



New starters' experience

Phase 1 research report

May 2022

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Published by Skills for Care

Evidence review and sector consultation to inform Skills for Care strategy: report to the Leadership Team

Published by Skills for Care, West Gate, 6 Grace Street, Leeds LS1 2RP www.skillsforcare.org.uk

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Reference no. WP21006/ DH103

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Skills for Care is the employer-led strategic body for workforce development in social care for adults in England. It is part of the sector skills council, Skills for Care and Development.

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Executive summary

Skills for Care is the workforce development body for adult social care in England, supporting residential, domiciliary, community and day care service providers, local authorities and others. We know that the recruitment and retention challenge in adult social care is significant.

Staff turnover is particularly a problem for new starters. At the time of writing, 37% of new starters leave within the first 12 months of starting a job in adult social care (Skills for Care, 2021b). There is therefore a need to understand the drivers of staff retention specifically for new starters, and to identify what can be done to support new starters to remain in the sector.

The Department of Health and Social Care (DHSC) agreed to support Skills for Care through its 2021-22 work programme to investigate the variances in employee experience and “to demonstrate, with evidence, the importance of adopting and embedding a person-centered approach to new starters experience, so that more people with the right values stay within the sector”.

This study involved a rapid data and evidence review investigating the key research questions:

1. What does the evidence say about what works in supporting new starters, specifically, to stay in the adult social care sector?
2. What role could Skills for Care (in partnership with employers and others) play in this support?
3. What challenges are likely to be encountered?
4. What will be the critical success factors?
5. What opportunities should be built upon?
6. How could success in supporting new starters be evaluated?

The review found that, as with social care workers more generally, new starters are more likely to stay in the role if they live close to work, are paid more, trained and qualified. Those aged under 29 are more likely to leave within the first year, as are those with higher rates of sickness absence and those on zero-hour contracts. Other issues that may affect staff retention include stress and workloads. This suggests that employers who wish to retain new starters may wish to:

- avoid zero-hours contracts
- focus support particularly on young new starters
- support values-based recruitment and retention
- train new starters and aim to equip them with a social care qualification, to support their retention in adult social care - this should begin with the Care Certificate, as analysis also showed that new starters and other staff were more likely to leave if they had not begun the Care Certificate
- recruit from close to home, pay well and support staff wellbeing.

- Provide high-quality induction and buddy schemes, clearer career pathways and ongoing training opportunities.

Given high levels of turnover amongst new starters, combined with a relatively limited evidence base on effective and replicable practice, we would recommend a programme of primary research with employers to explore the issues raised in this review in more detail.

1. Introduction

1.1 Background and purpose

Skills for Care is the workforce development body for adult social care in England, supporting residential, domiciliary, community and day care service providers, local authorities and others. Skills for Care helps social care employers (including Individual Employers (individuals who employ their own care and support)) to recruit, develop and lead their workforce.

Skills for Care (2021a) found that the recruitment and retention challenge in adult social care is significant. Of all the workforce challenges faced by the adult social care sector in England, recruitment and retention problems featured highest. To meet the increasing needs of a growing, ageing population, with rising levels of morbidities and care needs at all ages (APPG for Longevity, 2020; Idriss *et al*, 2020), the workforce needs to grow significantly – Skills for Care (2021b) estimates by 29% (490,000 extra jobs) by 2035.¹

But with persistently high levels of staff turnover (28.5%; 410,000 leavers in last twelve months (Skills for Care, 2021b), employers struggle to meet present demand, let alone future demand.

High turnover, absence and vacancy rates are not just a problem for employers. They contribute to unsafe staffing levels, risk of infection, poor continuity of care and poor quality of care.²

Staff turnover is particularly a problem for new starters. At the time of writing, 37% of new starters leave within the first 12 months of starting a job in adult social care (Skills for Care, 2021b). There is therefore a need to understand the drivers of staff retention specifically for new starters, and to identify what can be done to support new starters to remain in the sector.

The DHSC agreed to support Skills for Care through its 2021-22 work programme to investigate the variances in employee experience and “to demonstrate, with evidence, the importance of adopting and embedding a person-centered approach to new starters experience, so that more people with the right values stay within the sector”.

Phase 1 of this work involved a rapid data and evidence review investigating the key research questions:

¹ This forecast may in fact be a cautious estimate, as it assumes that eligibility criteria do not change (i.e. does not account for unmet needs), and it does not take into account:

- that people are becoming ill earlier (Hymans and Robertson, 2018), suffering more major illnesses (APPG for Longevity, 2020), and there are rising levels of obesity (LGA, 2020)
- any long-term negative effects on population health and wellbeing due to the COVID-19 pandemic (Charles and Ewbank, 2020).

There is also a significant replacement demand, with 27% of the workforce aged over 55 (Skills for Care, 2021b).

²Atkinson *et al*, 2018; CQC, 2019; House of Lords Economic Affairs Committee, 2019; UNISON, 2020; Amnesty International, 2020; Pollock *et al*, 2020; Bauer and Dixon, 2020.

1. What does the evidence say about what works in supporting new starters, specifically, to stay in the adult social care sector?
2. What role could Skills for Care (in partnership with employers and others) play in this support?
3. What challenges are likely to be encountered?
4. What will be the critical success factors?
5. What opportunities should be built upon?
6. How could success in supporting new starters be evaluated?

Phase 2 is planned for 2022-23 and will be led by recommendations from Phase 1.

2. Evidence from the Adult Social Care Workforce Data Set

Key findings

Data from the Adult Social Care Workforce Data Set (ASC-WDS) shows that, as with social care workers more generally, new starters are more likely to stay in the role if they live close to work, are paid more, trained and qualified. Those aged under 29 are more likely to leave within the first year, as are those with higher rates of sickness absence and those on zero-hour contracts.

2.1 Detailed findings

Skills for Care data and analysis (Skills for Care, 2021b) identified the factors (of variables available in the Adult Social Care Workforce Data Set) which most influence staff propensity to leave their jobs. We explored whether these factors were also the most important factors affecting the retention of new starters. The findings are summarised in Table 2.1 below.

Table 2.1: Factors that influence staff propensity to leave

| Variable | Findings – all leavers | Findings – new starters |
|------------------------------------|---|---|
| Distance travelled to work* | Workers that travelled further were more likely to leave. | This is also the case for new starters. |
| Age | Those under 29, and over 60 years old, were more likely to leave their posts. | Younger new starters under 29 years old were also the most likely to leave. New starters aged over 60 did not appear to be more likely to leave than other age groups although this age group made up just seven percent of new starters. |
| Experience in sector | Likelihood of leaving decreased with higher levels of experience. | It is not clear from the data whether this is a factor in new starters leaving. |
| Pay | Likelihood of leaving decreased as pay levels increased. | Overall we see a trend whereby those paid more are less likely to leave. Skills for Care is currently |

| | | |
|----------------------------------|--|--|
| | | exploring how this relationship is impacted by the wider economy and other factors such as experience in role. |
| Experience in role | Likelihood of leaving decreased with higher levels of experience. | Not relevant for new starters. |
| Training | Likelihood of leaving decreased if workers had more training. | This is also the case for new starters. |
| Contracted hours | Likelihood of leaving decreased if workers had a higher number of contracted hours. | The data for new starters does not suggest a clear correlation between leaving rates of new starters and their contracted hours. |
| Number of sickness days* | Likelihood of leaving decreased if workers had fewer sickness days. | This was also true for new starters. |
| Social care qualification | Workers with any social care qualification were less likely to leave their posts. | This was also true for new starters. |
| Zero-hours contracts | Workers that weren't on zero-hours contracts were less likely to leave their posts. | This was also true for new starters. |
| Historic turnover rate | Likelihood of high turnover rates increased if the establishment had historically high turnover. | This effect is not as pronounced for new starters. Turnover remains high across all establishments for new starters. |

Source: ASC-WDS unweighted data between March 2020 and March 2021

* Data analysed between March 2019 and March 2020.

The analysis suggests that employers who wish to retain new starters may wish to:

- avoid zero-hours contracts
- focus support particularly on young new starters

- train new starters and aim to equip them with a social care qualification, to support their retention in adult social care - this should begin with the Care Certificate, as analysis also showed that new starters and other staff were more likely to leave if they had not begun the Care Certificate
- recruit from close to home, pay well and support staff wellbeing.

3. Evidence from the research review

Key findings

- It was relatively rare for the sources covered by the review to refer specifically to new starters. However, many of the sources discussed issues that are equally relevant to new starters as they are to other groups of staff.
- Pay and conditions, workloads and the attraction of other sectors were cited amongst the foremost challenges of retaining staff, including new starters, in adult social care. Other challenges include inconsistent development opportunities and an outflow of EU nationals from the UK.
- The COVID-19 pandemic was regularly reported to have had a negative impact on both recruitment and retention in adult social care. Stress for staff and managers, concerns over safety and resistance to the (now revoked) vaccine mandate had all been contributory factors.
- Potential solutions cited in the literature include values-based recruitment and retention practices, higher pay, more favourable terms and conditions, greater job security and more widespread use of mobile technology across the sector.
- Specifically for new starters, the literature advocates high-quality induction and buddy schemes, clearer career pathways and ongoing training opportunities.

3.1 Introduction

This section of the report draws on two inputs:

- A desk-based review of relevant literature undertaken by Skills for Care. The review focused primarily on the findings from recent research studies that had recruitment and/or retention within their scope.
- A rapid evidence assessment undertaken by York Consulting LLP on behalf of Skills for Care. This covered 107 sources accessed primarily via public websites. They included blogs, press and journal articles, and research papers.

As per the agreed scope for the rapid evidence assessment, the vast majority of the sources were published in 2021 or 2022 (Table 3.1). With only a few exceptions, they did not make reference to any specific geography or they referred to the adult social care sector at a national level (Table 3.2).

Table 3.1: Sources by year of publication

| Year of publication | No. sources |
|---------------------|-------------|
| 2022 | 9 |
| 2021 | 93 |
| 2020 | 1 |
| 2019 | 1 |
| 2018 | 1 |
| 2017 | 1 |
| Not given | 1 |
| Total | 107 |

Source: York Consulting (2022).

Table 3.2: Sources by geographic coverage

| Year of publication | No. sources |
|--|-------------|
| Not specified or national | 96 |
| London | 3 |
| North West | 2 |
| Midlands | 1 |
| South East | 1 |
| East of England | 3 |
| South East, London and East of England | 1 |
| Total | 107 |

Source: York Consulting (2022).

It was relatively rare for the sources included in the rapid evidence assessment to discuss the retention of new starters as a distinct group of staff (only 12 of the 107 sources did so). However, many of the sources made points that are equally relevant to new starters as they are to other groups of staff. The decision was therefore taken to keep all 107 sources in scope rather than concentrating only on those that made specific reference to new starters.

3.2 Challenges

Reflecting the timing of this review, it is unsurprising that retention challenges linked to the COVID-19 pandemic appeared most regularly in the rapid evidence assessment (Table 3.3). Pay and conditions were also cited relatively often, while fewer sources identified issues relating to recruiting and retaining overseas workers, the attraction of other sectors, high workloads and inconsistent development opportunities.

Table 3.3: Retention challenges and number of sources

| Year of publication | No. sources |
|--|-------------|
| COVID-19 | 35 |
| Pay and conditions | 23 |
| Overseas workers | 14 |
| Attraction of other sectors | 12 |
| High workloads | 6 |
| Inconsistent development opportunities | 5 |

Source: York Consulting (2022).

3.2.1 COVID-19

Within the sources that mentioned COVID-19 as a factor affecting retention, by far the most prevalent issue was the mandatory vaccination policy in social care (revoked on 15 March 2022). Many sources discussed this, although it was rare for them to provide any quantification. Those that did (e.g. Palmer, 2021 and Nuffield Trust, 2021) estimated that between 35,000 and 65,000 care staff could leave the sector as a result of the vaccine mandate.

Various sources also cited additional stress for care workers and managers during the pandemic, caused by the challenges of delivering frontline care services in such testing circumstances. The Public Policy Institute (2021) reported increased workloads and working hours, concerns over staff and patient safety and uncertainties over frequently changing guidance. Other sources (e.g. Samuel, 2021b and 2021c) identified some or all of these as contributory factors in staff burnout and attrition.

Skills for Care's Market Intelligence Report in March 2021 suggested that newly recruited staff, including those that are new to social care, had left the sector because of concerns over catching COVID-19 (one employer reported losing four members of staff on the same day for this reason).

3.2.2 Pay and conditions

Pay is regularly cited as one of the primary reasons why social care fails to compete on recruitment and retention with sectors such as retail, hospitality and the NHS (the latter

being a particular problem in the market for regulated and allied health professionals).³ Low pay across the sector impacts on morale, leads to workers feeling undervalued and can be a key component in them moving elsewhere:

- In focus groups run by Skills for Care and ICF Consulting, pay was reported as “*the most significant challenge to retaining staff in the sector at all levels*” (ICF Consulting, 2020).
- Recent Skills for Care analysis for the Living Wage Foundation (2020b) showed that 73% of frontline social care staff in England are currently earning below the Real Living Wage.
- The Work Foundation (2021) found that care workers with more than five years’ experience earn on average only 1% more than staff that have been in the role for less than 12 months.
- Skills for Care’s November 2021 Market Intelligence Report highlighted a case where staff received only 10 pence more per hour for taking on senior care worker responsibilities.
- The Skills for Care and Eastern Region’s Association of Directors of Adult Social Services (ADASS) staff attraction and retention survey (2022) showed that 68% of providers highlight living wage rises as their main challenge in retaining staff.
- In the same survey, 80% of staff cited salary as the aspect of their job they would most like to change. Salary was also the most commonly identified factor (40%) when asked, “what do you find hardest?”.

“The salary is not reflective of the type of work, the responsibility required. You're offering minimum wage for a job that is quite... it's very important to people's welfare and quality of life, dignity. That we're being offered at the entry level rates of pay often less than someone would get paid in Tesco. And when you consider the difference in responsibility, and the importance of the role, there's a lot of difference between putting a packet of cornflakes on the shelf to making sure that you're maintaining somebody's health, wellbeing, dignity, and quality of life.”

- Stakeholder consulted, anonymous (Skills for Care, 2021c)

Turning to working conditions, Timewise (2017) and Cornes and Manthorpe (2022) point to a disconnect between the expectations that new starters have for a role in social care and the realities of that role. This is influenced by a range of factors including:

- unpredictable rotas

³ In addition to appearing in 23 of the sources reviewed by York Consulting LLP, low pay and competition from other sectors was identified in around 35 reports reviewed by Skills for Care. See for example the House of Commons Health and Social Care Committee (2020b), LGA (2020), Beech *et al* (2019), Skills for Care (2017a), and others; as well as stakeholder consultations.

- unsociable or unconventional working hours (Timewise (2017) suggests that these may not be fully explained to new starters at the point of recruitment)
- travel and travel costs
- downtime in the middle of some days/shifts which workers can perceive to be unproductive or wasteful
- job insecurity, often because of zero-hours contracts.

In the Skills for Care and Eastern Region ADASS survey (2022), 55% of providers said that the public's perception of social care was problematic when looking to attract new staff. Almost two-fifths of the staff responding to the survey said they did not feel valued in their role, citing pay, staffing, communication and a lack of acknowledgement and praise as the main reasons.

Timewise (2017) noted that all these factors contribute to staff attrition, both in terms of internal churn and people leaving the sector to work elsewhere. The National Care Forum (2021e) reported an increase in attrition following the lifting of lockdown measures in April 2021. Many of these workers were said to have left because they wanted a job with less stress, better pay and less risk of burnout.

3.2.3 Overseas workers

Changes to UK immigration policy, coupled with concerns over the implications of Brexit, have made it more difficult for social care employers to recruit and retain staff from the European Union (EU). Samuel (2021b) reported that between January and April 2021, 1.8% of all new starters in adult social care were from the EU, compared with 5.2% in 2019. Alzheimer's society (2021) noted that over 100,000 EU nationals worked in social care in the UK and that a proportion of these were expected to leave as a consequence of Brexit and the pandemic.

3.2.4 Attraction of other sectors

Covered in part under 'Pay and conditions', various sources cited staff leaving adult social care to work in retail, travel and hospitality.⁴ Each of these sectors has seen renewed recruitment drives following the easing of lockdown restrictions and some employers have offered incentives for new starters.

Skills for Care and Eastern Region ADASS (2022) reported that two-thirds of providers cited competition from other sectors as a significant challenge when attracting new staff. Providers often identified health as a major competitor in the market for new staff, alongside sales and retail.

Samuel (2021a) reported that staff vacancies in residential care homes increased from 6% to 10.2% between April and September 2021, as care homes faced stiff competition for staff from the aforementioned sectors.

3.2.5 High workloads

Oung (2021) reported that in the six months to October 2021, the number of staff working in registered care homes fell by 11,000 (2.5%). Amongst the implications of this are increased workloads for the staff still working in those settings. There are also

⁴ E.g. Samuel, M. (2021a), Samuel, M. (2021c), Care Quality Commission (2021) and Crew, J. (2021).
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reports of managerial staff having to undertake frontline care work to ensure that residents remain safe and supported (National Care Forum, 2021b). In some cases, this has meant that service developments have been put on hold and annual leave requests have been refused.

As a result of increased workloads, there is greater pressure on staff to pick up additional shifts including covering less desirable evening and weekend slots, a challenge reported by 57% of providers in the Eastern Region (Skills for Care and Eastern Region ADASS, 2022).

The effects of these factors, alongside increased stress and higher risk of burnout, include an outflow of workers from the sector.

3.2.6 Inconsistent development opportunities

Evidence (e.g. Atkinson *et al*, 2019 and Skills for Care, 2017) suggests that social care does not routinely convey an image of a sector offering structured career progression and training opportunities. This makes it more difficult to attract and retain good quality staff. The Work Foundation (2021) suggests that the COVID-19 pandemic has had a compounding effect and has further limited the access that staff have to structured training.

Concerns have also been raised about existing training and accreditation practices, with some care workers reporting the need to repeat the Care Certificate when they move providers. This can lead to them feeling undervalued and disillusioned with the sector.

However, Vadean and Saloniki (2021) cast doubt on whether clearer progression pathways would have a universal impact. They note that younger staff in particular, often use the sector's low entry requirements as a means of accessing paid work for a relatively short period of time before moving on elsewhere. For these staff, a more structured development framework may have only a limited impact on the likelihood of them remaining in the sector over the longer term.

3.3 Potential solutions

Skills for Care (2021a) identified the following potential solutions to the retention challenges in the sector. The sections that follow discuss each of these in turn and highlight evidence that particularly pertains to new starters:

- national and local recruitment initiatives
- rapid recruitment initiatives
- values-based recruitment and retention initiatives
- improving pay
- improving job security, terms and conditions
- staff development
- career pathways, progression and development opportunities
- alternative delivery models.

3.3.1 National and local recruitment initiatives

Both during and prior to the pandemic there have been a raft of national and local initiatives designed to boost recruitment into the sector. Examples include the DHSC's

national recruitment campaign (evidence on the efficacy of which is now available) and the Kickstart scheme. Skills for Care market intelligence data (2020c) suggests that in some local areas, agencies such as Jobcentre Plus, local authorities and Health and Social Care Academies were leading efforts to bring stakeholders together in consortia to offer Kickstart placements to young people interested in social care.

Other recent initiatives include employee referral schemes such as the Care Friends app (in which Skills for Care is a key partner), which aim to generate higher levels of staff retention than conventional external recruitment (Skills for Care, 2021g).

“In 12 months of using Care Friends we have hired 364 care workers via the app. Care Friends hires now make up nearly 30% of all our new starters and we have a much better retention rate with those applicants recommended.”

- Managing Director of a homecare service (quoted in Eastwood, 2021)

Alongside these recruitment initiatives, almost one-third (32%) of surveyed staff in the Eastern region advocated stronger promotion of the rewarding nature of roles in social care as a factor that could help to attract new applicants (Skills for Care and Eastern Region ADASS, 2022).

3.3.2 Rapid recruitment initiatives

COVID-19 necessitated a recruitment drive into the sector to cover staff who were unable to work and to relieve the pressures on existing staff (DHSC COVID-19: Adult Social Care Action Plan, 2020; CQC, 2020). The ambition was to attract 20,000 people into social care in the three months after DHSC’s Action Plan was published (up to July 2020). An evaluation of rapid recruitment initiatives was recently undertaken by PLMR Ltd (2022) on behalf of Skills for Care and made recommendations for the social care sector including to value and reward staff, lobby for better pay and raise awareness of social care as a meaningful profession with career pathways.

3.3.3 Values-based recruitment and retention practices

Values-based recruitment is one (longer-term) way in which better performing staff can be recruited and the cost of training and recruitment can be lowered (Beech *et al*, 2019). Skills for Care found a return of £1.23 for every £1 spent on values-based recruitment (Consilium, 2016) due to lower turnover and training costs, while Marsh Commercial (2021) stated that retention could be improved by attracting employees who share the same values as their employers.

The findings of Atkinson *et al* (2019) and Skills for Care (2020a) also suggest that while values-based recruitment is becoming a widely used term, fuller understanding of its meaning (i.e. the full range of approaches that can be used in tandem) will be important to deriving its full benefit. Employee referrals and employee engagement are part of a values-based approach and have been found to be effective (Moriarty *et al*, 2018).

3.3.4 Improving pay

Alongside increases in basic pay, calls are being made (e.g. DHSC, 2021a and 2021b) for the introduction and more routine use of overtime payments, bonuses and travel and/or childcare costs as potential drivers of retention:

- Ekosgen (2013) found that “the majority of high retention companies [in social care] offer financial and non-financial enhancements in addition to basic pay”.
- Skills for Care’s Monthly Sector Insight for December 2021 cited one provider which pays each member of staff a £300 retention bonus on completion of their initial training (although it did not state whether this had contributed to improved levels of staff retention).
- The majority of staff (80%) surveyed by Skills for Care and Eastern Region ADASS (2022) suggested that increases in salary would be the most appealing change, with some specific suggestions of moving pay to be in line with the NHS.

3.3.5 Improving job security, terms and conditions

Voluntary guidelines and charters exist for improvements in terms and conditions, as does an Ethical Care Charter used in commissioning and framework agreements (Atkinson *et al*, 2019).⁵ For social care employers who want to benchmark their pay and conditions against role-specific averages, the Social Care Reward is a valuable resource and is promoted by the National Care Forum.

Atkinson *et al* (2019) describe how Greater Manchester has a ‘workforce deal’ for its domiciliary care workers. Whilst both voluntary and aspirational, this comprises a range of benefits, including:

- salaried employment, paid travel time, bank holiday uplift
- 12 weeks paid training, induction and buddying, basic skills, apprenticeship levy
- interest free loans for driving lessons
- a winter pressures uplift.

Stakeholders consulted in the February 2021 Evidence Review talked about the role of unions and their hopes for better pay and conditions. Supporting this, literature from various sources (IPPR, 2018; TUC, 2020; Health Foundation, 2020) suggests that sectoral collective bargaining could improve job quality and therefore potentially retention. IPPR (2018) suggest building on the UNISON Ethical Care Charter (UNISON 2020) to include:

- **Training:** an entitlement to basic induction training and regular professional development, minimum qualification levels for given roles and minimum requirements for apprenticeship investment and standards.
- **Job security:** including the right to a fixed-hour contract and protections for workers who choose zero-hour contracts (e.g. a higher minimum wage).

⁵ The Welsh Government acted on this when, in spring 2018, it introduced regulation that provided domiciliary care workers with the right to request guaranteed hours contracts after three months employment.

- **Fair payment:** with workers paid for travel time and costs, training time and sleep-ins.
- **Needs-based commissioning:** with the starting point for homecare visits being the need of the care recipient, not minutes or tasks, and no 15-minute visits.
- **Occupational sick pay:** with entitlements beyond the minimum under statutory sick pay.
- **Occupational pensions:** with employer contributions beyond the statutory minimum.
- **Wellbeing:** including the right for homecare workers to be given the opportunity to regularly meet co-workers to share best practice and limit isolation, and access to an Employee Assistance Programme.

Skills for Care's 'Secrets of Success' study (2017) resonates with the above and states that developing a positive organisational culture, where staff are supported and valued and have opportunities to enhance their skills and knowledge, reinforces the message that working in adult social care can be a good career choice. Related recommendations made elsewhere in the literature include:

- using work placements and work experience to increase awareness and understanding of roles in social care (Work Foundation, 2021).
- orientation and buddy systems for new starters. Eastwood (2021) recommends clear orientation for all new staff, including a warm welcome from senior managers and peer mentors. This is reflected in the Care UK Buddy System, which ensures that all new starters are matched with an experienced colleague within their setting to build support and confidence from their first day.
- regular wellbeing meetings, surveys and check-ins for staff.
- maintaining a focus on the mental health and wellbeing of care staff, even after the COVID-19 pandemic has passed.
- providing transport services for staff to get to/from work (especially in rural areas) and offering short-term accommodation for newly appointed workers, particularly those arriving from outside the UK (Moriarty *et al*, 2018).

The health sector offers examples to adult social care in regard to some elements of the above. For example, NHS Improvement and NHS England have introduced a health and wellbeing induction for all new starters (Health and Social Care Committee, 2021). NHS Employers (2021a) advocates a buddy system for younger members of staff as a means of providing a less formal avenue of support as they settle into their roles. However, in neither case does the literature discuss the effectiveness or impact of these approaches.

In addition, a short guide created by Community Care (2021) emphasises the importance of communicating with new starters in advance of their first day and of managers meeting with them in person.

3.3.6 Career pathways, progression and development opportunities

Numerous commentators⁶ have called for clearer career pathways and progression to help attract and retain people in the sector, and to navigate the changes that are needed to integrate and improve care.

Although apprenticeships in social care are often used to develop existing staff, Beech *et al* (2019) found they represent a key way for some social care employers to maximise recruitment from their local areas and offer a clear career progression from support worker through to degree or postgraduate level (NHS Employers 2021b). However, Skills for Care (2021a) found that apprenticeships are not seen as sufficiently flexible (Social Care COVID-19 Taskforce Workforce Advisory Group, 2020) or affordable (Moriarty *et al*, 2018) to address employers' recruitment challenges.

Looking at qualifications more broadly, there appears to be a correlation between the achievement of qualifications and the likelihood of remaining in the sector. Skills for Care (2021g) reported that 28.2% of care workers without a relevant qualification left their role within the first 12 months, compared with 20.5% with a relevant qualification. Marsh Commercial (2021) advocated investing in post-induction staff development as a means of improving retention, while the Health and Social Care Committee (2021b) stated that ongoing investment in workforce development will strengthen the image of social care as a sector with long-term career prospects.

Looking specifically at new starters:

- Cornes and Manthorpe (2022) emphasised the importance of high-quality initial training as a potential driver of retention.
- The Work Foundation (2021) gathered feedback from 1,004 adult social care workers and found that a lack of career development was a primary factor for nearly half of those that were considering leaving the sector. The Work Foundation uses this finding as the basis for advocating ongoing training opportunities.
- The Public Policy Institute (2021) emphasises the role that online learning can play in workforce development, noting that the number of people accessing online training materials from Health Education England rose from 750,000 in 2019 to 1.8 million in 2020.

3.3.7 Alternative delivery models

Care models which prioritise wellbeing, autonomy, asset-based approaches, personalised care, prevention and reablement are all highlighted in the literature (see e.g. SCIE, 2018 and 2020; ADASS, 2020; Social Care COVID-19 Taskforce Self-Directed Support Advisory Group, 2020) and are seen by some as an opportunity to improve retention (through providing staff with greater job autonomy) as well as to improve care. Skills for Care (2019) found evidence that preventative approaches could result in increased staff retention.

⁶ e.g. Charles and Ewbank, 2020; Oung, 2020; Health and Social Care Committee, 2020; McKechnie *et al*, 2019; Moriarty *et al*, 2018

3.3.8 Technology as a driver of retention

The rapid evidence assessment uncovered numerous references to technology, and in particular mobile technology, having the potential to improve levels of staff retention. For example, The Access Group (2019) reported that improvements can be made to workloads, scheduling/streamlining of tasks and administrative requirements through greater adoption of mobile technology across the sector. This includes using technology to monitor patients remotely and to share information more efficiently with other services such as GPs.

3.4 Underpinning conditions

The literature points to a number of underpinning conditions, or critical success factors, that could support the development and implementation of the solutions discussed above. Whilst the solutions are action-focused and apply at employer or organisation level, the underpinning conditions relate more to sector-wide considerations or approaches.

3.4.1 Pay review

The Local Government Association (2021) has advocated an independent review of pay and the processes for setting pay across the sector, whilst UNISON and the National Care Forum (2021) have called on government to boost care workers' pay after a survey of 340 registered managers found that two-thirds had to turn down requests for care due to staff vacancies. In March 2022, the Social Care Policy Group reiterated its call for an independent review of pay, including the implications of workforce pay increases for individual employers and direct payment holders.

Vadean and Saloniki (2021) advocate a strategy whereby pay and conditions in the independent and public sectors are aligned with one another, noting however that this would also carry a significant additional cost.

Announced in September 2021, the new Health and Social Levy is designed to provide a £5.4 billion investment in adult social care. Included within this is £500m for staff training with the aim of reducing turnover and enabling carers to achieve recognised qualifications⁷. However, Ian Trenholm and Peter Wyman of the Care Quality Commission (2021) have stated that the government would need to commit the full £5.4 billion to improving pay and training in the sector in order for it to have a demonstrable positive impact.

3.4.2 Training framework

Professor Martin Green of Care England – supported by senior colleagues from ADASS, the Care and Support Alliance and other influential stakeholders in the sector – has called for a 10-year plan, aligned with the NHS plan, which includes a sector-wide skills and competency framework. A Lancaster University study has called for a continuing professional development (CPD) framework in adult social care, whilst

⁷ In addition, the government announced a £162.5 million workforce retention and recruitment fund in October 2021.

Humphries and Timmins (2021) have also emphasised the importance of more structured CPD across the sector.

3.4.3 Status and recognition

An Alzheimers society report (2021) advocated the introduction of a national social care board, or an equivalent registered body, to help standardise and improve pay and conditions. Support for this was also apparent in the Skills for Care Monthly Sector Insight report from October 2021, which included feedback from employers suggesting that a registered body would help staff to feel valued and respected in the same way as their NHS counterparts.

The Care Quality Commission (2021) has called for new or updated national workforce strategies for social care, while Kumar and Dempster at the Centre for Global Development (2021) would like greater political recognition of the work undertaken by those in the sector.

3.4.4 Leadership and management

The Local Government Association (2021) has highlighted good leadership and management as an important ingredient in workforce wellbeing (a toolkit developed in Greater Manchester offers online training for managers on how to provide effective practical and emotional support to staff). Other studies (e.g. NIHR, 2021a) have acknowledged that having managers with the right skills and confidence is central to implementing and sustaining positive improvements in practice.

4. Conclusions and recommendations

The review found that, as with social care workers more generally, new starters are more likely to stay in the role if they live close to work, are paid more, trained and qualified. Those aged under 29 are more likely to leave within the first year, as are those with higher rates of sickness absence and those on zero-hour contracts. Other issues that may affect staff retention include stress and workloads. This suggests that employers who wish to retain new starters may wish to:

- avoid zero-hours contracts
- focus support particularly on young new starters
- support values-based recruitment and retention
- train new starters and aim to equip them with a social care qualification, to support their retention in adult social care - this should begin with the Care Certificate, as analysis also showed that new starters and other staff were more likely to leave if they had not begun the Care Certificate
- recruit from close to home, pay well and support staff wellbeing
- provide high-quality induction and buddy schemes, clearer career pathways and ongoing training opportunities.

Given high levels of turnover amongst new starters, combined with a relatively limited evidence base on effective and replicable practice, we would recommend a programme of primary research with employers to explore the issues raised in this review in more detail.

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