

# Recruitment and Retention Issues in the Adult Social Care Workforce in Devon Final Report

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*Economy & Enterprise Team*

In partnership with:

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# Recruitment & Retention of Care Workers

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## Executive Summary

This summary presents the key findings from research designed to explore recruitment and retention issues among regulated Care Workers employed by private sector organisations providing domiciliary care in the Adult Social Care Sector in Devon. The work aimed to achieve a greater understanding of why Care Workers leave the sector and their views on the pay, conditions of employment and training on offer. To investigate these matters the following research methodology was used:

- Desk research: A literature review and analysis of the available data for Devon;
- A qualitative fieldwork exercise involving focus groups and interviews with over 50 Care Workers, together with consultations with 30 providers, service users and commissioners; and
- Analysis and write up of the findings in a final report, including recommendations for sector support to be discussed with key stakeholders and partners.

## Demand and Supply Issues

The research found that across England there was increased demand for intensive home care resulting from demographic changes, increased life expectancy and government policy. Skills for Care have estimated that the implications of this are that:

- Nationally, 275,000 more workers are needed in Adult Social Care by 2025;
- Which equates to an 18% increase in the current workforce by 2025; and
- That there are 90,000 vacancies across the Adult Social Care sector at any one time.

The Adult Social Care workforce is “*stretched at both ends*” by high turnover among young people (aged under 25) together with the projected retirement of existing staff. Further to this, retention and recruitment issues are exacerbated by low pay in the sector and the perceived low status of care roles acting as disincentives for employment. Across England, the turnover rate for regulated Care Workers from all sectors (private, LA and voluntary) and all service types (domiciliary and residential) was 32.4% in 2016. The comparable figure for regulated Care Workers in Devon was 41.2% in 2016.

Locally, the NMDS-SC data shows that among the Care Workers employed in *private organisations* working in domiciliary care in Devon, the turnover figure is 55.2% (the comparable figure for England is 42.2%, while in Somerset it was 38.5% and in Cornwall 35.4%)<sup>1</sup>. At this level, there are very significant concerns about the ability of providers to meet demand and maintain high standards.

While recruitment and retention are very significant issues across the Adult Social Care sector, high staff turnover is ***not*** universal<sup>2</sup>. Many private employers are exemplars of good practice, with turnover rates below 25% and it is very important that their strategies are used as models to learn from. Skills for Care have identified the following key factors in retaining staff:

- Leadership and management, organisational culture and employer reputation; together with
- Employee rewards (financial and non-financial).

The Care Workers who were most likely to leave were found to be those: who were paid less, aged under 25 or over 60, started their job more recently and working on zero hours contracts.

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<sup>1</sup> <https://www.nmds-sc-online.org.uk/reportengine/GuestDashboard.aspx?type=TurnoverRate>

<sup>2</sup> In the report, “*Secrets of Success*”, Skills for Care have shared best practice examples of providers who have turnover rates of under 10% <http://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Secrets-of-success/Recruitment-and-retention-secrets-of-success-report.pdf>

## Care Workers in Devon

The NMDS-SC estimates that there are 23,500 jobs in the Adult Social Care workforce in Devon not including jobs in the NHS. Around half are in domiciliary, community or day care (48%). Over eight out of ten work for private or voluntary sector organisations (85%). There are 12,600 Care Workers and 2,360 personal assistants. The estimated number of Care Workers employed by private businesses in Devon providing domiciliary care is 5,000-5,500, plus a further c.1,000 personal assistants.

The available NMDS-SC data indicates that Devon's regulated Care Workers who are employed by private sector organisations and working in domiciliary, community or day care are noticeably different from their contemporaries across England in various ways. These are listed below and it is noticeable that these are all differences that are likely to impact on recruitment and retention:

- They are more likely to be aged 55 or older (+5%) or aged 24 and under (+2.1%);
- Less likely to be male (8.4%) compared with Care Workers from across England (12.8%);
- Less experienced (26.4% compared with 31.0% across England have three or more years of experience), while over two fifths (43.7%) have less than one year of experience in their current job; and
- Less likely to be employed full time (32.1%), compared with over two fifths across England (44.5%)<sup>3</sup>.

## Why Care Workers leave the sector

The answers given by the Care Workers in the discussion groups focussed on five main areas:

- **Too much responsibility (for the level of reward)**  
*"Being responsible for someone else's life, when (clients) were being looked after by a whole team of doctors and nurses just before.... it's too much responsibility for minimum wage."*  
*"Having to assess someone and write a whole new care plan for them because the (NHS) notes are wholly inadequate and finding they need 2-1 not 1-1."*
- **Lack of flexibility over working hours**  
*"We just get given our rotas the week before and its 'take it or leave it'."*  
*"I'm always being phoned up when I'm meant to be off work, saying 'can you do X's sessions'".*  
*"They used to let us be involved in putting our shifts together but that doesn't happen anymore. They don't seem to look at the map... I'm sent from Exmouth to Exeter and back."*
- **Lack of time for and between appointments**  
*"You need more time between appointments to allow for the paperwork, unforeseen events."*  
*"15 minutes from Crediton to Cullumpton! It's dangerous and you arrive a nervous wreck."*  
*"You feel really bad when you turn up late because you know Mrs Y is waiting for you, and she's already phoned the office, but there's so little time and no room for any slippages."*
- **Lack of guaranteed working hours**  
The lack of a guarantee over the number of working hours allocated was a major factor in Care Workers deciding to leave the sector: Firstly, because they did not know how much they were going to earn and secondly, because it meant that they could not plan their own lives properly:
- **Cost of childcare**  
*"Anyone like me (a young parent) has to cover 14 weeks a year school holidays, the financial cost of childcare is too much over that time (to make being a Care Worker worth it)."*  
*"People can't afford to pay for childcare when they're only earning the minimum wage or just a little bit more."*

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<sup>3</sup> <https://www.nmds-sc-online.org.uk/reportengine/GuestDashboard.aspx?type=FullPartTime>

## Destinations of leavers

Skills for Care estimate that approximately two thirds of leavers move to another care organisation. The main destination of those who leave care altogether was often the retail sector, with large supermarkets and high street outlets often being mentioned. A variety of roles were described, which mainly involved sales assistant, shelf stacker, stock taking, etc. A few other sectors were also mentioned such as accommodation & food, distribution & hospitality, administration and office work.

## What Care Workers like about working in the sector

The Care Workers involved in the discussion groups highlighted five main areas that they liked about working in the sector:

- **Having a positive impact on people's lives**  
*"You can make a difference to people. Very often you'll be the only face they see that day. You've given them the security of knowing you're coming."*  
*"Some clients become like extra grans and grandads to you...you look after them for a while and you are part of their family... there is a (high) degree of job satisfaction in that."*  
*"It is very rewarding, when you go into somebody who can't do the things they used to do and you give them help and advice and they can regain some of their independence."*
- **The diversity and challenge of the role**  
*"The challenges are so varied... there are so many different, complex needs clients now. It's very stimulating (to be able to help) as you don't know what you're going to be faced with."*  
*"The diversity – you get to meet lots of people from all walks of life. Both patients and carers. Everybody comes together in care and I like that."*  
*"Meeting people, meeting their different needs and challenges... all the different personalities, some lovely people, some not so lovely... (laughs)."*
- **Team working with other Care Workers**  
*"I like the support from the other girls – if you've got a problem you can ring them up, we're all a team."*  
*"If I have problem I ring (colleague X), or she rings me if she's got a problem. We sort it out between us. There's no point ringing the office...they'll be shut or no use."*  
*"Meeting everyone else here...it's great, knowing we're all in it together and will help each other. I've known A and B for years and we always sort each other out when we need it."*
- **Having a good employer organisation**  
*"XX are the best employer I've ever had, they've really supported me and help with everything."*  
*"I worked in banking for 34 years, but I wish I'd started in Care here with XX sooner, they're so good. They encouraged me and brought me on, making me feel wanted."*  
*"I'm so glad I moved to YY ... I'd have left care altogether if they hadn't taken me on and I'd had to stay with (previous care employer). YY have really helped and value everything we do."*
- **Inclusion and 1-2-1 nature of work**  
*"Social inclusion – getting people who wouldn't be involved in everyday activities otherwise...getting them out do their shopping so that they feel part of the community again, having a cup of coffee in town, seeing (other) people."*  
*"I like the one-on-one at home...you get an insight into the person that you're with."*  
*"I enjoy it and I enjoy (working with) the clients. I'd recommend this job to everybody."*

## What Care Workers dislike about working in the sector

The focus groups with the Care Workers and the literature review found that many of the things that Care Workers disliked about working in the sector, not surprisingly, replicated those factors that had been given as reasons for Care Workers leaving the sector. These can be summarised as:

- Huge responsibility when dealing with service users' lives (often with complex needs);
- Not being able to do enough to help some service users;
- The unpredictability of rotas;
- The absence of slack in the system (short appointments);
- Unsociable hours;
- Downtime in the middle of the working day; and the
- Need to travel long distances between clients.

The Care Workers participating in the focus group sessions were most concerned about "flexible working", which as noted above was a significant factor in reasons for leaving the sector:

*"For me it's (the biggest dislike) the changing of the shifts... they do have consultation, but then they just ignore what you've asked for and tell you what you're doing anyway."*

*"They change it to what they want – they just seem to forget that we've all got lives and other things that we do."*

*"The long and the short of is it that basically you either go with what they say or you leave."*

The failure of management to consider the Care Workers' own time requirements when they were scheduling appointments was clearly a very serious problem and the cause of much discontent and upset. It was apparent that for many Care Workers that their dislike of this aspect of the job was such that it could cause them to leave the sector.

A further dislike for Care Workers was the lack of acknowledgment and thanks for their work that they received, both from their managers and their clients' families. Often the only feedback that they got was when something went wrong and this was often not handled in a constructive manner:

*"You don't get told what you are doing right, it's always what you've done wrong. They never say you've done a really good job there."*

*"You don't get any thanks (from your employer) no matter how much you do."*

## Care Workers views on pay

The Care Workers participating in the focus groups agreed that *"money rarely comes first when deciding whether to stay or go."* However, they thought that many potential employees would **never become Care Workers in the first place** because the pay is now so low compared to other jobs. The overarching sense was that Care Workers simply wanted a fair rate of pay that reflected the responsibility and difficulty of the job that they were now being tasked with doing:

*"All we want is a fair wage."*

*"We should be paid for what the value of what we do – the same as others".*

*"Our job has got much more difficult and time consuming, but we've not had a pay rise at all."*

Very noticeably, the Care Workers attending the focus groups who were employed by those private sector organisations that **had given them a pay rise** (and/or were paid at higher hourly rates than the average) were much happier with their situation and reported higher levels of retention in their employer organisations, as well as fewer issues around recruitment of new staff.

## Care Workers views on training

Most of the Care Workers participating in the focus groups said that they had been able to access training and/or were regularly given updates and refreshers when needed. However, there were some concerns about the completeness and cost of the training that was available:

- Firstly, there was considerable confusion as to whether or not all the basic training required was available from the NHS, and if so, whether it was free of charge;
- Secondly, there were concerns that the training available was not fully preparing new recruits to the profession to the reality of the Care Workers role; and
- Thirdly, concerns were expressed about the cost of training required to progress beyond level 2 which was felt to be prohibitive.

It was also noted that some employers made new recruits pay for their own training and uniforms and it was felt that this factor very negatively impacted on recruitment.

## Care Workers views on transportation issues

The Care Workers felt that transportation issues were causing a set of problems for the recruitment and retention of Care Workers, as well as the wellbeing of their clients because:

- Needing to own a car to do the job. This was too expensive for many and, because of the insurance and running costs, were particularly unaffordable for most young people;
- The failure of providers to pay adequate expenses to cover the real cost of journeys between appointments;
- The failure of providers to allow sufficient time between appointments, causing unnecessary stress and anxiety for the Carers and the clients (due to lateness);
- The failure of providers to properly schedule appointments on a geographic basis, so that Carer Workers don't have to drive "*all over the place*";
- The poor state of the roads – causing damage to vehicles and increasing journey time between appointments; and
- The absence of an adequate public transport system in most rural parts of the county (the lack of buses, trains, etc.).

## Care Workers views on career progression

There was general consensus among the Care Workers that there was a lack of opportunity for advancement in the sector, as they reported few chances for personal or professional growth:

*"There is very little opportunity for progression in our organisation, there is a small amount... you can come in as an HCA then you can progress by having specialist training."*

*"In care in particular, there isn't a lot of career opportunities unless you're really driven... (you can) start off as a Care Worker, then where do you go?"*

*"I've found a lot of people can only get so far then it's a brick wall really, you can't get any further, so people move over (to the agencies)."*

For those who wanted to progress, a move to either another employer, an agency or nursing were the only viable options. This was because so few opportunities existed within most individual domiciliary care provider organisations due to their small size and "pyramid" structure.

## Care Workers views on stress factor

When asked about the most stressful aspects of their jobs, the Care Workers highlighted that they found the following things most stressful:

- **The time available for and between appointments**  
*"You can't really do it properly...how can you just run in, give them their medicine and then run out. Also, some medicine you've got to allow 20-30 minutes for a bad reaction, so you can be gone before that time is up. It's not right."*  
*"I can't get myself done in half an hour, let alone someone who needs help with everything."*
- **Problems with paperwork**  
*The need to do paperwork in their own time*  
The current length of appointments did not allow time for the paperwork and this meant Care Workers had no choice but to complete it in their own time.  
*Incorrect NHS discharge paperwork*  
This was a major problem as Care Workers felt that the patients' needs were being overlooked so that the patient could be discharged, as the hospital was short of beds. This often meant the Care Worker had to write a new care plan to be agreed by the authorities before home care could be put into place. Often patients ended up being readmitted to hospital.
- **Lack of support and coordination from own organisation/NHS/Local Authorities**  
Numerous examples were given by Care Workers about the lack of liaison between public sector agencies (i.e. the NHS and Local Authorities). Care Workers found themselves having to coordinate the health and social care aspects of their clients' life. The Care Workers felt that in many cases where there was no family present, no one else would do it and this was the cause of considerable extra stress for them.
- **Insufficient training for new Care workers**  
The Care Workers also highlighted issues around training that they thought were important to help ensure that new Care Workers stayed in post, covering both the emotional and physical needs of the Care Workers and the clients. If these training issues were not properly met then the stress at the beginning of the job could be *"too much"* for new recruits.

Many of the Care Workers also talked candidly about themselves – saying that their mental health had suffered because of their job. This was invariably due to the stress caused by one of the issues described above. This stress was magnified by a huge sense of frustration because even though these situations had arisen many times before, the Care Workers had still not been given any support to deal with the problems.

## Concluding comments and recommendations

This section presents some concluding comments and recommendations to help address the recruitment and retention issues that were highlighted by the research. The Care Workers described that these issues were "triggers" that were often leading to them leaving their jobs:

- Being a good domiciliary Care Worker is often a very challenging role. It requires working alone and taking responsibility for other people's lives in sometimes very difficult circumstances. The current pay rates and level of support available to many Care Workers (be it management, training, opportunities for progression or being valued for the work done) invariably do not reflect the full responsibility of the role.



- The trigger points for leaving were often stress related:
  - The stress of appointments being too close together or too short (e.g. 15 minutes gap allowed to get from Crediton to Cullompton or only 30 minutes for an appointment);
  - Particularly stressful events (i.e. end of life with insufficient management/NHS/Local Authority support or inability to administer needed medication because of training);
- The conditions of work were also acting as a significant trigger point for leaving for many:
  - Lack of guaranteed working hours related to the prevalence of zero hours contracts;
  - Lack of a full-time job and split shifts;
  - Lack of input to working rota/schedule and last-minute changes to the rota/schedule;
- Further trigger points included:
  - Agencies charging more for agency workers to fill care worker roles - this was greatly dispiriting and demoralising the Care Workers;
  - Care Workers do not always feel valued for the work that has been done (either by management or by some clients particularly clients' families); and
  - The cost of childcare being too high, meaning that it was not worthwhile for Care Workers to remain employed as they would be worse off.

The focus of the recommendations from the study is on Devon's private sector domiciliary care providers. While the research found that there is a tier of exemplary providers across the county who provide high quality care for their clients combined with a content, motivated and happy workforce there is clearly a significantly large group of providers operating in Devon who do not offer these good terms and conditions. The evidence indicates that the turnover and retention rates among this group are far higher than average and concerns must be raised about their ability to offer high quality care.

The six specific recommendations are outlined below and detailed fully in chapter 4 of this report:

- **Recommendation 1:**  
The development of a Devon Leadership and Management business support package for micro and small domiciliary care providers;
- **Recommendation 2:**  
In collaboration with neighbouring LAs, specification for contracts for domiciliary care provision to include requirement for recruitment and retention plans, using available models (i.e. Proud to Care Devon's Top Tips for Recruitment and Retention) as templates;
- **Recommendation 3:**  
Providers to implement and commissioners to monitor the clauses in providers' domiciliary care contracts, concerning minimum length of appointments, times between appointments and provision of back-up support accounting for Devon's geography;
- **Recommendation 4:**  
All DCC/NHS funded domiciliary Care providers must fully complete their NMDS-SC returns on a six-monthly basis;
- **Recommendation 5:**  
Representations to be made to the NHS and Local Authorities over issues raised concerning patient discharge, paperwork and cooperation, to reduce stress on Care Workers; and
- **Recommendation 6:**  
Establish a Devon Link-Up Project based on the Midland pilot, but re-profiled to fit Devon's unique needs and circumstances.

# Recruitment and Retention Issues in the Adult Social Care Workforce in Devon

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## 1. Introduction

Following the introduction of the Care Act in 2014, local authorities gained new duties to support the Adult Social Care (ASC) sector and ensure sufficiency of markets. Between December 2014 and March 2015, Transform Research conducted a study for Devon County Council that sought to:

- Quantify the make-up and extent of the sector in Devon County Council's area and understand its needs and issues, both in terms of businesses and the workforce;
- Gather information about the organisations operating in ASC and the interventions providing support to help the sector grow and flourish;
- Understand what gaps exist in terms of sector support, skills and training provision; and
- Make recommendations for how these gaps should be filled.

Following this work in May 2016, a report on the findings of the EU funded Helpcare Project highlighted a range of recommendations aimed at improving the training, recruitment and retention of Care Workers across the EU. These recommendations included a comment that care is chronically under-funded and that this underpins many of the problems in commissioning care, recruiting and retaining staff and in staff training and development.

Since the 2015 and 2016 work was commissioned and completed, further concerns have come to light concerning recruitment and retention of staff: particularly around an unsustainable and low resilient workforce and high turnover and recruitment issues. This is further exacerbated when comparisons are made with pay scales and benefits below what is offered by supermarkets for Store Assistant roles. It was therefore felt further research was needed that provided a greater knowledge of the following:

- A greater understanding of why Care Workers leave the sector and their views on the pay, conditions and training on offer; and
- Greater information on the residential, personal and unregulated care markets to identify areas where there is a mismatch between demand and supply.

Consequently, in June 2017, this research was commissioned by Devon County Council (DCC) and the Royal Devon and Exeter (NHS) Trust to explore the following specific set of issues:

- What are the demand and supply issues in ASC across Devon;
- Do recruitment and retention issues differ in the private- from the LA-funded market;
- Why do staff leave the sector and where do they go;
- What do/did staff like about working in the sector;
- What do/did former staff dislike about working in the sector;
- Views on pay and any other employment benefits plus opportunities for progression;
- How is training viewed by current and ex-staff? Are staff expected to re-train if they switch?
- What are the transportation issues affecting staff;
- How career progression is viewed and what sort of career pathways would attract workers;
- What if any are the added benefits of working in the sector; and
- What are the stress factors associated with the job? How can these be alleviated/minimised? Is there burnout?

## Research methodology

To fully investigate these issues a four-stage research methodology was used:

### **1. Desk research: Literature review and data analysis**

- This stage of the work involved a thorough literature review, to identify key themes and issues relating to the retention and recruitment of social care staff from a set of agreed reports. The review provides a contextual background to the study and informs some of the areas explored.
- The data analysis covered a review of available data including exit and HR information on previous care workers (anonymised). This part of the work provided information to help inform the development of the topic guides used during fieldwork.

### **2. Consultations with providers, commissioners and service users**

- Individual consultations and three discussion groups were held with different providers (including those who had differing rates of retention and differing approaches to training and staffing) and service users from across Devon.
- A further meeting was held with commissioners from DCC to fully explore the recruitment and retention issues. In addition, commissioners from neighbouring authorities, such as North Somerset and Wiltshire CCs were also interviewed.

### **3. Focus groups and interviews with current and former care workers**

- Six focus groups were held with Care Workers – all attended by both current workers and former workers. These groups were held in Seaton, Newton Abbott, Barnstaple, Honiton, Exmouth and Exeter, to provide geographic coverage across the county.
- A total of 54 care workers attended the sessions that each lasted c.90 minutes or were interviewed individually. The process for recruiting the workers to attend involved promoting the research through providers and using workers to “snow ball” to contact former care workers. Refreshments and an incentive payment were provided, while the sessions were held at different times to encourage attendance.

### **4. Analysis and reporting**

- The study collected primarily qualitative data from the focus groups and interviews and this was analysed in an aggregated form to identify emerging themes and trends, as well as to produce individual, anonymised statements illustrating key points.
- The findings of the literature review were used to compliment and contrast the findings from the qualitative work. (Appendix 1 lists the documents reviewed).
- The (comparatively small amount of) quantitative data analysed was used to enumerate the relevant study findings.
- The main output generated by the research is this final report, containing the findings and recommendations for improving workforce recruitment and sustainability. The report also includes examples of good practice and pilots locally and from elsewhere where appropriate.

## 2. Demand and supply issues and Care Workers in Devon

This chapter looks at some of the background matters related to the recruitment and retention of Care Workers, as well as presenting the data on the profile of the Adult Social Care workforce in general and Care Workers specifically. It begins with an assessment of the published literature on demand and supply issues nationally and across the South West, before examining in more detail the available data for Devon covering the following areas:

- The size and makeup of the ASC workforce (main service, sectors and job roles);
- The profile of care workers (age, gender, experience and length of service);
- Full and part time working;
- Pay rates, qualifications held and types of training received; and
- Turnover and vacancy rates together with reasons for leaving.

### 2.1 Demand and supply issues

The literature review examined various studies and reports that had been highlighted by the Steering Group together with others that were identified during the work. The purpose of the review was to explore existing evidence that would provide background knowledge and understanding of the key aims of this study.

All the studies that were reviewed prefaced their findings with a resume of the challenges being faced nationally in the recruitment and retention of the adult social care workforce. Uniformly, the studies emphasised the impact of the demographic changes and increased life expectancy (resulting in an “aging population”) that were causing increased demand for intensive home care, together with the projected retirement of existing staff.

The increased demand for Care Workers that this was resulting in was combined with issues relating to low pay and low status which were acting as disincentives for employment in the sector. Furthermore, the low wage levels (usually around the National Minimum Wage) and uncertain pay were found to make low skilled social care roles unattractive for those moving off benefits. These issues were sometimes exacerbated by negative employer views about the suitability of recruiting young people into care roles, thereby further reducing the potential “pool” of Care Workers.

The studies also found that the impact of the marketisation of care and shift in provision away from that provided directly by Local Authorities to a wider mixed market of care had produced uncertainty and lack of clarity in many instances for potential recruits and new employees.

It was acknowledged that both the health and social care sectors have experienced challenges caused by the prevailing economic climate, austerity measures and retrenchment in public services. The private sector has faced greater financial uncertainty during this time whilst seeing increased demand for provision from commissioners of social care. This has implications for the pay and pensions of those employed in the sector, particularly in terms of zero hours contracts and lack of paid travel expenses which were acting as a further disincentive for the workforce.

In this context, Skills for Care have explored the reasons why the recruitment and retention of the Adult Social Care workforce in general and Care Workers specifically is so important<sup>4</sup>. For any business the costs of recruiting, inducting, training, background checking new employees and agency cover can be prohibitive, but in Adult Social Care when this is combined with the necessity of providing high quality and continuous care, keeping staff turnover to a minimum is essential:

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<sup>4</sup> Skills for Care NMDS -SC Trend Briefing 2: Recruitment and retention

- **The cost of replacing leavers**

The Chartered Institute of Personnel and Development (CIPD) estimates that average cost of recruitment per employee is £2,000 to £5,000. While this figure may not be a “perfect match” for the cost of Social Care employees they give a good indication.

- **Continuity of care**

Continuity of care is vital because when an employee leaves the relationships, trust and rapport built up with clients is lost. This is something that is highly valued by clients and takes time to re-establish. It can also effect quality of care as things are missed during transition.

- **Quality of care**

Skills for Care have used Care Quality Commission(CQC) data to demonstrate an association between lower turnover rates and higher CQC ratings. While turnover is one factor influencing quality of care, it was evident that it was a strong influencing factor.

- **The Adult Social Care sector is growing**

As noted above the demand for ASC is growing. Effective recruitment and retention is essential is the sector is to be able to meet the demands of society with a workforce that has the “*right values, behaviours and skills to deliver high quality care.*”

Skills for Care have also recently produced the following set of key points and statistics to demonstrate the breadth of the problem across the country<sup>5</sup>:

- Nationally, 275,000 more workers are needed in Adult Social Care by 2025;
- The workforce has increased by 18% since 2009;
- It is projected to increase by another 18% by 2025;
- There are 90,000 vacancies across the sector at any one time;
- This gives a vacancy rate of 6.9% for the whole sector; and
- 82% of the current workforce are female and 36% started their role in the past 12 months.

Skills for Care also note that in the South West, there are 165,000 Adult Social Care jobs, of which 87,000 are Care Workers. While the South West workforce has increased by 3% since 2009, it is projected to increase by another 18% by 2025 (30,000 more jobs). Furthermore, the starter, turnover and vacancy rates are highest in the domiciliary and community care sub-sectors.

While recruitment and retention are very significant issues for the Adult Social Care sector as a whole, Skills for Care note that high staff turnover is ***not*** universal across the sector. Indeed, around a third of employers have a turnover rate of less than 10% and a further 25% of between 10 and 20%. Many employers are exemplars of good practice in this respect and it is very important that their models are used to learn from and to assist other employers who are struggling with turnover.

The key factors identified by Skills for Care research in retaining staff are: leadership and management, organisational culture, employer reputation and rewards (financial and non-financial). Employees who were most likely to leave were those: who are paid less, aged under 25 or over 60, started their job more recently and working on zero hours contracts.

In sum, the studies that were reviewed all highlighted that nationally the recruitment and retention of a professional, skilled adult social care workforce is taking place in a uniquely challenging and difficult set of circumstances. Turnover rates are at a level that is impacting on quality of care, “*posing a serious challenge for employers and the sector as a whole, especially if the current trends of decreasing real terms pay and the increased use of zero hours contracts were to continue.*”

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<sup>5</sup> 19 07 17 Devon Excellence Centre Skills for Care presentation

## 2.2 Devon's Adult Social Care Workforce

The National Minimum Dataset for Social Care (NMDS-SC)<sup>6</sup> is an online database containing much information on the adult social care workforce. Skills for Care claim that it *“is the leading source of workforce intelligence and holds information on around 25,000 establishments and 700,000 workers across England”*. The following sections present the data that is available from the NMDS-SC relating to workforce profile and recruitment and retention issues in the Adult Social Care Sector in Devon.

It is important to note that the focus of this section (and indeed the remainder of the report) is on those **Care Workers employed by private sector businesses in Devon providing domiciliary and community care**. For comparative purposes, the data that is presented also covers Care Workers employed by private sector businesses in England, Somerset and Cornwall providing domiciliary and community care.

It should also be highlighted that the NMDS does not provide complete coverage of the ASC sector. Skills for Care note that *“because providing information to the NMDS-SC is not mandatory for most adult social care providers, the NMDS-SC does not have 100% coverage of the sector... NMDS-SC currently has 100% coverage of LA data and 55% coverage of CQC regulated locations.”* This lack of coverage is particularly concerning in relation to some of the key issues examined, such as turnover and retention. The potential implications of this “missing” data are discussed in the relevant sections.

The NMDS-SC currently estimates that there are 23,500 jobs in the adult social care workforce in Devon<sup>7</sup> (N.B. This does not include jobs in the NHS). Table 2.1 below divides this total into main service, sector and job role. It shows that around half of the 23,500 roles are in residential care (52%) and the other half in domiciliary, community or day care (48%). Over eight out of ten of the 23,500 jobs are with private or voluntary sector organisations (85%), while just one in ten are paid for through direct payments (10%) and one in twenty through the local authority (5%).

**Table 2.1 Devon's Adult Social Care workforce by main service, sector and job role**

|   |               |
|---|---------------|
| <b>Main service</b>   |               |
| - Adult residential   | 12,200        |
| - Adult domiciliary   | 8,800         |
| - Adult day care  | 600           |
| - Adult community care  | 1,900         |
| <b>Sector</b>   |               |
| - Statutory local authority   | 1,200         |
| - Independent (private and voluntary)   | 19,900        |
| - Jobs for direct payment recipients  | 2,400         |
| <b>Direct care job roles:</b>   |               |
| - Care workers  | 12,600        |
| - Personal assistants   | 2,360         |
| - Regulated professionals   | 1,000         |
| - Community support and outreach  | 660           |
| - Line managers/middle management <sup>8</sup>  | 600           |
| - Other care providing role   | 280           |
| <b>Non-direct care job roles (Senior management, office staff, admin, other roles):</b> |               |
|   | 6,000         |
| <b>Total</b>  | <b>23,500</b> |

Source: NMDS-SC

<sup>6</sup> <https://www.nmds-sc-online.org.uk/>

<sup>7</sup> <https://www.nmds-sc-online.org.uk/reportengine/GuestDashboard.aspx?type=WorkforceEstimates>

<sup>8</sup> N.B. The ratio of line managers/middle management (600) to Care Workers (12,600) could well be a key factor in the research findings concerning the Care Workers views on lack of support, time and communication with their managers.

The table shows that jobs providing “direct care” make up nearly three quarters of the 23,500 roles (74%). Of these 17,500 direct care jobs, there are 12,600 care workers and 2,360 personal assistants. Community support and outreach workers together with regulated professional (OTs, etc) account for most of the remaining job roles (660 and 1,000 respectively). The proportions reported above for the main service, sector and job roles in Devon are very similar to those reported nationally for England.

Using the data above provided by the NMDS-SC, we can estimate that the total number of Care Workers employed by private sector businesses in Devon that provide domiciliary care is between 5,000 and 5,500, plus a further c.1,000 personal assistants. These figures are based on there being 12,600 Care Workers and 2,360 personal assistants in all services, of whom 48% are in domiciliary care and 85% are employed by private/voluntary organisations.

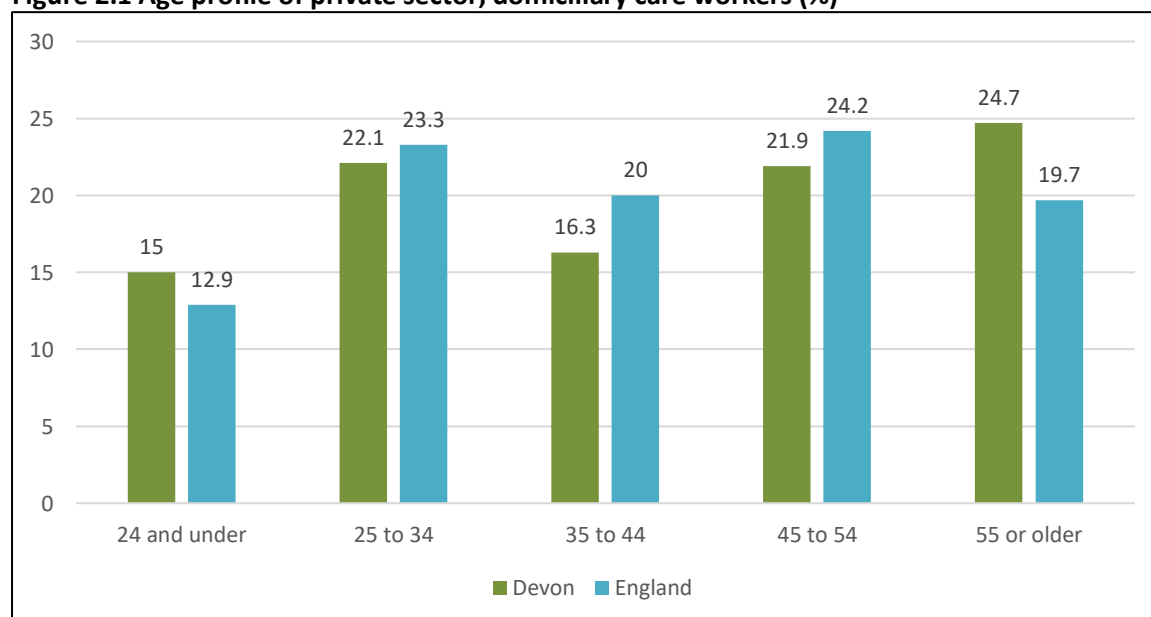
As noted above, the NMDS-SC currently estimates that there are 23,500 jobs in the adult social care workforce in Devon. However, the dataset does not contain detailed information about all these workers – it only contains details for 11,118 workers based on the returns made by registered providers – that is, c.47% of the 23,500 jobs in the workforce in Devon. Among the 11,118 jobs for which there is data, 4,224 are involved in domiciliary, community or day care. Of these 4,224 jobs, 2,959 are with private sector organisations and 2,084 of these jobs are care workers. **This group of 2,084 care workers employed by private organisations working in domiciliary, community or day care are the base for the data presented in the following sections 2.2-2.6.**

## 2.3 The profile of Care Workers in Devon

### 2.3.1 Age profile

The NMDS-SC data on the 2,084 workers shows that, in terms of their age profile, Devon’s Care Workers who are employed by private sector organisations and working in domiciliary, community or day care are more likely than their contemporaries in England to be at either end of the working age spectrum. Figure 2.1 below shows that Devon has proportionately more care workers aged 55 or older (+5.0%) and more aged 24 and under (+2.1%) compared with the profile across the rest of England. The county has 7.2% fewer aged between 25 and 54.

**Figure 2.1 Age profile of private sector, domiciliary care workers (%)**



Source: NMDS-SC



### 2.3.2 Gender profile

The NMDS-SC data also shows that Devon's Care Workers who are employed by private organisations and working in domiciliary, community or day care have a slightly different profile to their contemporaries in England in relation to their gender. The Devon Care Workers are more likely to be female (91.6%) compared with those from across England (86.7%). Table 2.2 below shows a +4.9% difference between Devon and the rest of England for the proportion of female care workers with a correspondingly lower proportion being male (8.4% compared with 12.8%).

**Table 2.2 ASC private sector care workers in domiciliary/community/day care by gender**

|                |        |       |
|----------------|--------|-------|
| <b>Devon</b>   |        |       |
| -              | Female | 91.6% |
| -              | Male   | 8.4%  |
| <b>England</b> |        |       |
| -              | Female | 86.7% |
| -              | Male   | 12.8% |

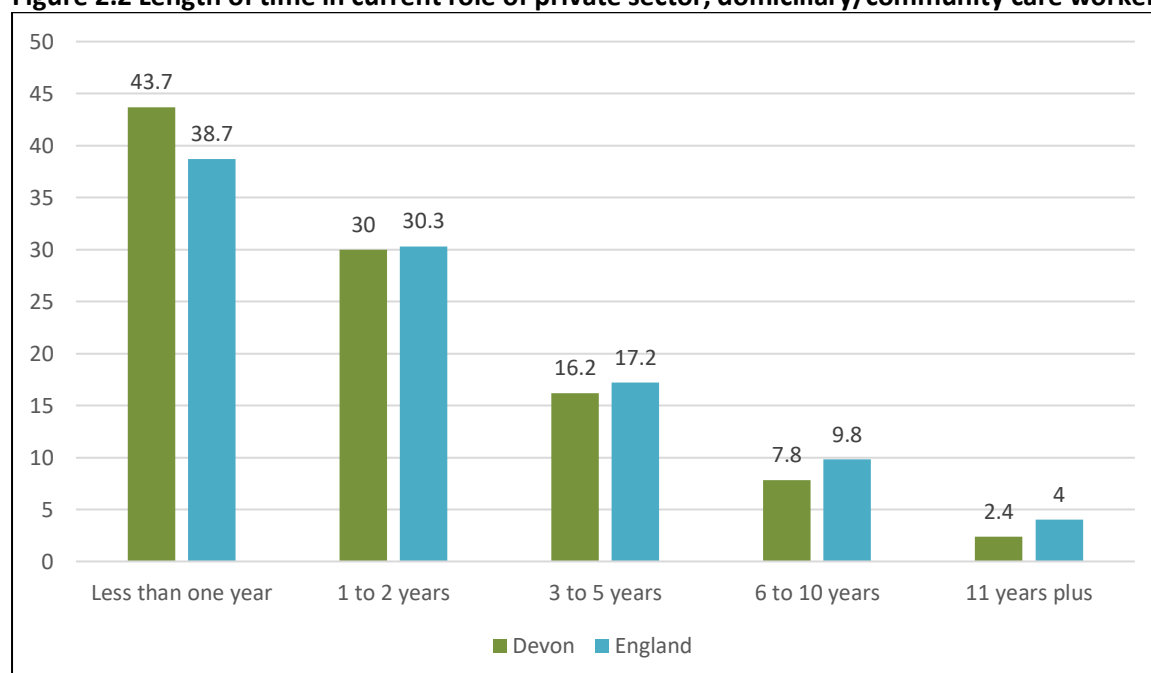
Source: NMDS-SC

### 2.3.3 Experience profile: length of time in current role and overall service

Turning to comparative levels of experience, the NMDS-SC data for length of time in current job role shows that Devon has proportionately fewer Care Workers who are employed by private organisations and working in domiciliary, community or day care with three or more years of experience in their current job role. Figure 2.2 below shows that 26.4% (compared with 31.0% across England) of these Care Workers in Devon have three or more years of experience, while over two fifths (43.7%) have less than one year of experience (compared with 38.7% across England).

These differing lengths of time in their current role are reflected in the average length of service figures reported by the NMDS-SC, which show 2.4 years for Devon, compared with 2.8 years for England, although both of these figures are skewed by the very high proportion of those with less than one year of experience.

**Figure 2.2 Length of time in current role of private sector, domiciliary/community care workers (%)**



Source: NMDS-SC



Indeed, these average length of service figures are lower than those reported by Skills for Care for *all* workers across the Adult Social Care sector (including local authority and independent covering residential and domiciliary care), which show “an average of 4 years of experience in their role and 8 years of experience in the sector.” Skills for Care also note that “38.3% of the workforce started their role in the past 12 months and 30% left their role in the past 12 months.”

## 2.4 Full and part-time working

The NMDS-SC data demonstrates that Care Workers employed by private sector organisations and working in domiciliary, community or day care in Devon are markedly less likely to be employed full-time than their contemporaries in the rest of England. Table 2.3 contains the detail and shows that less than a third of these care workers in Devon (32.1%) were full time, compared with well over two fifths of those in England (44.5%). The Devon Care Workers were correspondingly more likely to be employed on a part-time basis.

**Table 2.3 Full and part-time working by care workers in domiciliary/community/day care**

|                  | Devon | England |
|------------------|-------|---------|
| Full-time        | 32.1% | 44.5%   |
| Part-time        | 42.3% | 35.2%   |
| Neither of these | 25.6% | 20.4%   |

Source: NMDS-SC

## 2.5 Pay rates, qualification levels and training received

It is particularly important to note that the information presented in the following section is based on data from those providers who had the time, administration and management resources, as well as the willingness to do so.

While the numbers of Care Workers on which the data is based are reasonable, though lower than the 2,084 for whom basic data was provided, (there are 1,218 for the pay rates, 352 for the qualifications held and for the training received) they only represent at best c.25% of the c.5,500 total number of Care Workers in the private sector working in domiciliary care. It seems likely that the figures represent the “best practice situation” among a small group of leading providers.

### 2.5.1 Pay rates

The NMDS-SC pay data for this group of providers shows that the average hourly rate for Care Workers in private sector organisations in Devon is £8.09 compared with £7.90 across England, a +19p difference. Correspondingly, the reported FTE average annual pay for Care workers in private sector organisations in Devon is £15,561 compared with £15,249 across England, a +£312 difference.

### 2.5.2 Qualification levels

The NMDS-SC data on qualification levels for this group of providers shows that the Care Workers in these private sector organisations in Devon are better qualified on average than their contemporaries across England. Around 7% more of them have level 2 or 3 qualifications and correspondingly fewer have no qualifications at all (36.1% compared with 40.0%). Table 2.4 below contains the details.

**Table 2.4 Qualifications held by Care Workers working for private sector in domiciliary care**

| Qualifications                              | Devon  | England |
|---|--------|---------|
| Any other qualification(s)                  | 0.9 %  | 1.9 %   |
| Other relevant social care qualification(s) | 1.9 %  | 0.6 %   |
| Entry Level or Level 1                      | 1.3 %  | 3.7 %   |
| Level 2                                     | 38.1 % | 34.7 %  |
| Level 3                                     | 19.3 % | 16.0 %  |
| Level 4 or above                            | 2.5 %  | 3.0 %   |
| No qualifications held                      | 36.1 % | 40.0 %  |

**2.5.3 Training received**

Similarly, the NMDS-SC data on training for this group of providers shows that the Care Workers in these private sector organisations in Devon had received more training than their contemporaries across England. Table 2.5 contains the details and particularly noticeable are the differences in training received for dementia care (46% compared with 34.8% across England), emergency aid awareness (22.8% compared with 10.4%) and food hygiene/handling (54.0% compared with 43.2%).

**Table 2.5 Training received by Care Workers working for private sector in domiciliary care**

| Training received                                  | Devon  | England |
|--|--------|---------|
| Dementia Care                                      | 46.0 % | 34.8 %  |
| Dignity, Respect, Person Centred care              | 23.8 % | 18.1 %  |
| Equality, diversity and human rights training      | 26.4 % | 25.5 %  |
| Emergency Aid awareness                            | 22.8 % | 10.4 %  |
| Fire safety  | 29.2 % | 29.7 %  |
| First Aid  | 36.2 % | 42.8 %  |
| Food Hygiene/Handling                              | 54.0 % | 43.2 %  |
| Health and Safety                                  | 50.9 % | 45.5 %  |
| Prevention and control of infection                | 46.8 % | 40.3 %  |
| Leadership & Management                            | 0.2 %  | 0.5 %   |
| Learning disability                                | 0.6 %  | 4.5 %   |
| Medication safe handling and awareness             | 66.1 % | 64.4 %  |
| Mental Capacity Act and Deprivation of Liberty Saf | 34.6 % | 35.7 %  |
| Moving and Handling                                | 61.3 % | 62.9 %  |
| Malnutrition care and assistance with eating       | 9.4 %  | 9.5 %   |
| Palliative / End of Life Care                      | 7.0 %  | 8.2 %   |
| Physical Disability                                | 1.9 %  | 3.3 %   |
| Positive Behaviour Support                         | 0.7 %  | 4.6 %   |
| Safeguarding Adults                                | 68.6 % | 56.8 %  |
| Any other not in the above categories              | 80.7 % | 52.6 %  |

Source: NMDS-SC

## 2.6 Turnover in the last 12 months and vacancy rates

It is worth reemphasising that the NMDS-SC contains data on vacancy and turnover rates only for those provider organisations that have completed and returned their data. The collation and provision of this data requires a degree of time, administration and management that not all providers will be able or willing to achieve. It is therefore probably fair comment to say that those organisations who **do not** complete and return their data are more likely to be those that face challenges in these areas. Consequently, it needs to be considered that the figures provided below may well understate the actual scale of turnover and the level of vacancies across the ASC sector.

With this concern in mind, it can be reported that the NMDS-SC shows that for Care Workers across all sectors (private, LA and voluntary), all service types (domiciliary and residential) and across all of England the turnover figure in the last 12 months rose from 26.3% in 2014 to 32.4% in 2016. The comparable figures for Care Workers in Devon over this period were 35.2% rising to 41.2%, that is maintaining a nearly +10% higher level of turnover than the national average.

This is the situation for Care Workers across all settings. For Care Workers employed in private sector organisations working in domiciliary situations in Devon, the current figure is a staggering 55.2% (compared with 42.2% for Care Workers in private sector organisations working in domiciliary situations across England as a whole). Although the base for this finding is comparatively small (1,394 workers), it is large enough for the finding to be of great concern. It is, of course, also the figure that was reported by the provider organisations who had sufficient administration and management time to complete and return their data.

Turning to the vacancy rate for care workers, the NMDS-SC reported figure in private sector organisations working in domiciliary situations in Devon was 12.5%. This compared to the reported figure for England which was 2.0% lower, at 10.5%.

While these turnover and vacancy figures clearly indicate that the Adult Social Care sector across England faces a huge problem in recruiting and retaining Care Workers, it is equally apparent that the scale of the issue is even greater among the private sector organisations providing domiciliary care services across Devon. The reported levels of turnover are so high among this group of private sector organisations that concerns must be raised about their ability to continue to meet demand while maintaining the required high care standards.

It is also worth noting the comparable figures for the neighbouring local authorities of Cornwall and Somerset: while Somerset is broadly in line with the findings for England as a whole, Cornwall stands in quite stark contrast to Devon for several of the indicators. Most notably, the turnover rate in Cornwall (35.4%) is significantly lower than in Devon (55.2%) with a correspondingly lower vacancy rate (7.8% compared with 12.5%). The figures for Somerset are 38.5% and 7.8% respectively.

Some of the reasons for these differences may be accounted for by the profile of Care Workers in Cornwall being slightly different from those in Devon in terms of full-time/part-time working, age and qualification. Nearly half of Cornish Care Workers were employed full-time (46.8%) compared with less than a third of Devon's (32.1%), while fewer of them are aged 55+ and more aged 25-54. The Cornish Care Workers are slightly better qualified than their Devon counterparts (only 19.2% having no qualifications compared with 36.1% of Devon), and very slightly lower paid per hour (£7.81 compared with £8.09 respectively). However, there are clearly other factors also impacting here, not least the local jobs markets and the availability of other employment opportunities in each Local Authority area.

## 2.7 NMDS-SC Data: Reasons for leaving

Table 2.6 lists the main reasons for leaving their position given by 814 Care Workers who left private sector businesses in domiciliary care in the last 12 months, as shown by the NMDS-SC dataset. This is compared with the reasons given by all care worker leavers from similar businesses across England for the same time.

The most commonly given reason for leaving by both groups was “personal.” Clearly, this catch-all masks a range of issues and illustrates the difficulty that many employees find in telling their employers about the whole story behind their departure. While some of the reasons will be genuinely “personal” many are likely to cover a range of matters not listed by the other categories shown on the table, such as not being able to put up with the stress of limited time between appointments, feelings of lack of support, feeling undervalued, lack of full-time opportunities, etc.

It is interesting to note that slightly higher proportions of leavers in Devon said they transferred to another employer, perhaps reflecting both the higher turnover and shorter retention rates reported earlier as well as the higher qualifications of the care workers in the county.

A negligible percentage of leavers in both Devon and England said that pay was the reason for leaving (2.3% in Devon and 3.4% in England). However, there was a much higher “end of contract term” figure in Devon (7.8% compared with 0.9%) which may reflect the use of zero-hours contracts and warrants further investigation.

**Table 2.6 Main reasons for leaving given by Care Workers working for private domiciliary care**

| Reason for leaving               | Devon  | England |
|----------------------------------|--------|---------|
| Pay                              | 2.3 %  | 3.4 %   |
| Nature of the work               | 10.0 % | 9.6 %   |
| Competition from other employers | 6.8 %  | 5.6 %   |
| Transferred to another employer  | 18.8 % | 15.3 %  |
| Career development               | 5.4 %  | 9.4 %   |
| Personal reasons                 | 26.4 % | 23.7 %  |
| Resignation                      | 6.1 %  | 11.6 %  |
| Retirement                       | 3.1 %  | 1.8 %   |
| Dismissal                        | 5.8 %  | 6.0 %   |
| End of contract term             | 7.8 %  | 0.9 %   |
| Other reasons                    | 9.1 %  | 9.6 %   |

Some of the Devon domiciliary care Providers involved in the Proud to Care network also kindly gave information from their exit interviews about reasons for leaving. These can be summarised as:

- *Left to work outside the care industry for better pay/promotion*
- *Left because of personal reasons/family issues*
- *Left due to poor health*
- *Left to move residential care because its paid by the shift*
- *Moving away from the area*
- *Left because of child care problems out of school hours*

Lastly Skills for Care note that, in terms of their destination, around two thirds of leavers (61%) get a job outside the Adult Social Care sector. Just over a third (39%) move to another job within the Adult Social Care sector. These proportions were broadly consistent across England and Devon.

## 2.8 Summary comments

### ***The national picture***

The literature review highlighted that across England there was increased demand for intensive home care resulting from demographic changes, increased life expectancy and government policy. Skills for Care have estimated that the implications of this are that:

- Nationally, 275,000 more workers are needed in Adult Social Care by 2025;
- Which equates to an 18% increase in the workforce by 2025; and
- That there are 90,000 vacancies across the Adult Social Care sector at any one time.

The Adult Social Care workforce is “*stretched at both ends*” by high turnover among young people (aged under 25) together with the projected retirement of existing staff. Further to this, retention and recruitment issues are exacerbated by low pay in the sector and low perceived status of care roles acting as disincentives for employment. Furthermore, with wage levels usually around the National Minimum Wage and uncertain pay, care jobs appear unattractive for many potential candidates such as those moving off benefits.

In terms of the turnover rate, for Care Workers across all sectors (private, LA and voluntary), all service types (domiciliary and residential) and across all of England the turnover figure in the last 12 months rose from 26.3% in 2014 to 32.4% in 2016.

### ***The Devon picture***

The NMDS-SC estimates that there are 23,500 jobs in the Adult Social Care workforce in Devon not including jobs in the NHS. Around half are in residential care (52%) and half in domiciliary, community or day care (48%). Over eight out of ten are with private or voluntary sector organisations (85%). There are 12,600 care workers and 2,360 personal assistants. Using this data we can estimate that the total number of Care Workers employed by private sector businesses in Devon providing domiciliary care is between 5,000 and 5,500, plus a further c.1,000 personal assistants.

On the basis of the available NMDS-SC data, Devon’s Care Workers who are employed by private sector organisations and working in domiciliary, community or day care are noticeably different from their contemporaries across England in various ways:

- More likely to be aged 55 or older (+5%) or aged 24 and under (+2.1%);
- More likely to be female (91.6%) compared with those from across England (86.7%);
- Less experienced (26.4% compared with 31.0% across England have three or more years of experience), while over two fifths (43.7%) have less than one year of experience;
- Less likely to be full time (32.1%), compared with over two fifths of those in England (44.5%).

As noted above, in terms of turnover, for Care Workers from all sectors and service types across England the figure in the last 12 months rose from 26.3% in 2014 to 32.4% in 2016. The comparable figures for Care Workers in Devon over this period were 35.2% rising to 41.2%.

For Care Workers employed in private sector organisations working in domiciliary situations in Devon, the turnover figure is 55.2% (compared with 42.2% for Care Workers in private sector organisations working in domiciliary situations across England as a whole). At this level, there are very significant concerns about the ability of these private sector providers to continue to meet demand while maintaining the required high care standards.

### 3. Recruitment and retention in the Adult Social Care sector in Devon

This chapter of the report examines the key recruitment and retention issues identified by the Steering Group as the focus for the study. The findings presented within the chapter are primarily based on the focus groups and depth interviews that were held with Care Workers across the county, although these are prefaced by the findings from the literature review of the relevant background reports. The issues that the chapter addresses are:

- Do recruitment and retention issues differ in the private- from the LA-funded market;
- Why do staff leave the sector and where do they go;
- What do/did staff like about working in the sector;
- What do/did former staff dislike about working in the sector;
- Views on pay and any other employment benefits plus opportunities for progression;
- How is training viewed by current and ex-staff? Are staff expected to re-train if they switch?
- What are the transportation issues affecting staff;
- How career progression is viewed and what sort of career pathways would attract workers;
- What if any are the added benefits of working in the sector; and
- What are the stress factors associated with the job? How can these be alleviated/minimised?

While each of these issues is addressed separately in the following sections, it is worth noting that there is overlap between some of the sections, for example what staff dislike and views on pay.

#### 3.1 Whether recruitment and retention issues differ between the private and LA markets

The study examined whether recruitment and retention issues differ between the private- and the LA-funded markets, both through the literature review and in the focus groups with the Care Workers.

The *Pathways to Recruitment: Perceptions of Employment in the Health and Social Care Sector*<sup>9</sup> study found that the experience of local authority (LA) employers and staff contrasted greatly with the experience of private sector staff and employers. The report highlighted two main areas in which employment terms and conditions and perceived associated benefits were felt to be noticeably different between the two markets. It was clear that each of these would impact directly on the recruitment and retention of Care Workers:

- Incentives to work within LA provision were generally felt to be better than private provision, including; entitlements to annual leave, training within work hours, stable hours of employment, and paid sick leave; and
- Employment in public sector care roles was often perceived as a ‘stepping stone’ to a career in a statutory health or social care role, whereas the “link” was not always so clearly perceived in the private market.

The *Pathways to Recruitment* report goes on to explain the reason for the differences in employment terms and conditions and associated benefits and how this impacts on recruitment and retention: “*the financial viability of private sector provision is compromised by lower levels of payment received for placements, as compared to public sector provision, and this in turn is reflected in the lower levels of financial remuneration available to care staff. In turn, this exerts an influence on the private sectors ability to recruit a good standard of qualified staff and to pay them appropriately to retain their skill set within a competitive market*”.

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<sup>9</sup> *Pathways to Recruitment: Perceptions of Employment in the Health and Social Care Sector*  
The National Centre for Post-Qualifying Social Work & Professional Practice, Bournemouth University (2014)

Most of the Devon focus groups contained a mixture of Care Workers who had mainly worked within the private sector, as well as some who had worked in the LA/NHS and private sector. One group consisted of only current LA/NHS Care Workers (although many had worked in the private sector beforehand as well).

In terms of recruitment for the LA/NHS sector, the groups identified that there was clear issue for prospective candidates wishing to apply because of the time delay between the initial advertisement and the first pay cheque. This delay appeared to be much longer with LA/NHS applications because of the amount of “bureaucracy” and paperwork. Sometimes the process could last several months which group members felt strongly was far too long for many people working a much more “*hand-to-mouth*” existence. The whole process needed to be streamlined and quickened.

When discussing retention in the LA/NHS sector, the focus group participants identified two major factors that were causing Care workers to leave:

- The failure of management to listen to Care Workers’ concerns and, crucially, to act on them to improve the situation – particularly in relation to schedules and rotas. The Care Workers felt that all too often they were given excuses of “*austerity*” and “*cut backs*” when in fact if the schedules had been rationalised in the way they requested there would have greater savings, firstly through reduced travel time and secondly through fewer staff leaving; and
- The failure of the NHS to produce “*honest and complete*” discharge notes, meaning that Care Workers were increasingly being presented with far more unwell, difficult and challenging patients than they had been told to expect. This meant that Care Workers had to spend far longer than they had been assigned to ensure that everything was in place for the patient and/or that the patient actually had to go back into hospital.

In terms of recruitment for the private sector, the groups identified that there was also a clear issue for prospective candidates considering applying because of the “catch” of having to buy a uniform and/or pay for training, all before a first pay cheque was received. Again, many of the focus group members felt strongly that this was an unreasonable “ask” for many people, some of whom could be coming off benefits or in poorly paid positions elsewhere. While it was acknowledged that not all private businesses made this demand on their new employees, a way to either subsidise, remove or spread these costs was needed from those who did.

In relation to retention in the private sector, the focus group participants broadly endorsed the findings from the literature review concerning the perception that a care role in the private sector was not seen as being a ‘stepping stone’ to a career in a statutory health or social care. Consequently, private sector care workers were much more likely to consider options in other sectors, such as retail, particularly when the pay rates were better in these alternative sectors.

Interestingly, although some focus group participants agreed that the incentives to work within LA/NHS provision were generally better than private provision, there was by no means uniform agreement on this. Specifically Care Workers who had previously or were currently working for the LA/NHS stated that many of the former “entitlements” such as guaranteed annual leave, stable hours of employment were disappearing because of austerity measures, thereby greatly reducing the attractiveness of the job offer.



### 3.2 Why Care Workers leave the sector and where they go

The literature review found that although each of the reports examined identified different reasons why Care Workers leave, some common themes emerged between them. The *Pathways to Recruitment* study identified that increasingly the most significant issue, which was highlighted by employers and employees alike, is the perceived vulnerability of staff and culpability should an unexpected event occur linked to risk and safeguarding. The report states:

*“Staff are anxious about the culture of increasing regulation and review within the sector which has resulted in increased recording requirements, particularly where English is a second language. Care staff can feel vulnerable to allegations made by residents/clients. In the event of an allegation being made against a staff member this person is suspended immediately pending an investigation. This can have financial implications for both the employer and employee.”*

The other factors identified by the report contributing to Care Workers leaving the sector included:

- Increasing demands being placed on Care Workers due to the growing complexity of service users’ needs and increased regulation. This was resulting in increased requirements for mandatory training/qualifications and recording, and can be a disincentive for some seeking care sector employment. This can also lead to attrition from the current workforce as some workers feel unable to cope with training/recording requirements now required;
- Delays between recruitment and entry into care practice due to the time required to obtain CRB/DBS, and training/induction periods;
- Lack of flexibility in contracts offered. Historically care work offered flexible employment. However, a combination of increased training demands, the complexity of service user needs, transport issues linked to domiciliary care and unsociable hours, can prohibit individuals from undertaking a more flexible role in the sector which fits around their other commitments;
- Negative media representations of the care sector are perceived as a further barrier to those seeking employment, particularly with regards to the low status given to it;
- Appealing to the right pool of potential workers was felt to be particularly difficult. Although activities such as Care Ambassadors, apprenticeships and NVQs were often targeted at young people, young people themselves seemed to be unconvinced about the viability of a career in care. Alongside this was a perception among some employers that younger workers were less reliable. In general, it appeared that the current workforce was ill informed about potential progression routes, and it is likely that those outside the workforce have even less information about roles and career options; and
- The potential of recruiting migrant workers into the care sector is limited due to the cost of accommodation. Employers report difficulties in retaining migrant workers who prefer to relocate to other areas where the rates of pay are similar but the cost of living is lower.

The report on *Securing a Sustainable Community Care Workforce in Staffordshire and Stoke on Trent*<sup>10</sup> found that care workers were choosing to leave for a variety of reasons: the degree to which technology is implemented in the workplace; formal and informal personal caring arrangements; internal HR procedures; and ill health.

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<sup>10</sup> *Securing a Sustainable Community Care Workforce in Staffordshire and Stoke on Trent*  
Staffordshire and Stoke on Trent NHS Partnership (2015)



The Staffordshire study also found other evidence that suggested that *“older workers are forced out of the labour market through redundancies and or disabilities rather than through their own choices... the work is physically demanding and (this) could also be a factor.”* The report goes on to highlight the five main reasons why employees leave health and social care:

- ***“It doesn't feel good around here.”*** This included any number of issues to do with the corporate culture and the physical working environment.
- ***“They wouldn't miss me if I were gone.”*** Many of the care workers said that they did not feel that their efforts and work were valued.
- ***“I don't get the support I need to get my job done.”*** Carers want to do a good job but many don't feel as though they are fully supported to do enable them to do so.
- ***Lack of opportunity for advancement.*** Carers reported few opportunities for personal and professional growth, or promotion.
- ***Inadequate pay.*** People want fair compensation for the job they do, but – contrary to beliefs – money rarely comes first when deciding whether to stay or go.

The *Helpcare Project*<sup>11</sup> report states that while caregivers feel that while their role is valued by society, this does vary. Many caregivers made a distinction between care recipients, family, employer organisation and society, saying that their role may be valued by people belonging in one of the categories but not from the others. Some caregivers also mentioned that they were treated as second-class workers. The report includes the following quotes: *“Care is undervalued by the general public and local authorities”* and *“When people ask what I do, I am ashamed to say I am a Carer.”*

The focus groups with Devon Care Workers strongly endorsed the findings from the literature review concerning the feelings of being *“given too much responsibility”* for the role and the level of pay. This was a common concern across both LA and private sector organisations, with particular anxiety being raised again about the situation when patients were discharged from hospital with insufficient support and incorrect background information about them:

*“Being responsible for someone else's life, when they were being looked after by a whole team of doctors and nurses just before.... it's too much responsibility for minimum wage”*

*“Having to assess someone and write a whole new care plan for them because the (NHS) notes are wholly inadequate and finding they need 2-1 not 1-1. You've then got to get everything in place for them all in your initial assessment visit.”*

*“The expectations used to be far, far lower. The amount of responsibility we have (to shoulder) is so much higher and we have far less support. People forget there's only us there. Often we need to work at Level 4, even though we're only paid at Level 2.”*

The focus groups reported that these concerns were compounded by the increased complexity of the cases that they were dealing with:

*“We now have (to deal with) multiple complex issues all the time...it's not a sit down, a chat and a cup of tea. As well as being more challenging to deal with these people because of their needs, the paperwork associated is horrendous and we have to do most of it in our own time. The commissioners need to recognise and accept this.”*

The focus groups also highlighted issues around lack of flexibility over working hours and time as being a major reason for leaving the sector. Many of the Care Workers in the groups said that a key reason they had wanted to work in the care sector in the first place was because the job (appeared) to offer hours and shifts that could be fitted around their other responsibilities, such as childcare, other work,

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<sup>11</sup> *The Helpcare Project: Report on Research with Care Workers, Care Users and Commissioners of Care*  
George Pavlidis, South East European Research Centre & Dr Carolyn Downs, Lancaster University (2016)

looking after elderly relatives, etc. However, many reported that they were increasingly finding that they had less and less input to their shift patterns and rotas, as well as being asked (and all too often felling they were being forced) to work hours that they did not want to:

*"We just get given our rotas the week before and its "take it or leave it""*

*"I'm always being phoned up when I'm meant to be off work, saying "can you do X's sessions or take over from Y"".*

*"They used to let us be involved in putting our shifts together but that doesn't happen anymore. They don't seem to look at the map... I'm sent from Exmouth to Exeter and back so many times a day when I could have done all the Exmouth ones in the morning and Exeter in the afternoon, or visa versa."*

The Care Workers in the focus groups all agreed that another major reason for leaving the sector was the pressure and stress being caused by the lack of time between appointments. Many Care Workers said they had only 15 minutes between appointments despite having long distances to travel and that there was usually no backup if their appointment overran for reasons beyond their control. This was leaving them feeling demoralised and upset because they were not able to do their jobs properly. It was also impacting on their clients who were clearly aware that they were in a rush and constantly looking at their watches:

*"You need more time between appointments to allow for all the paperwork, any unforeseen events and so on."*

*"15 minutes from Crediton to Cullumpton! It's dangerous and you arrive a nervous wreck."*

*"You feel really bad when you turn up late because you know Mrs Y is waiting for you, and she's already phoned the office, but there's so little time and no room for any slippages. We need a system that's more flexible and with more backup support."*

Further to the stress and difficulties caused by insufficient time between appointments, the Care Workers participating in the focus groups also discussed several other concerns relating to their conditions of work, which they felt were causing people to leave:

- The length of shifts was cited as a major problem, with complaints being made that Care workers were having to work much longer than they were actually being paid for – usually because they had to do paperwork in their own time: *"I'm paid for 21 hours (a week) but usually have to work nearly 40 by the time all the paperwork's done"*
- The worry of working without sufficient backup support, was also cited as an increasing problem. Several very experienced care workers noted that in the past they had 24 hour back-up support if needed, but now *"we're on our own out of hours... you ring in and get an answer phone. The office only works till about 8 but we're out all hours."*
- Working in isolation and having little contact with other care workers could be a very lonely existence: *"I speak to them (her care worker colleagues) on the phone, but rarely get to see them...it can be very demoralising as you feel left out on your own."*
- Some Care Workers also expressed concern about working at night time and/or in the winter and felt that extra provision (in terms of support and cover) ought to be made to help them during these potentially difficult times.

In terms of their conditions of work, the lack of a guarantee over the number of working hours that they would be allocated each week was a major factor in Care Workers deciding to leave the sector: Firstly, because they did not know how much they were going to earn from week to week, which made budgeting impossible: and secondly, because the constantly changing shift patterns and numbers of days to be worked meant that they could not plan their own lives properly.

One further very specific reason for leaving that was raised in the focus groups by Care Workers who had children, was the cost of childcare, particularly during the holidays. All said exactly the same thing – that the cost of childcare was greater than what they could earn as Care Workers, therefore there was “no point” in them continuing in their roles, whether they wanted to or not:

*“Anyone like me (a young parent) has to cover 14 weeks a year school holidays, the financial cost of childcare is too much over that time (to make it worth it).”*

*“People can’t afford to pay for childcare when they’re only earning the minimum wage or just a bit more.”*

*“If you’ve got your mum or grandma who can help with the kids it’s alright, but if you have to pay for it yourself then you don’t... I know loads of girls who’ve left (being Care Workers) because they didn’t have anyone to look after their children.”*

The literature review had found that while Care Workers felt that their role is valued by society generally, this did vary greatly. This finding was reinforced by the participants in the focus groups, who also made a clear distinction between care recipients, family, employer organisation and society. The Care Workers in the groups felt that most care recipients did value their work, thanking them and saying that they very much looked forward to their visits.

In contrast, some of the Care Workers felt that their employer organisations took them for granted, not really listening to them when they had a problem and just treating them as if it were shelf stacking, rather than dealing with real people. The views on families varied enormously – from being very grateful and understanding to being a major factor in making them think about leaving because of their intrusive, abusive and unpleasant nature.

In summary, the major reasons for leaving the care sector identified by the Care Workers were:

- Issues with terms and conditions of work;
  - Lack of time between appointments and the need to do paperwork in their own time;
  - Lack of guaranteed hours and the length of shifts;
  - Lack of sufficient back-up and support, coupled with lone working and night shifts;
  - Lack of input to schedule/rota and constant changes to schedule;
- Childcare costs meaning it was not worth working as a Care Worker because of low pay rate;
- Failure of employer organisation and families to value or recognise their work.

This part of the research was also intended to examine “where” Care Workers went when they left the care sector. Unfortunately, none of the reports studied during the literature review directly addressed this subject. The reports contained descriptions of the factors that made Care Workers leave (better working conditions, progression, pay, opportunities, etc.) but did not detail where these could be found.

Nonetheless, the focus groups with Care Workers in Devon did explore the area and identified that the main “destination” was often the retail sector, with large supermarkets and high street outlets being mentioned. A variety of roles were described, which mainly involved sales assistant, shelf stacker, stock taking, etc). The key issues were that weekly hours and income were guaranteed by these employers. A few other sectors were also mentioned such as accommodation and food (holiday parks, restaurants, cafes, etc.), distribution and hospitality, administration and office work.

In terms of Care Workers who had left their positions, but stayed in the care sector, this was always to improve their conditions of work or to progress in their career. Many Care Workers talked about leaving previous positions because the provider organisation had been “badly organised”, or they “treated us badly”. Others said that they had “wanted to get on” and that the only way to progress was to move to another company because there were limited opportunities in the care sector.

### 3.3 What Care Workers like about working in the sector

The *Helpcare Project* report found that the most commonly reported things that care workers liked about their jobs were; having the opportunity to offer help to others, seeing others getting better or improving the quality of life of others, receiving patients' gratitude, having the feeling of doing something important (or the job you love). A quarter of the care workers involved in this study said that the social aspect of the role (being around with people, talking with them, receiving life lessons from them) was also one of the positive aspects. The report contained this quote: *"The (most) positive side of the profession is the contribution to healing"*

The study *Securing a Sustainable Community Care Workforce in Staffordshire and Stoke on Trent* identified similar reasons for why people were attracted to working in the care sector:

- Having a positive impact on people's lives
- Rewarding work
- Community based nature of the role
- Varied nature of the role
- Working hours suited family situation

These points were reinforced when the Care Workers were asked what they liked about their role, replying: job satisfaction; helping people have a better quality of life whilst staying in their own home and opportunities for career progression.

The *Caring by Design* study<sup>12</sup> noted that: *"many professional carers also have their own personal caring responsibilities. In many cases, it's their personal experience of caring, and the values that go with it, that make them good carers. To solve the crisis of recruitment and retention in social care, employers need to design jobs which are, as far as possible, compatible with carers' non-work lives. This 'compatible scheduling' has the potential to improve quality of care: care quality maybe compromised just as much by constant change of personnel as by lack of skills"*.

The report on *Securing a Sustainable Community Care Workforce in Staffordshire and Stoke on Trent* asked care workers: *"What makes you stay?"* The answers given were:

- Like working for this organisation, it looks after its employees;
- Local to the area and can work within own community;
- Good employee benefits (not specifically remuneration); and
- Sense of loyalty to the organisation.

The report felt that this showed it was not really remuneration that attracted the employees to work for the organisation in the first place, though it can be one of the factors for them leaving. Indeed, when asked *"What would make you leave the role"*, the study found that the three main reasons were: (An opportunity for) career progression; better offer with more money; and better shift patterns.

The focus groups with Devon Care Workers broadly endorsed these findings from the literature review with the most commonly given reason for liking the job being the sense of job satisfaction that resulted from having a positive impact on people's lives. The Care Workers reported that they found their work very rewarding, in terms of knowing that they had helped others and could leave at the end of a shift knowing that a care recipient was in a better position than when they had arrived. Some typical quotes in this respect included:

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<sup>12</sup> *Caring by Design: How care providers can improve recruitment and retention by redesigning care jobs to be more compatible with carers' non-work lives* Timewise (2017)

*"You can make a difference to people. Very often you'll be the only face they see that day. You've given them the security of knowing you're coming. You want to make sure they're alright."*

*"Some clients become like extra grans and grandads to you...you look after them for a while and you're part of their family. You look after them to the best of your ability and there is a (high) degree of job satisfaction in that."*

*"The people that you go into are so lovely, it's a pleasure and privilege to give care to them. They love us and it's wonderful to be in that position."*

*"Job satisfaction is very high for me...I go home at the end of the day and have a nice feeling. It's not all about pay."*

*"It is very rewarding, when you go into somebody who can't do the things they used to do and you give them help and advice and they can regain some of their independence."*

Other Care Workers commented that they liked the variety of the work and the diverse challenges that they faced in their roles. They found it made their job more interesting and exciting to be meeting new people and to be helping them to resolve a series of different issues:

*"The challenges are so varied... there are so many different, complex needs clients now. It's very stimulating (to be able to help) as you don't know what you're going to be faced with."*

*"The diversity – you get to meet lots of people from all walks of life. Both patients and carers. Everybody comes together in care and I like that"*

*"Meeting people, meeting their different needs and challenges... all the different personalities, some lovely people, some not so lovely... (laughs)"*

Others commented on specific aspects relating to getting their clients "out" from home and participating in the community, when they would otherwise not be able to do so:

*"Social inclusion – getting people who wouldn't be involved in everyday activities otherwise...getting them out do their shopping so that they feel part of the community again, having a cup of coffee in town, seeing (other) people"*

*"Taking X to the cinema, or swimming. He loves it and he couldn't go otherwise. It's great to just let him be the same as others"*

The 1-2-1 nature of the work and the opportunity to get to know clients appealed to some of the Care Workers: *"I like the one-on-one at home...you get an insight into the person that you're with"* and *"I enjoy it and I enjoy (working with) the clients. I'd recommend this job to everybody."*

Some of the Care Workers complimented their employers, though they were in the minority: *"XX are the best employer I've ever had, they've really supported me and help with everything"* and *"I worked in banking for 34 years, but I wish I'd started in Care here with YY sooner, they're so good. They encouraged me and brought me on, making me feel wanted."*

Lastly various Care Workers commented on the camaraderie between them and how their "network" with other Care Workers was a key aspect of keeping them going. For some this was clearly a key element of the job and an essential part of making it succeed:

*"I like the support from the other girls – if you've got a problem you can ring them up, we're all a team."*

*"If I have problem I ring X, or she rings me if she's got a problem. We sort it out between us. There's no point ringing the office...they'll be shut or no use."*

### 3.4 What Care Workers dislike about working in the sector

At an overarching level, the focus groups with Care Workers and the literature review found that many of the things that Care Workers dislike about working in the sector, not surprisingly, replicated those factors that had been given as reasons for leaving. As such, both the focus groups and the review tried to unpick the matter a little further to discern between things that it might be possible to mitigate or change, such as terms and conditions of work and those things that could not realistically be changed, such as client needs and preferences.

The *Helpcare Project* research found that the negative aspects of the role were that it was emotionally draining, as it involved dealing with Care Workers' own emotions, those of their patients, as well as those of the patients' families. In addition, many Care Workers found that they had to deal with intense stress, aggression (from patients and families), and depression. The report had this quote:

*"The positive side of the profession is the contribution to healing, especially if everything goes well... the negative ones are the psychological burden, the working hours and bodily strain."*

The *Helpcare* report continued to say that for many Care Workers, the lack of support from the state and the shortages in resources together with insufficient training were major challenges in their profession. This quote was included from a former Carer:

*"I found the situation very difficult because I received very little support from the government and I have received very little training in basic care and dealing with dementia."*

The *Helpcare* study also went on to ask Care Workers: "What do you not like about the role?" The answers that they gave included:

- The work can be isolating;
- Huge responsibility when dealing with service users with complex needs'
- Not being able to do enough to help some service users; and
- Loss of service users.

The *Caring by Design* research identified issues around the concept of "flexible working" that Care Workers disliked about the sector. It found that there was "great confusion about what flexible working means in social care, and who it's supposed to benefit – employers or employees. Domiciliary care has a reputation for being a local, 'family-friendly' job, which attracts many women to consider the sector. However, the reality is very different". The issues were the "formidable structural constraints on providing jobs which are compatible with nonwork responsibilities". Specifically:

- The unpredictability of rotas,
- The absence of slack in the system,
- Unsociable hours,
- Downtime in the middle of the working day, and the
- Need to travel long distances between clients.

These factors meant that newly recruited Care Workers often did not "make it even through the induction and training period, once the reality of the scheduling becomes clear". This was because the factors make it difficult for employers to offer them "a stable or attractive schedule, and many have given up on even attempting to help their carers to achieve work-life balance. Instead, care managers and schedule coordinators are forced to focus on 'filling the gaps' in the schedule". *Caring by Design* also found that some care providers were making special, individualised 'family-friendly' working arrangements for some carers, which disadvantaged other carers and were perceived as unfair.



The focus group sessions strongly endorsed these concerns around “flexible working”, which had also come out very clearly as a significant factor in reasons for leaving the sector. It is worth reemphasising some of the points made during the focus groups about the problems caused for Care Workers by the current system of work allocation and scheduling that is operated by many of the private sector and local authority domiciliary care provider organisations:

*“For me it’s (the biggest dislike) the changing of the shifts... they do have consultation, but then they just ignore what you’ve asked for and tell you what you’re doing anyway.”*

*“They change it to what they want – they just seem to forget that we’ve all got lives and other things that we do.”*

*“The long and the short of it is that basically you either go with what they say or you leave.”*

*“When I first started we could pick our shifts, then it’s altered again and again – now we can’t pick at all and we have to tell them why we’re not available to work.”*

*“We used to be able to plan our own rosters, so that we could save time and rationalise the visits, but we’re not allowed to do that now, so we’re wasting time.”*

The failure of management to consider the Care Workers’ own time requirements when they were scheduling appointments was clearly a serious issue and the cause of much discontent and upset. It was apparent that for many Care Workers that their dislike of this aspect of the job was such that it could cause them to leave. The feeling among many of this group was that: *“they (management) don’t really look after us in that way at all...it’s simply ‘this is the work, you do it or leave’.”*

A further important issue raised in the focus groups that Care Workers disliked was the lack of acknowledgment and thanks for their work that they received, both from their manager and their clients’ families. Often the only comment or feedback that they got from management was when something went wrong and this was often not handled in a constructive or supportive manner:

*“You don’t get told what you are doing right, it’s always what you’ve done wrong. They never say you’ve done a really good job there.”*

*“You don’t get any thanks (from your employer) no matter how much you do”*

*“Nobody likes to be criticised, I don’t, but we all make mistakes and it’s important its done in a constructive manner and you’re given chance to reflect on it and think about ‘what can I learn’. To do that properly you need support from your employer and many don’t give any.”*

*“There’s no point in just saying ‘you’re doing that wrong’ and then not telling you how or training you or supporting you to do it right.”*

*“I know lots of people who’ve left because the criticism (which should have been helpful) was made in such a way that they went off in a huff and didn’t come back.”*

Closely related to this issue was the concern about not feeling valued for their work and the important role that they fulfilled:

*“The job has been belittled over the years.”*

*“You feel undervalued... you feel just like a number. You bring things up (with management) then when it gets to the top, no change is made.”*

*“(Because of how being a Carer is viewed) I don’t like telling people what I do, even though I’m really proud of how I help people.”*

In summary, the major things identified by the Care Workers that they disliked about their jobs were:

- The system for scheduling work and their lack of involvement in it;
- The lack of acknowledgment and thanks for their work from management or clients’ families;
- The lack of constructive support and assistance to deal with things that hadn’t gone right; and
- Their job not been valued or recognised for its importance.

### 3.5 Care Workers views on pay

Turning now to the issue of pay, it is widely acknowledged that Care Workers are comparatively poorly paid, with average hourly rates being only slightly above the minimum wage both nationally and in Devon, as noted in chapter 2 (£8.09 an hour in private sector organisations responding to the NMDS). The literature review and the focus groups explored the Care Workers views on this.

As noted in section 3.1, the literature review found in the *Pathways to Recruitment* study how differences in pay levels impact on recruitment and retention among private sector providers:

*“the financial viability of private sector provision is compromised by lower levels of payment received for placements, as compared to public sector provision, and this in turn is reflected in the lower levels of financial remuneration available to care staff. In turn, this exerts an influence on the private sectors ability to recruit a good standard of qualified staff and to pay them appropriately to retain their skill set within a competitive market”.*

The *Helpcare Project* report found that a quarter of UK caregivers interviewed feel that their job is poorly paid. Caregiving is described as physically hard work that involves a risk of contracting diseases or receiving injury such as back problems. Difficulties in work-life balance were often reported.

The report on *Securing a Sustainable Community Care Workforce in Staffordshire and Stoke on Trent* found that one of the five main reasons care workers were choosing to leave was because of inadequate pay. The report stated that while *“People want fair compensation for the job they do, but – contrary to beliefs – money rarely comes first when deciding whether to stay or go.”*

It is on this final comment that it is worth focussing. While the Care Workers participating in the focus groups agreed that *“money rarely comes first when deciding whether to stay or go”*, many felt that this rather missed the point: they thought that many potential employees would **never become Care Workers in the first place** because the pay is now so low compared to other jobs. This often meant that recruitment efforts produced very low levels of new applicants, as there were mainly only two types of people interested in the sector at such low levels of pay:

- Those who were dedicated and determined to join the caring profession (whatever); and
- Those who couldn't get anything else.

The Care Worker participants in the groups also thought that this meant there were now, all too often, effectively two types of Care Workers actually in post:

- Those who were dedicated to caring and were prepared to put up with the low wages; and
- Those who were using the Care job as a stepping stone to something better paid.

In terms of being a reason for leaving, the Care Worker participants in the groups felt pay tended to become a key factor when certain events occurred, such as agency workers being brought in on higher wages to do the same job or existing care workers being asked to take on more responsibility or more difficult roles without any additional recompense. It was in these *“unfair”* circumstances that people were much more likely to leave – either to join an agency or leave the care profession altogether.

In the following sections 3.8 on training and 3.10 on stress, the Care Workers describe various examples of how new recruits are likely to react to the stress of a challenging day at work, feeling that they have not received adequate training and will get a minimum wage for their efforts: *“They'll go back to their car after their first shift ringing with sweat (or worse) and think ‘sod this’, I'm not doing this for £8 an hour...I'm going to go and work in Matalan.”*



So, although low pay was clearly a significant factor in leaving, it often needed a “trigger” to actually result in a departure. Indeed, many of the Care Workers in the groups echoed the findings of the literature review, saying: *“All we want is a fair wage”* and *“we should be paid for what we do – the same as others”*. Another said: *“Our job has got much more difficult and time consuming, but we’ve not had a pay rise at all.”* Further comments included: *“We just don’t get pay rises anymore”* and *“15 years ago, we used to get pay enhancements for working weekends, that’s all gone now.”*

It was also acknowledged by many of the Care Workers that they were the “second” sources of income in their household, i.e. they had a partner or someone else who earned more or another source of income altogether. Most also acknowledged that they could not survive on their Care Worker income alone. This was felt to be an important factor putting off potential applicants to care who were not supported by income from somewhere else (i.e. parents, partner, other job, etc.).

The overarching sense was of the Care Workers simply wanting a fair rate of pay that reflected the responsibility and difficulty of the job that they were now being tasked with doing. They felt that this would undoubtedly boost recruitment of new staff members and retention of those that had been in the sector for some time, but were considering leaving.

Very noticeably, the Care Workers attending the focus groups who were employed by those private sector organisations that **had given them a pay rise** (and/or were paid at higher hourly rates than the average) were much happier with their situation and reported higher levels of retention in their employer organisations, as well as fewer issues around recruitment of new staff.

### 3.6 Care Workers views on training

In terms of training, the literature review found in the *Helpcare Project* report that Care Workers are often not able to access training and to have a significant training shortfall with over 400 training needs identified. This contributes to them suffering from low self-esteem and high burn-out rates, particularly where working full-time. *Helpcare* summarised the situation as:

- In some settings Care Workers receive little or no training before commencing work, this is particularly the case with informal carers;
- Examples of excellent practice were also identified, but these are poorly shared or are the result of short-term interventions or pilot projects, which then end; and
- Care work is seen as an unattractive career option, a ‘last resort’ and often people recruited do not have the soft skills or empathy needed for this demanding and important role.

*Helpcare* identified 498 different training needs among 550 Care workers. These items were grouped together in categories, and the most frequently reported training needs were:

- *Nursing and Medical skills* reported 491 times, mainly *nursing certain conditions* (91), *manual handling* (70) and *first aid* (69), followed by *general nursing skills* (51) and *safe dispensing of medication* (36)
- *Psychology and Soft skills* reported 185 times, comprising mainly from *General Knowledge of Psychology* (38), *Providing Support through Counselling* (31), *Emotion Regulation* (37), and *Communication Skills* (41).

It is worth noting that the Care Workers interviewed for the *Helpcare* study felt that personal characteristics and soft skills, such as empathy, emotional intelligence, a positive attitude and conscientious character, patience, loving the job you do, and good communication skills, were the most vital skills needed to be an effective care worker. The frequency with which these skills and characteristics were reported outnumbered those of good education and training in a great degree. A

typical quote from a Care Worker was; *“the most important skills for an effective carer is good willingness, the desire to help, being calm, persistence and patience and consistency”*

Nonetheless, the report goes on to highlight that most Care Workers believe that caregiving skills can be developed through a combination of education and training, however many seem to value work experience more. The report concludes that this means work-based learning is the most effective approach to developing a professionalised care workforce: *“Many caregivers acquired their skills through a combination of education and work experience, however, an equal number reported to have acquired their skills only from work-experience or informally (e.g. asking friends, doctors, searching the internet) The training needs of the participants seem to be general nursing skills, manual handling, first aid, as well as the management of emotions and stress.”*

The views expressed by the Devon Care Workers in the focus groups about training were slightly different to those found in the literature review in some areas, though in other ways they corresponded closely. On the whole, most of these Care Workers said that they had been able to access training and/or were regularly given updates and refreshers when needed. However, where they did agree with the literature review was about the completeness and cost of the training that was available:

- Firstly, there was considerable confusion as to whether or not all of the basic training required was available from the NHS, and if so, whether it was free of charge;
- Secondly, there were concerns that the training available was not fully preparing new recruits to the profession to the reality of the Care Workers job; and
- Thirdly, concerns were expressed about the cost of training required to progress beyond level 2 which was felt to be prohibitive.

In terms of recruitment and retention, it is the first and second of these points that probably need most attention. When discussing the first point, concerning the availability and cost of training, the Care Workers described an extreme set of scenarios that they had experienced, ranging from:

- All training required being paid for and arranged by the employer; to
- No training being paid for arranged with new recruits being expected to fund it themselves.

It was this latter situation which was particularly detrimental to recruitment for the sector as it would clearly put off many potential new recruits. Several Care Workers described how they had friends or relatives who had been interested in becoming Care Workers, but simply could not afford the cost (or the time) of the training.

Furthermore, some other Care Workers noted that their employers had difficulty in locating and/or accessing the right training for themselves or their colleagues. As well as problems with finding the right course, further difficulties had often resulted from the timing, location or duration of the available courses, which did not seem to take account of Care Workers' schedules or rotas.

Turning to the second point, numerous Care Workers repeated essentially the same story: that of a new recruit leaving the sector very soon after starting, because their training had not prepared them for what the role involved. Because the training had not properly prepared them, the stress at the beginning of the job had been *“too much”* for them. This was often the case when dealing with end of life or very ill clients. The Care Workers gave some very specific examples of things that the training did not cover that could cause great upset and stress for an unprepared worker:

- Learning that after the end of life, there were often further happenings (such as air being expelled causing groans, the release of bodily fluid, etc.) that could cause great upset and confusion for relatives (and Care Workers) if they did not know to expect them; and

- Learning to deal with specific physical care issues (how to fit pads to clients without causing pressure sores and putting stockings on the “correct” way) which could be very awkward and problematic until you had been shown the proper way.

They described how new Care Workers could go home at the end of the day an “emotional wreck” because they had not been trained to deal with the difficult and emotionally charged situation they had been put in or that: *“they go back to their car after their first shift ringing with sweat (or worse) and think ‘sod this’, I’m not doing this for £8 an hour...I’m going to go and work in Matalan.”*

In relation to the third point – the cost of training required to progress beyond level 2 which was felt to be prohibitive – it was noticeable that several of the more experienced Care Workers said they had to fund themselves to achieve this higher level and that it did not always automatically result in correspondingly higher pay or promotion: *“There’s little incentive to get training if you have pay yourself when you know you won’t get any more pay.”* Further to this, it was apparent that while some employers would consider paying for the training for the higher level qualifications, getting “approval” or sign off was often a very slow and protracted process as senior managers seemed to drag their feet.

Lastly in terms of training, many of the Care Workers reiterated the findings of the literature review that many of the most important skills and abilities that were needed to be a good Care Worker you could “not be trained for”. They felt that “you either have it in you or you don’t”, by which they emphasised attributes such as empathy, awareness, the ability to take responsibility and organise, while remaining positive and helpful, together with wanting to help others and recognising that sometimes people did not want or realise that they needed help. These personal characteristics were felt to be much more important than any vocational or academic qualifications.

### 3.7 Care Workers views on transportation issues

Turning to transportation issues, the literature review found that the report on *Securing a Sustainable Community Care Workforce in Staffordshire and Stoke on Trent* concluded that the locality of domiciliary care has a significant effect on the recruitment and retention of care workers. This is because the main aspects of this type of care work are repeated short visits to deliver care and for visits to multiple locations. As such the labour force is primarily drawn from the immediate locality. The report goes on to note that:

*“This labour force has often been relied upon to provide care even when wages and conditions fall below the relevant rates, with the dependence being on the workers commitment as they hold a job that may fit in with their own lifestyle, commitments and immediate locality.”*

The *Pathways to Recruitment* study also identified that, among the other factors that contribute to Care Workers leaving the sector a lack of flexibility in contracts offered was causing issues: *“Historically care work offered flexible employment. However, a combination of increased training demands, the complexity of service user needs, transport issues linked to domiciliary care and unsociable hours, can prohibit individuals from undertaking a more flexible role in the sector which fits around their other commitments”.*

Each of these points were clearly pertinent to Devon. Indeed, the Care Workers who participated in the focus groups took the matter further, as it became apparent that transportation issues were a very significant concern for them across the county. They felt that transportation issues were causing a set of problems for the recruitment and retention of Care Workers, as well as the wellbeing of their clients that can be categorised as:

- Needing to own a car to do the job. This was too expensive for many and, because of the insurance and running costs particularly unaffordable for most young people;
- The failure of providers to pay adequate expenses to cover the real cost of journeys between appointments and wear and tear/damage to cars;
- The failure of providers to allow sufficient time between appointments, causing unnecessary stress and anxiety for the Carers and the clients (due to lateness);
- The failure of providers to properly schedule appointments on a geographic basis, so that Carer Workers don't have to drive "*all over the place*";
- The poor state of the roads – causing damage to vehicles and increasing journey time between appointments; and
- The absence of an adequate public transport system in most rural parts of the county (the lack of buses, trains, etc.).

It was felt that these transport issues were impacting most significantly on:

- The recruitment of people who were not supplemented by income from somewhere else (i.e. parents, partner, other job, etc.) to pay for transport, such as young people, people coming off benefits, single parents returning to work, etc. – putting off potential new recruits from a range of backgrounds, who could not afford their own transport, insurance, etc; and
- The retention of staff who were no longer supported by an income source from somewhere else to pay for transport, such as divorcees, losing other jobs, etc.

It was also noted that even among the (better) organisations who provided pool cars or assistance with travel expenses, there were invariably issues with the availability of vehicles, their condition, mileage restrictions, etc. In sum, transportation in Devon was felt to be a major practical headache requiring constant attention in terms of retention and a significant deterrent for recruitment efforts.

### 3.8 Care Workers views on career progression

The study next examined how career progression is viewed by Care Workers and the sorts of career pathways that would attract workers to the sector. The literature review of the *Helpcare Project* report found that only very limited numbers of Care Workers foresee any developments in their career as caregivers. The report found that evidence shows "*clearly that caregivers are pessimistic about their development in the future*". It notes that "*the main goal for many caregivers is to get a full-time job*" or "*simply to retain existing employment*". A typical quote was: "*In the next few years she imagines herself doing this job but regularly, working as a regular employee*"

The report on *Securing a Sustainable Community Care Workforce in Staffordshire and Stoke on Trent* highlighted that one of the five main reasons why employees leave health and social care was the:

- **Lack of opportunity for advancement.** Carers reported few opportunities for personal and professional growth, or promotion.

The focus groups with Care Workers across Devon closely concurred with these findings. Some typical comments that were made during the sessions included:

*"There is very little opportunity for progression in our organisation, there is a small amount... you can come in as an HCA then you can progress by having specialist training for say autism, or drug and alcohol issues or another specialist area, but there's not necessarily any automatic way of progressing."*

*"In care in particular, there isn't a lot of career opportunities unless you're really driven... (you can) start off as a Care Worker, then where do you go?"*

*"I've found a lot of people can only get so far then it's a brick wall really, you can't get any further, so people move over (to the agencies)."*

There was a general consensus among the Care Workers on this last point, that for those who wanted to progress a move to either another employer, an agency or nursing were the only viable options. This was because so few opportunities existed within most individual domiciliary care provider organisations because of their small size and "pyramid" structure:

*"I think agencies are a stepping stone for people who think 'actually I really like this (being a carer) but at school I got stuck on my GCSEs and I didn't want to do A levels'."*

*"Yeah, often they think 'I can get my level 3 then I can go off and do nursing and get paid more...' So, there is a progression route but its sideways, and outside of the company that you're in."*

For most of the Care Workers involved in the focus groups the lack of career progression opportunities in the care sector was not seen as a major issue that might lead to them leaving, compared with their concerns relating to scheduling and rotas, stress, pay, training, etc. Nonetheless, for some of those involved it was a significant issue and similarly it is apparent that it is a bigger concern for those considering moving into the sector as a career option.

In terms of the types of career pathways that might attract workers into the sector the suggestions made were simply focussed on more of the current pathways, together with closer linking into nursing, although several people noted that this should be two ways, i.e. into *and out* of the NHS, not just into a hospital for example.

### 3.9 Care Workers views on additional benefits of working in the sector

The literature review found that the main additional benefits of working in the care sector were identified as being:

- Job satisfaction, including having the opportunity to offer help to others, seeing others getting better or improving the quality of life of others, receiving patients' gratitude, having the feeling of doing something important (or the job you love);
- The social aspect of the role (being around with people, talking with them, receiving life lessons from them) was also one of the positive aspects;
- The community based nature of the role (working in and helping their local community);
- The varied nature of the role (offering a range of different and interesting challenges with varied skills needs); and
- Working hours suited family situation (the flexibility of the working hours – though N.B. this worked for some Care Workers but not others - see sections 3.2 on why staff leave and 3.4 on what staff dislike about the sector)

The focus groups found that the Care Workers agreed that most of these points were generally seen as being "additional" benefits of the role and discussed them in a little more detail:

- **Job satisfaction**

As discussed in section 3.1, the focus groups found that that one of the aspects of the job that was most "liked" by Care Workers was the high degree of job satisfaction. Indeed, many said this was *"the main thing that keeps most of us in our job!"*

- ***Social aspects of the role***

Again section 3.1 highlighted that the focus groups found that the social aspects were certainly significant “additional benefits”, although for many Carers this was tempered by the social isolation of the role and the need to do much of the journeying and work alone.

- ***Community based nature of the role***

The Care Workers in the focus groups agreed that in principle this was an additional benefit. However, because of the geography of Devon and the associated transport issues there was less “working in or helping their local community” benefit, more the community at large.

- ***Varied nature of the role***

As the Care Workers described in section 3.1, the diverse nature of the challenges that they faced was one of the most positive things about the job, which many of the more experienced Care Workers liked best. It was also the case that for some new Care Workers this aspect of the job could be the most challenging if they had not been fully and properly trained.

- ***Working hours of the role***

As discussed previously, the “flexible working hours” culture that had traditionally attracted some people to the sector no longer seemed to be functioning in a mutually beneficial manner – with many Care Workers feeling that they were being treated by their employers as “*simply numbers filling in a slot on a rota.*”

A few other benefits that were noted in the focus groups were: the opportunity to get into nursing, the chance to use their healing and caring skills, the chance to work with friends and feeling of use.

### 3.10 Care Workers views on stress factors associated with the job

The final area explored by the literature review and the focus groups were the stress factors associated with the Care Workers job and how these could be alleviated and/or minimised. The *Helpcare* report found evidence of burnout across the sector, but that burnout scores seemed to be higher for those in full time employment and less for those in part-time employment. Being employed part-time had a beneficial effect on emotional exhaustion as well. This may be because workload, and interpersonal conflict seems to be less in those working part-time. In addition, part-time caregivers seem to be more motivated in doing their work because of the inherent satisfaction that it brings to them.

More specifically, the *Helpcare Project* research found that the negative aspects of the role were that it was emotionally draining, as it involves dealing with their emotions, those of their patients, as well as those of their patients’ families. In addition, many Care Workers found that they have to deal with intense stress, aggression (from patients and families), and depression. (The *Helpcare project* was the only report covered in the literature review that addressed directly stress and burnout, and there was little or no information found on how the stress factors could be alleviated or minimised).

When the Care Worker participants in the focus groups were asked about the stress factors associated with their job and how these might be alleviated and/or minimised, their replies were very similar to those given to two earlier questions: the things they most ***disliked*** about their job and the main ***reasons they might leave***. In particular, they highlighted that the following aspects of their jobs were very stressful and needed mitigating:

- The time available for the appointments themselves;
- The lack of time between appointments to get from A to B;
- The need to do paperwork in their own time;
- Incorrect NHS discharge paperwork; and
- Lack of support from own organisation/NHS/Local Authority.



The length of time available for appointments was often cited as being particularly stressful. Half hour appointments (30 minutes) were not felt to be long enough to meet the needs of many of the clients: *"I can't get myself done in half an hour, let alone someone who needs help with everything."* The lack of time meant that Care Workers were having to prioritise what they did with the clients - focusing first on the most essential things. However, this was stressful because it often meant missing out on the more personal and "nice" aspects of the appointment, such as chatting and engaging with a lonely person – it also meant that the client was aware that they were being "rushed" and that time was short, thus increasing the stress for them as well.

This situation seemed to be particularly acute with clients who were funded by Local Authorities when medication was involved: *"You can't really do it properly...how can you just run in, give them their medicine and then run out. Also, some medicine you've got to allow 20-30 minutes for a bad reaction, so you can be gone before that time is up. It's not right."*

Many Care Workers spoke with dismay of their experience of working with clients funded by Local Authorities and how stressful the situation had become. In their experience, Local Authorities had invariably made the clients' situation far worse, because of the inability of the Service to respond in a timely and professional manner. The Care Workers found this extremely stressful, especially when they knew the clients well. These are three examples cited as poor practice by Local Authorities:

- Social services refusing to pay for an oxygen cylinder and a Care Worker to stay overnight with an elderly lady who wished to spend her last night at home in her own bed. Paramedics had visited and spoken to the Local Authority saying that a long journey to hospital would be too much for her and that it was better for her to pass away quietly at home. The LA still refused. The Care Worker felt that the cost of an ambulance for transport and admittance to hospital was far greater than the cost of an overnight stay: *"I was so upset about this, all for £100 for me to stay over when how much does a hospital bed and ambulance cost?"* The elderly lady had died within an hour of being admitted.
- Local Authorities often do not fund or provide equipment when it is needed – it was often too late in urgent situations. One example was an elderly gentleman who needed a hoist for his last few days to get him out of bed and onto the toilet. Despite being given two weeks notice, the hoist arrived the day after he had died because social services were so slow. In the meantime, he had had to go to the toilet in the bed. *"We were very stressed and upset about this...it was so unnecessary, we're not allowed to do moving and handling in this situation."*
- Local Authorities often allocated the care of clients to two or more separate domiciliary agencies and there needed to be communication between the agencies to ensure that the client's care was maintained (medication, new equipment, etc) and coordinated. Local Authorities do not facilitate or help with this – again it was left to the care workers themselves, causing further unnecessary stress and increased workload.

This point about the stress of having to coordinate the activities of different domiciliary care providers, was reiterated by the Care Workers in terms of the lack of liaison between the different public sector agencies (the various different departments within the NHS and Local Authority) as well. Again, the Care Workers found themselves having to coordinate the health, social services and care aspects of clients' life. The Care Workers felt that in many cases where there was no family present, no one else would do it and this was the cause of considerable extra stress for them.

The groups also highlighted some of the issues around training that they thought were important to help ensure that new Care Workers stayed in post, covering both the emotional and physical needs of the Care Workers and the clients. If these training issues were not properly met then the stress at the beginning of the job could be *"too much"* for them:

- Learning to talk to the clients in a manner that is appropriate for them – to “sell” themselves to people in the right way (some were happy with “Joan” with others it was “Mrs Brown”);
- Learning that after the end of life, there were often further happenings (such as air being expelled causing groans, release of fluid, etc.) that could cause great upset for relatives; and
- Learning to deal with specific physical care issues (how to fit pads to clients without causing pressure sores and putting stockings on the “correct” way).

They felt that many new Care Workers would “go back to their car after their first shift ringing with sweat (or worse) and think ‘sod this’ I can’t do this ...I’m going to go and work in Matalan.” They noted that “even the NHS courses are taught by skilled people who read from a sheet” but might not have actually “done” care in the community themselves. Level 4 care staff are generally the best at this

Paperwork in its various guises was also a constant source of stress for many Care Workers, with two particular issues causing problems:

- *The need to do paperwork in their own time*  
This problem was raised by very many Care Workers who described how the appointment lengths that used to be allocated had previously allowed sufficient time for write ups after the visit was over. However, the shortened times did not take this into account now and this meant they had no choice but to complete the paperwork in their own time. Some had tried to do this between appointments, but with only 15 minutes being allowed this was invariably not possible.
- *Incorrect NHS discharge paperwork*  
As described earlier this was a major problem for Care Workers dealing with hospital discharge cases, i.e. most in domiciliary care provision. The feeling of the Care Workers was that the (former) patients’ needs were being overlooked so that the patient could be discharged as quickly as possible, because the hospital was short of beds. This often meant the Care Worker had to start from scratch and write a new care plan that then had to be agreed by the relevant local authorities before appropriate home care provision could be put into place. All too often the patients ended up being readmitted to hospital.

Many of the Care Workers also talked candidly about themselves – saying that their mental and physical health had suffered because of their job. Mental health issues were invariably due to the stress caused by the lack of time between appointments and the resulting upset caused to patients. The stress was magnified by a huge sense of frustration because many of the care workers in this situation had told their line managers in advance that they could not get from A to B safely on time – but the managers had refused to change the appointment times or allow more journey time.

It was also apparent that quite a few of the Care Workers had suffered physical injuries at work, through lifting and/or handling. These had often resulted in shoulder, back or wrist injuries. The Care Workers reported that the recovery time (and loss of pay) caused further additional stress on top of the upset and pain of the actual injury. While some of the Care Workers accepted that they had been (partially) at fault for the injuries, others said they had not been trained properly in lifting for the tasks they had been asked to do.

The impact of these combined sources of stress are not just on low retention rates among Care Workers. ONS has recently conducted research that found that “*The number of care worker suicides in England is on the rise... It shows the rate has been steadily increasing for the last 15 years and that more female care workers take their own life than any other occupation.*”<sup>13</sup>

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<sup>13</sup> <http://www.bbc.co.uk/news/av/uk-39560735/care-worker-suicides-in-england-are-on-the-rise-says-ons>



In summary, many of the Care Workers participating in the focus groups reported feeling “*stressed and anxious*” most of the time, particularly between appointments. This was usually caused by time pressure both in the shortened length of appointment and the time available to get to the next appointment. It is apparent that steps should be taken to mitigate these problems by lengthening appointment times and allowing sufficient time for journeys. Appropriate paid for time should also be allowed for the completion of the necessary paperwork.

Separate conversations should also be undertaken with the relevant Local Authority and NHS staff to discuss the issues raised around end-of-life support for Local Authority funded clients and discharge procedures from hospitals respectively.

## 4. Concluding comments and recommendations

This final section makes some concluding comments about the findings from the research before putting forward a series of recommendations designed to help address the recruitment and retention issues being faced by Devon's private sector domiciliary care providers.

### 4.1 Concluding comments

The findings of the previous study conducted by Transform Research in Devon and the available information on the national picture showed that the demand for Adult Social Care services will increase significantly in the future. Overall seven out of ten (70%) Devon providers said that they had plans to grow in the next five years. Reflecting current policy, this figure rose to over nine out of ten (96%) of providers offering domiciliary services, homecare, enabling services and community support.

This current study used primary qualitative research work together with a literature review and data analysis to explore recruitment and retention issues among Care Workers employed by private sector organisations providing domiciliary care in the Adult Social Care Sector in Devon. The work aimed to achieve a greater understanding of why Care Workers leave the sector and their views on the pay, conditions of employment and training on offer. As such, it examined recruitment and retention from a range of different perspectives, covering the Care Workers themselves, as well as service users, commissioners and providers.

The research found evidence that the Adult Social Care workforce nationally is “*stretched at both ends*” by high turnover among young people (aged under 25) together with the projected retirement of existing staff. Further to this, retention and recruitment issues are exacerbated by low pay in the sector and the perceived low status of care roles acting as disincentives for employment.

Across England there is increased demand for intensive domiciliary home care resulting from demographic changes, increased life expectancy and government policy. Skills for Care have estimated that the implications of these changes nationally are that 275,000 more workers will be needed in the sector by 2025, which equates to an 18% increase in the workforce.

The national turnover rate for Care Workers from private, LA and voluntary employers and all service types (domiciliary and residential) was 32.4% in 2016. The comparable figure for Care Workers in Devon was markedly higher at 41.2%. This situation was even more acute among many private sector domiciliary care providers in Devon where turnover and vacancy rates were even higher than the national average: with the turnover figure being 55.2% and the comparable figure for England being 42.2%. (It was also much higher than in the neighbouring LAs). At this level, there are very significant concerns about the ability of providers in Devon to meet demand and maintain high standards.

In terms of the retention of Care Workers employed by private sector domiciliary care providers in Devon, the qualitative research with them identified a set of issues and triggers that were often leading to departure from the sector. These issues and triggers were identified by the Care Workers in the focus groups when they were asked about three matters – what they disliked about their job, what makes Care Workers leave and what were the most stressful aspects of their role. Their replies can be summarised as:

- Being a good domiciliary Care Worker is often a very challenging role. It requires working alone and taking responsibility for other people's lives in sometimes very difficult circumstances. The current pay rates and level of support available to many Care Workers (be it management, training, opportunities for progression or being valued for the work done) invariably do not reflect the full responsibility of the role.

- The trigger points for leaving are often stress related:
  - The stress of appointments being too close together or too short (e.g. 15 minutes gap allowed to get from Crediton to Cullompton or only 30 minutes for an appointment);
  - Particularly stressful events (i.e. end of life with insufficient management/NHS/Local Authority support and/or the inability to administer needed medication because of lack of training);
- The conditions of work were also acting as a significant trigger point for leaving for many:
  - Lack of guaranteed working hours related to the prevalence of zero hours contracts;
  - Lack of a full-time job and split shifts (most care work is either at the beginning (7-10.30am) or end of the day (4-7pm));
  - Lack of input to working rota/schedule and last-minute changes to the rota/schedule making it impossible to plan the rest of their day;
- Further trigger points included:
  - Agencies charging more for agency workers to fill Care Worker roles than the Care Workers are paid (it is not clear whether the agency workers always actually get paid much more as the agency takes a cut). Nonetheless, this was greatly dispiriting and demoralising for Care Workers;
  - Care Workers not always feeling valued for the work that has been done (either by management or by some clients particularly clients' families); and
  - The cost of childcare being too high, meaning that it was not worthwhile for Care Workers to remain employed as they would be worse off.

The estimated number of Care Workers employed by private sector businesses in Devon providing domiciliary care is 5,000-5,500, plus a further c.1,000 personal assistants. The profile of these Care Workers is noticeably different from their contemporaries across England in various ways, all of which are likely to impact on recruitment and retention. The research found that Devon's Care Workers employed by private sector domiciliary care providers are:

- More likely to be aged 55 or older (+5%) or aged 24 and under (+2.1%);
- Less likely to be male (8.4%) compared with those from across England (12.8%);
- Less experienced (26.4% compared with 31.0% across England have three or more years of experience), while over two fifths (43.7%) have less than one year of experience; and
- Less likely to be employed full time (32.1%), compared with over two fifths of those across England (44.5%).

In addition, Devon's Care Workers in the 25 to 54 age band (i.e. those most likely to need to have other jobs, alongside childcare or other caring responsibilities) reported that the issues described above around poor conditions of work, particularly the lack of guaranteed working hours, the cost of childcare and lack of input to working schedules had caused many (ex-)colleagues to leave for other sectors and were the factors most likely to make them depart in the future as well.

Not surprisingly, the things that Care Workers most disliked about working in the sector in many ways replicated those factors that they had given as reasons for leaving. The five main things were:

- The level of responsibility when dealing with service users with complex needs;
- Not being able to do enough to help some service users;
- The unpredictability of rotas and the absence of slack in the system;
- Unsociable hours and downtime in the middle of the working day; and
- The need to travel long distances between clients.

Interestingly little mention was made directly of pay as a reason for leaving, with the Care Workers participating in the focus groups agreeing that *“money rarely comes first when deciding whether to stay or go.”* However, they thought that many potential employees would ***never become Care Workers in the first place*** because the pay is now so low compared to other jobs. The overarching sense was that Care Workers simply wanting a fair rate of pay that reflected the responsibility and difficulty of the job that they were now being tasked with doing:

*“All we want is a fair wage.”*

It was very noticeable that the Care Workers who were employed by providers that offered above average pay and improved conditions of employment, in terms of guaranteed hours and input to scheduling were also the Care Workers who were most likely to report lower turnover and vacancy rates, as well as greater job satisfaction.

Many of the Care Workers in the groups talked candidly about their mental and physical health – saying that both had suffered markedly because of their job. Mental health concerns were invariably due to the stress caused by the lack of time between appointments and the resulting upset caused to patients. The stress was magnified by a huge sense of frustration because many of the Care Workers in this situation had told their line managers in advance about the problems but nothing had been done to resolve the issue. Physical injuries were often the result of insufficient training or lack of appropriate equipment for moving and handling.

Turning to the recruitment of Care Workers by private sector domiciliary care providers, the research and literature review identified a range of disincentives or inhibitors to successful recruitment:

- The cost of becoming a care worker (having to pay for own uniform, training, etc);
- The time lapse between starting and first pay (can be more than two months), as well as the time from responding to the initial advert;
- The poor image of sector and a lack of understanding of role;
- The need to own a car and the cost of insurance for young people;
- The lack of adequate supervision as a new employee (being left alone unsupported);
- Job adverts often not fully describing what the Care Worker role really involved; and
- The low pay on offer across the sector, in terms of the responsibility of the role and compared with that being offered in *“less responsible jobs”* in retail, tourism and leisure.

Nonetheless, the Care Workers involved in the focus groups were generally very positive about their roles and the job satisfaction that they got from their work. The five main things that they liked were:

- Having a positive impact on people’s lives;
- The diversity and challenge of the role;
- Team working and networking with other Care Workers;
- (For those who did) Having a good employer; and
- Inclusion and the 1-2-1 nature of work.

It was very interesting that many of the Care Workers involved in the focus groups who had previously worked in other sectors, such as banking, estate management, retail and leisure all said that they wished that they had become Care Workers *earlier* in their lives. They found that their current role gave them much more job satisfaction than their previous occupations.

## 4.2 Recommendations

In conducting this research, it was noted that recruitment and retention problems were well documented across the Adult Social Care sector with many previous studies having been undertaken examining them. This study has attempted to provide a Devon-perspective on the issues and to ascertain how the county's unique geography, economy and workforce characteristics has impacted on the situation being faced by Care Workers.

The research found that many of the key issues confronting Devon's Adult Social Care workforce were similar to those being faced by the sector nationally. However, it was equally evident that while the issues were broadly the same, they were in some ways much ***more acute in Devon***:

- The geographic size of the county is increasing journey lengths, the sense of isolation for lone workers and reduced contact with colleagues and management for existing Care Workers. These factors were contributing to the high levels of stress, isolation and lack of positive feedback reported among many Care Workers;
- The economic profile of employment in the county with many part-time and zero hours jobs together with a high degree of (better paid) seasonal employment in the tourism and leisure sectors is also contributing to a high turnover rate with workers opting for better paid jobs when available, such as during high season; and
- The current profile of Devon's Adult Social Care workforce, with more staff under 25 and over 55 than the national average making it more likely to have higher turnover rates. It also has markedly fewer male employees, suggesting that current recruitment techniques and service user preferences are reducing the number of men "available" to be Care Workers.

Furthermore, the geography of the county was also making the job of recruitment harder because of the high cost of car ownership and insurance, particularly for young people, combined with a lack of adequate public transport in rural areas.

At this point, it is very important to highlight that, while the focus of much of the research has been on Care Workers themselves, and specifically on their views, it is apparent from their feedback and that received from partners, commissioners and service users that the focus of the recommendations from the study needs to be on their employers: Devon's private sector domiciliary care providers.

The research found that there is a tier of exemplary providers across the county who provide high quality care for their clients combined with a content, motivated and happy workforce of Care Workers – based on offering good conditions of employment, involvement in scheduling and above average pay. The good practice put into place by these providers serves both as a role model and successful business plan template for others to follow.

However, the research also found that there is clearly a significantly large group of providers operating in Devon who do not offer such good terms and conditions. The evidence indicates that the turnover and retention rates among this group of providers are far higher than average and concerns must be raised about their ability to offer high quality care. To meet the increased demand for domiciliary care that will be needed in the future, it is on this group that efforts should be focussed if Devon's Adult Social Care workforce is to be sustained, made more resilient and then grown.

In making recommendations for this group, it is worth noting: a) the small size of many providers: being sole traders, family owned businesses and/or local independents. Few are part of larger organisations with access to back-up office assistance and support and: b) that while many are small and Devon-focussed, there are several major ones operating across the region. Where these are found to be among those with recruitment and retention issues, it is likely that cooperation will be needed with commissioners from neighbouring LAs to help improve the situation.

The research identified the following six recommendations which are detailed below:

- Recommendation 1: Develop a Devon Leadership and Management business support package for micro and small domiciliary care providers in the county;
- Recommendation 2: Collaborating with neighbouring LAs, specification for contracts for domiciliary care provision to include requirement for recruitment and retention plans, using available models (i.e. Proud to Care Devon's Top Tips for Recruitment and Retention) as templates;
- Recommendation 3: Commissioners to build specific clauses into providers' domiciliary care contracts, concerning minimum length of appointments, times between appointments and provision of back-up support accounting for Devon's geography;
- Recommendation 4: All DCC/NHS funded domiciliary Care providers must fully complete their NMDS returns on a six-monthly basis;
- Recommendation 5: Representations to be made to Social Services and NHS over issues raised concerning discharge, paperwork and cooperation, to reduce stress on Care Workers; and
- Recommendation 6: Establish a Devon Link-Up Project based on the Midland pilot project but re-profiled to fit Devon's needs and circumstances.

### **Recommendation 1: Develop a Devon Leadership and Management business support package**

It was evident from the research that many of the issues and problems relating to recruitment and retention that were reported by the Care Workers were, to a greater or lesser extent, linked directly to the way in which the provider organisations were being run and managed. It was equally apparent that this situation was not unique to Devon and nationally Skills for Care have highlighted that one of the biggest challenges facing the ASC domiciliary sector across England is:

*...(the) lack of strategic leadership within (domiciliary) care. This is particularly important given the limited contact between staff and management. Strong leadership is required to recognise and address the issues facing (domiciliary) Care Workers (e.g. isolation, high workload, erratic schedules, lack of peer support) and ensure staff retention. Management style and skills should influence recruitment of future managers and other skills including change management and ability to translate policy into practice are key<sup>14</sup>.*

The research found that there were four key areas for a Devon Leadership and Management business support package to focus on: Promoting leadership skills and qualities; Workforce planning; Organisational culture (creating a positive workplace culture); and Managing Care Worker performance. Skills for Care have examined each of these areas in detail and offer resources, toolkits and support to help with the process of developing each of them:

#### **- Promoting leadership skills and qualities**

Skills for Care highlight the importance of supporting ASC directors and managers to develop their leadership skills. They note that the way *"you lead your organisation has a direct impact on the culture of your organisation and the quality of care you're providing."* It was also clear that leadership development was essential for anyone wishing to progress to senior positions in social care. From an individual, personal development point of view and for the ongoing development of the staff being managed, highly developed leadership skills were essential. Skills for Care provide a range of programmes, resources and tools to help develop leaders and managers, and it is recommended that these serve as the starting point for the development of the Devon Leadership and Management business support package<sup>15</sup>.

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<sup>14</sup> <http://www.skillsforcare.org.uk/Documents/NMDS-SC-and-intelligence/Research-evidence/Key-facts-on-the-research-into-leading-and-managing-home-care-teams.pdf>

<sup>15</sup> <http://www.skillsforcare.org.uk/Leadership-management/Leadership-and-management.aspx>

- **Workforce planning**  
Skills for Care (SfC) have described in detail how a good workforce plan will help provider organisations be more successful and ensure they have the right people in place to meet the changing needs and demands of the ASC market place, as well as future opportunities for development. SfC continue by emphasising that *“the right people are those who are keen, skilled, have the right values and know what they are doing. These people will provide high quality care and support and help your business to grow.”* SfC offer a toolkit that explains the principles behind workforce planning, why it’s important, how it fits with how services are commissioned and how it should be used including data from the NMDS-SC<sup>16</sup>.
- **Organisational Culture**  
Skills for Care state that *“having a positive workplace culture is key to ensuring that your organisation is providing high quality care and support.”* The benefits that a positive workplace culture bring include: improved quality of care; a stable, skilled workforce; reduced costs and greater resilience in times of change. SfC also provide a practical toolkit<sup>17</sup> for this, *“written primarily for those with leadership and management responsibilities.”* It is supported by good practice examples from across the sector. Their resources include workforce capacity planning tools and learning and development materials, with topics including information and advice, first contact and identifying needs, charging and financial assessment.
- **Managing Care Worker performance**  
Skills for Care emphasise line managers responsibilities for leading and managing an individual or team of people and the quality of the service they deliver. They note that *“the way you recruit, supervise and develop your employees will make a difference to how they feel about their job and their ability to work to the right standard.”* The type of leadership will also set the tone and help to create conditions for a positive workplace culture that is focused on delivering high-quality care. Good leaders create a positive environment for employees so that they feel engaged and are focused on caring for others. Again a “people performance management toolkit” is available to help with the process<sup>18</sup>.

It is proposed that the various resources described above that are available through Skills for Care should be promoted for use as part of a wider Devon Leadership and Management business support package. Other items for consideration for inclusion in the business support package include:

- Subsidised attendance at leadership programmes;
- Offering management assessments; and
- Providing targeted development support for new and aspiring ASC Directors/Managers.

## **Recommendation 2: Commissioners to build plans for improving Recruitment and Retention into Providers’ Domiciliary Care Contracts**

In 2016 Proud to Care Devon issued a “Top Tips for Recruitment and Retention” and the findings from this research reinforce that all the tips are very valuable recommendations for providers aiming to improve their turnover and vacancy rates. This research strongly endorses the need for Devon’s private sector domiciliary care providers to implement the tips as soon as possible, as they provide an excellent good practice checklist:

<sup>16</sup> <https://www.snapsurveys.com/wh/s.asp?k=143220008590>

<sup>17</sup> <http://www.skillsforcare.org.uk/Leadership-management/Positive-workplace-culture/Culture-toolkit/Culture-toolkit.aspx>

<sup>18</sup> <http://www.skillsforcare.org.uk/Documents/Leadership-and-management/People-Performance-Management-Toolkit/People-Performance-Management-Toolkit.pdf>



#### *Tips for Recruitment*

1. Sell your organisation in every job advert – why is your company a great place to work?
2. Link with your local community – advertise in community centres, supermarkets, schools, etc.
3. Encourage enthusiastic staff to become Proud to Care Ambassadors
4. Offer work experience, work shadowing and work trials
5. Use social media as a free platform to promote your organisation and advertise vacancies
6. Consider supporting members of staff with transport e.g. driving lessons, pool cars, taxis for teams.
7. Ask values-based recruitment questions to ensure you are recruiting the right person:
8. Consider initiatives such as refer a friend to recruit new people
9. Advertise in lots of different places - use free job sites
10. Promote your organisation as a whole with varied opportunities and career progression

#### *Top Tips for Retention*

1. Manage your team - Plan regular supervision with staff, and support staff through appraisals.
2. Value your members of staff: offer regular feedback and praise i.e. 'care worker of the month'.
3. Use coaching skills and listening skills to really value each staff member and listen to their ideas.
4. Offer and encourage career progression and development opportunities within your organisation.
5. Ensure staff have a good work life balance. Encourage employees to take care of themselves
6. Consider offering pay progression or bonus schemes to motivate and develop staff.
7. Promote your organisation's vision and ethos.
8. Ensure staff on their own in the community feel involved – regular meetings, socials, etc.
9. Consider providing support with transport e.g. pool cars, bikes, scooters.
10. Analyse workforce data (e.g. turnover/vacancy rates) and hold exit interviews to help planning.

Also in 2016, the PEN Conference on engaging and retaining staff held a Care Summit discussing “What does outstanding look like?” This produced a series of points identifying what constituted “outstanding”. Again, this research strongly endorses all the points made, though would emphasise the ones relating to staff retention and a positive workplace culture as being particularly valuable for Devon's private sector domiciliary care providers:

#### *In a people centred business, value your staff as your greatest asset*

- Have rewards and awards for good practice
- Start a buddying or mentoring system
- Used themed learning and development for example using quizzes
- Promote team bonding
- Make care staff feel valued, positive and passionate about what they do
- Ensure that you acknowledge staff for example say hello or call if they are ill
- Implement training and development plans

The recommendation is that Commissioners should ensure that Recruitment and Retention plans are built into providers' domiciliary care contracts, using the Top Tips for Recruitment and Retention and the Provider Engagement Network's (PEN) Engaging and Retaining Staff described above as templates.

#### **Recommendation 3: Providers to implement and Commissioners to monitor clauses in providers' domiciliary care contracts, concerning minimum length of appointments, times between appointments and provision of back-up support accounting for Devon's geography**

The recommendation is that Commissioners should build specific clauses into Providers' contracts to ensure that, when required, flexibility is available to allow minimum appointment times to be increased and that providers are fully aware of this and operate it. Similarly, the contracts should also make provision for the need for extra journey time and sufficient back-up support for lone workers (specifically for out of hours and night shifts) caused by Devon's geography. It is understood that these clauses are already being included in the Providers' contracts and the requirement is for appropriate implementation and monitoring of the clauses going forward.

#### **Recommendation 4: All DCC/NHS funded domiciliary Care providers must fully complete their NMDS returns on a six-monthly basis**

Further to the need to introduce recruitment and retention plans as described above, it is vital that the data available from the NMDS-SC is complete and provides full coverage of Devon to enable proper monitoring of progress. As such, completing the National Minimum Data Set (NMDS) on a six-monthly basis should be built into future contracts for Devon's domiciliary care provision to enable accurate workforce data to be produced for the county: <https://www.nmds-sc-online.org.uk>. It has been noted that neighbouring Local Authorities already include this stipulation in their contracts.

#### **Recommendation 5: Representations to be made to Local Authorities and NHS over issues raised**

As described in detail in section 3.10, the discharge procedures being followed by NHS hospitals and the support provided for Local Authority funded clients are causing considerable stress for Care Workers. These should be examined with the relevant Local Authority and NHS staff to discuss the concerns raised and to identify appropriate measures to ameliorate the situation. The two main areas of concern focussed around end-of-life support for Local Authority funded clients and the accuracy of paperwork covering clients' needs when they were discharged from hospital by NHS staff, although other concerns such as equipment availability and medication checking were also noted.

#### **Recommendation 6: Establish a Devon Link-up project (Like the Midlands)**

This recommendation was made in 2016 and is repeated here: a version of the Skills for Care **Link Up project: pooled resources and ambitions** should be developed for Devon. Using an adapted version of the step by step guide that has been produced for the Midlands would help to support Devon's providers who want to implement this new way of working and would bring together many of the recommendations made above from an overarching, strategic level to an operational delivery level<sup>19</sup>.

The Midlands example has shown how linking-up can work at a strategic level with employers and care providers jointly cooperating to find solutions to the shortfall in care workers. Learning from this and adapting it to the characteristics of Devon's providers would provide a valuable tool for the sector in the future. The benefits in the Midlands have so far included increasing work experience opportunities, opening career pathways in care and progression routes (including into the NHS) and a review of the terms and conditions of work in the Care Sector.

As noted before many of the activities covered by the Link Up project are, in fact already under way in Devon and in the South West – they simply need to be fully coordinated and developed further into a distinct package that is clear to providers. For reference, some of these include:

- Greater links with hospitals to develop training and care pathways, such as with North Devon Healthcare NHS Trust (this is being actioned by STP Resourcing Group for wider Devon)<sup>20</sup>;
- Giving consideration to hosting a Care Awards ceremony. (Such as seeking sponsorship and raising the status and profile of Care Workers in the press);
- The 60+ Proud to Care Ambassadors<sup>21</sup> (frontline care and health staff) who attend careers events at schools, colleges, universities and job centres to talk about why they love their job;
- Building further links with the Forces to attract partners of Service personnel to Care roles as well as attracting ex-Service personnel;
- Continuation of the Working Group to build a Skilled and Stable Community-based Personal Care Workforce (renamed "Proud to Care" comprising providers, service user reps, Skills for Care, DWP and health partners) e.g. share resources on strength-based recruitment, developing shared tools (e.g. exit interview, recruitment tools etc.); and
- The South West Proud to Care website<sup>22</sup> for providers and Care Workers across the region to use for promoting the Care sector as a career, Care recruitment, training and qualifications.

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<sup>19</sup> <http://www.skillsforcare.org.uk/Document-library/Finding-and-keeping-workers/Practical-toolkits/Link%20Up/Link%20Up%20Guide%20step%20by%20step%20guide.pdf>

<sup>20</sup> <http://www.devonstp.org.uk/>

<sup>21</sup> <https://www.dct.org.uk/resources-support/i-care-ambassador-scheme.ashx>

<sup>22</sup> <https://www.proudtocaresw.org.uk/>

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