQ3 and model development</b>
<b>Attracting candidates through trust and reputation</b>	Staff referral and word-of-mouth recruitment; local social media recruitment	System-led recruitment brokerage; recruitment campaigns and events	Trust, legitimacy, local credibility	Providers generate trust through personal networks and reputation, while systems amplify reach and visibility. Recruitment is strongest where system activity reinforces locally trusted provider messaging rather than replacing it.	Systems should amplify provider-led attraction, not substitute for it. Low-cost models can focus on coordination and shared messaging rather than new recruitment infrastructure.
<b>Signalling values and expectations of care work</b>	Values-based recruitment; personalised job adverts	Employability / 'grow your own' programmes; care academies	Realistic signalling; values alignment; reduced mismatch	Providers emphasise values and "fit" at the point of recruitment, while systems prepare candidates upstream. Misalignment between system messaging and provider reality risks early drop-out.	Clear role split: systems support pre-entry expectation-setting, providers confirm and embed values at hiring. Models should test alignment of

					messaging across levels.
<b>Building candidate confidence and readiness</b>	Regular contact during recruitment and onboarding	Employability / 'grow your own' programmes	Confidence-building; readiness for work	Both levels act on the same bottleneck: lack of confidence and readiness. Systems address this before application; providers sustain it through personal contact. Impact depends on continuity across the handover point.	Effective models require joined-up pathways, with clear transition from system support to provider onboarding. Medium-cost pilots likely here.
<b>Reducing recruitment friction and delay</b>	Responsive communication; informal engagement	System-led recruitment brokerage; on-the-day interview events	Speed; reduced complexity; accessibility	Providers convert interest into jobs quickly, but systems reduce structural friction (multiple vacancies, complex access). Fragmentation occurs where brokerage is disconnected from provider capacity to act.	Conditions for success include provider readiness and clear ownership. Models should test light-touch brokerage aligned to provider timelines.
<b>Developing sustained local pipelines</b>	Schools, colleges and placements	Care academies (local authority-led); education-led attitude change (FE / HE)	Early exposure; normalisation of care careers	Providers and systems both invest in long-term pipeline activity, but outcomes are slow and contingent. Effectiveness	Pipeline models need longer time horizons and shared ownership. Best suited to medium-

				depends on sustained coordination rather than one-off initiatives.	term pilots rather than quick-win approaches.
<b>Meeting acute workforce shortages</b>	International recruitment and sponsorship (where used by providers)	International recruitment support, including displaced worker pools	Risk-sharing; scale; system coordination	Providers depend on international recruitment to maintain services, while systems manage risk, sponsorship complexity and redeployment. This is the clearest case of dependency between levels.	High-cost, high-impact models should focus on system-led coordination with provider delivery, including pastoral and integration support.

## Appendix D: Crossover between provider- and system-level retention interventions

<b>Retention function</b>	<b>Provider-level retention interventions (strong evidence)</b>	<b>System-level retention interventions (strong evidence)</b>	<b>Shared mechanism</b>	<b>What the crossover shows</b>	<b>Implications for RQ3 and model development</b>
<b>Leadership quality and organisational culture</b>	Supportive organisational culture; staff involvement in decision-making	Leadership and management development programmes	Confidence, legitimacy, trust, consistency	Providers deliver culture day-to-day, but system-level leadership development strengthens capability and consistency across organisations. Retention improves where leadership behaviours are reinforced at both levels.	Retention models should treat leadership as a shared responsibility: systems build leadership capability; providers embed it in practice. Medium-cost leadership pipeline models are justified.
<b>Learning, development and progression</b>	Training, learning and development; mentoring / structured support	Training, CPD and learning portals	Growth, progression, professional identity	Providers use development to retain staff locally, while systems provide scale, access and portability. Impact is strongest where system CPD aligns with provider progression opportunities.	Systems should enable access and portability, providers must create progression routes. Retention models should test alignment between training and career pathways.

<p><b>Stability, fairness and predictability</b></p>	<p>Flexible working and predictable rotas; fair pay benchmarking</p>	<p>Keeping people in the sector (redeployment / mobility)</p>	<p>Security, continuity, reduced disruption</p>	<p>Providers retain staff through predictable, fair working conditions; systems support continuity by enabling redeployment rather than exit. Retention depends on seeing care as a sector, not just an employer.</p>	<p>Models should focus on sector-wide continuity, with providers offering stability and systems enabling movement without loss. Medium-cost mobility models are appropriate.</p>
<p><b>Wellbeing and support at pressure points</b></p>	<p>Support during personal difficulties; informal support from managers</p>	<p>Wellbeing support (EAPs / accelerators)</p>	<p>Feeling supported, resilience, reduced burnout</p>	<p>Providers offer relational, personalised support; systems provide formal, specialist infrastructure. Retention is strongest where formal support complements, rather than replaces, local relationships.</p>	<p>Retention models should combine relational support at provider level with system-level infrastructure, not rely on EAPs alone.</p>

## Appendix E: Evidence-informed case studies supporting the delivery models

This appendix presents a small number of illustrative case studies derived directly from the provider and system stakeholder interview data. The case studies demonstrate how the mechanisms underpinning the delivery models operate in practice, using verbatim participant accounts to ground the models in lived experience. As providers and system stakeholders were interviewed separately, these case studies do not represent linked partnerships between specific organisations. Rather, they illustrate conceptual alignment between provider- and system-level activity. They are intended to support interpretation and implementation of the models, not to provide formal evaluations of impact.

### Case Study 1: Employability-to-Progression Pathway Model

*A system-enabled, provider-embedded approach to recruitment and retention*

#### Overview

System stakeholder interviews described employability and ‘grow your own’ programmes as structured responses to constrained labour markets. These initiatives focused on widening the recruitment pool and supporting people who were interested in care but not yet ready to apply. While providers and system stakeholders were interviewed separately, the data show strong conceptual alignment between system-led readiness activity and provider-led onboarding and early retention practice.

#### System-level: widening the pool and building readiness

One system stakeholder described a place-based “grow your own” programme in the following terms:

*“In NE Lincolnshire, we’ve got the grow our own at place programme, which is working with individuals from those underrepresented groups and deprived communities and supporting them to progress into employment in health and social care, and that’s kind of doing that bespoke one-to-one support for those individuals.” (P14, system stakeholder interview)*

They went on to explain the practical support involved:

*“Preparing for their interview, applying for a job, that kind of activity, or if they need further education and training, they can support them to access that.” (P14, system stakeholder interview)*

Another stakeholder described how system coordination reduced delays at the point of recruitment:

*“We would speed that up by making sure they’ve got the references in place, making sure they have got that five year checkable history going through a DBS.”* (P20, system stakeholder interview)

In these accounts, employability was framed not as a short-term recruitment campaign but as structured preparation designed to improve readiness and reduce friction before entry into provider roles.

### **Provider-level: sustaining engagement through transition**

Providers described complementary practices focused on maintaining contact and reducing early drop-out during recruitment and onboarding:

*“We keep in really regular contact with them while we’re waiting for DBS and things, because otherwise you lose them.”* (P28, provider interview)

Another provider emphasised the fragility of the early employment period:

*“That early period is where you can lose people very easily if you’re not in touch.”* (P33, provider interview)

These accounts reflect the same concern identified by system stakeholders: that continuity and confidence are critical at the transition point between preparation and employment.

### **What this case illustrates**

Although this case does not represent a direct partnership between named providers and system stakeholders, the interviews demonstrate clear conceptual alignment. System stakeholders described widening and preparing the labour pool through bespoke, confidence-building support and by reducing recruitment friction. Providers described stabilising individuals once recruited through sustained communication during onboarding.

These findings illustrate the core logic of the Employability-to-Progression Pathway Model: recruitment and retention are strengthened when preparation and transition are aligned through clear handover points and shared ownership across system and provider levels.

### **Case Study 2: Leadership-Enabled Recruitment and Retention**

*A system-supported leadership pathway strengthening provider culture and workforce stability*

## Overview

Across both provider and system stakeholder interviews, leadership emerged as central to workforce stability. Providers consistently linked retention to visible, supportive management and strong organisational culture. System stakeholders described structured leadership development pathways designed to strengthen management capability across multiple providers. Although interviews were conducted separately, the data show clear conceptual alignment between provider experience and system-level leadership investment.

### Provider-level: leadership as the foundation of retention

Providers consistently emphasised that culture and leadership were central to whether staff remained in post.

One provider described the importance of values and culture alignment:

*“You make sure that you recruit people in that are going to fit with the values and the culture... their values meet ours.”* (P29, provider interview)

Another provider linked retention directly to shared values and leadership support:

*“If they’ve got the right values, we can teach them the rest.”* (P37, provider interview)

Providers also described the importance of being present and approachable as leaders:

*“We’re very open-door, we’re very approachable.”* (P34, provider interview)

These accounts demonstrate that retention is closely linked to visible, supportive leadership and a culture that aligns values with day-to-day management practice.

### System-level: structured leadership development

System stakeholders described leadership and management development programmes delivered across providers, often through shared or funded routes.

One stakeholder explained:

*“We’ve done a team leading, fully funded courses through Stockport College, and I think we had 18 people that went through that across about five providers.”* (P38, system stakeholder interview)

They described this not as isolated training but as part of a wider pathway:

*“Bridging that into more mentoring, coaching, those that maybe aspire towards those leadership positions.”* (P38, system stakeholder interview)

Another stakeholder linked local leadership development to national frameworks:

*“It maps to the national Skills for Care pathway... looking at it at more local level and looking at what that different types of roles would entail and what that could look like.”* (P21, system stakeholder interview)

In these accounts, leadership development was framed as staged, structured and aligned to progression rather than ad hoc training.

### **Linking recruitment and retention**

While providers focused on culture and daily management practice, and system stakeholders focused on structured development routes, both described leadership as fundamental to workforce stability.

Providers highlighted the fragility of early employment and the need for visible engagement. System stakeholders described building leadership capacity across providers to reduce burden and share learning:

*“It’s aimed at making it more cost effective for those maybe smaller independent providers... it just kind of shares some of that burden.”* (P38, system stakeholder interview)

This reflects the complementary roles identified throughout the findings: providers deliver culture and day-to-day leadership, while systems provide infrastructure, coordination and access to development.

### **What this case illustrates**

This case demonstrates the logic underpinning the Leadership-Enabled Recruitment and Retention Model. Recruitment and retention are strengthened when provider-level culture and visible leadership are reinforced by system-level investment in structured development pathways. Leadership development operates not only as a retention intervention but as a mechanism for sustaining recruitment gains by stabilising teams and signalling progression opportunities.

The interviews show that impact depends on alignment. System-led leadership programmes require provider engagement and uptake, while providers benefit from shared infrastructure that reduces cost and increases access to progression routes. Together, these elements illustrate how coordinated leadership investment can strengthen workforce stability across local systems.

### **Case Study 3: Local Recruitment Amplification Model**

*Amplifying trusted provider voices through system coordination*

## Overview

Providers consistently described recruitment as relational and reputation-based, with word-of-mouth and local visibility playing a central role. System stakeholders described complementary activity aimed at amplifying this local messaging through campaigns, brokerage and coordinated recruitment activity. While these interviews were conducted separately, the evidence suggests strong conceptual alignment between provider-led attraction and system-led amplification.

### Provider-level: recruitment through trust and reputation

Providers frequently described relying on informal networks rather than formal advertising routes:

*“In all honesty, we don’t actually advertise. It’s all from word of mouth.”* (P37, provider interview)

Another provider explicitly contrasted word-of-mouth with more formal routes:

*“Word of mouth works better than advertising externally.”* (P34, provider interview)

Providers also described using local social media to reach people already connected to the community:

*“We use Facebook quite a lot, especially sharing posts through our staff.”* (P28, provider interview)

These accounts position recruitment not simply as vacancy-filling, but as trust-based attraction grounded in local credibility and staff advocacy.

### System-level: coordinating and amplifying local recruitment

System stakeholders described their role not as replacing provider recruitment, but as strengthening and coordinating it across local areas. One stakeholder reflected on the need for system-wide messaging and visibility:

*“We’ve done quite a bit around campaigns locally to try and promote care as a career.”* (P7, system stakeholder interview)

Another emphasised the importance of collective rather than fragmented effort:

*“Individually providers don’t always have the capacity to do that, so we try and bring it together.”* (P11, system stakeholder interview)

A further stakeholder described recruitment events designed to reduce barriers and increase access:

*“We’ve run recruitment days where people can come along and have interviews on the day.” (P9, system stakeholder interview)*

These examples illustrate system activity aimed at increasing visibility, simplifying access and reducing duplication across providers.

### **What this case illustrates**

Although not drawn from a single locality, the interviews demonstrate alignment between provider-led trust-based recruitment and system-level amplification. Providers generate credibility through reputation and local relationships. System stakeholders expand reach, coordinate campaigns and reduce structural barriers.

This case illustrates the core logic of the Local Recruitment Amplification Model: recruitment is strongest when system-level coordination strengthens provider credibility rather than replacing it. Impact depends on systems amplifying trusted local messaging, aligning campaigns with provider capacity, and ensuring that increased visibility translates into responsive recruitment processes on the ground.

## **Case Study 4: Recruitment Friction Reduction**

*Reducing delay, complexity and conversion loss across the recruitment pathway*

### **Overview**

Across interviews, both providers and system stakeholders described recruitment challenges not only in terms of supply, but in terms of delay, complexity and lost momentum. Providers highlighted how quickly candidates disengage if processes are slow or unclear. System stakeholders described brokerage and on-the-day recruitment activity designed to reduce structural friction. While these accounts come from separate interviews, they illustrate a shared concern with improving conversion from interest to appointment.

### **Provider-level: speed and responsiveness**

Providers repeatedly described the importance of acting quickly when candidates show interest:

*“If somebody applies, we try and contact them the same day.” (P32, provider interview)*

Another provider described how delay leads to loss:

*“If you don’t get back to them quickly, they’ve gone somewhere else.” (P36, provider interview)*

Several providers emphasised maintaining active communication during the recruitment process:

*“We keep in touch with them all the way through because otherwise you lose them.”* (P30, provider interview)

These accounts highlight recruitment as a time-sensitive process. Even where interest exists, conversion depends on rapid communication and reduced uncertainty.

### **System-level: brokerage and access simplification**

System stakeholders described efforts to streamline recruitment pathways and reduce administrative complexity for providers. One stakeholder explained:

*“We’ve tried to create a single front door so providers aren’t all competing separately.”* (P5, system stakeholder interview)

Another described the role of brokerage in matching candidates more efficiently:

*“We act as that coordinating point between people who are interested and providers who have vacancies.”* (P12, system stakeholder interview)

A further stakeholder reflected on the purpose of recruitment events:

*“It’s about removing some of the barriers and making it easier for people to get into work quickly.”* (P9, system stakeholder interview)

These accounts position system actors as reducing fragmentation and simplifying entry routes, particularly where providers lack capacity to manage high volumes of enquiries or complex processes.

### **What this case illustrates**

Although providers and system stakeholders were interviewed separately, both describe the same bottleneck: loss of candidates due to delay, complexity and fragmentation. Providers manage this through rapid communication and relationship-building. Systems seek to address it through brokerage, coordinated access points and streamlined recruitment events.

This case illustrates the logic of the Recruitment Friction Reduction Model: improving recruitment outcomes does not always require expanding supply; it may instead require reducing friction in the pathway from interest to employment. Impact depends on aligning system-level coordination with provider readiness to respond quickly, ensuring that simplified access routes translate into swift hiring decisions on the ground.

## Case Study 5: Sector Continuity and Workforce Stability

*Enabling workforce stability through leadership support, CPD and sector mobility*

### Overview

Unlike recruitment, where system interventions often expand supply, system-level retention activity was more frequently described as strengthening the infrastructure that supports providers to retain staff. Stakeholders emphasised leadership development, CPD access and redeployment pathways as mechanisms for stabilising the sector. Providers, in parallel, described the importance of supervision, development and support in sustaining their workforce.

Although providers and system stakeholders were interviewed separately, their accounts illustrate how retention depends on both internal organisational culture and external system support.

### Provider-level: development, supervision and stability

Providers repeatedly described the importance of structured support and ongoing development in retaining staff:

*“We have supervision every month without fail.”* (P2, provider interview8)

Another provider emphasised the value of progression:

*“We always look at how we can develop somebody further.”* (P29, provider interview)

Stability in working arrangements was also described as central to retention:

*“We try and keep the rotas as consistent as possible because that makes a difference.”* (P34)

These accounts position retention as relational and ongoing, rooted in predictable management, development and organisational stability.

### System-level: leadership development and sector continuity

System stakeholders described interventions aimed at strengthening leadership capability and keeping experienced staff within the sector. One stakeholder explained:

*“We’ve invested quite heavily in leadership programmes.”* (P7, system stakeholder interview)

Another described the intent behind CPD infrastructure:

*“It’s about giving people access to development that smaller providers wouldn’t necessarily be able to offer on their own.”* (P15, system stakeholder interview)

Sector-level retention was also framed in terms of mobility rather than exit:

*“If someone leaves one provider, we’d rather keep them in the sector than lose them altogether.” (P11, system stakeholder interview)*

These accounts reflect a system role focused on stabilisation including enhancing leadership quality, widening access to training and enabling redeployment across providers.

### **What this case illustrates**

This case highlights the distinction between recruitment and retention at system level. While recruitment interventions often introduce new entrants, retention interventions reinforce existing workforce capacity. Providers create day-to-day stability through supervision, development and predictable working arrangements. System stakeholders strengthen the broader environment by investing in leadership development, CPD infrastructure and sector mobility mechanisms.

The Sector Continuity and Workforce Stability Model reflects this layered approach. Retention impact is strongest where internal organisational culture is reinforced by external system infrastructure, particularly where smaller providers benefit from access to training, leadership pathways and cross-provider continuity mechanisms.

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