

IN THE FRONT LINE

Social Care Providers Survey
Report on Recruitment and
Retention 2015

Workforce
Matters

scottishcare 

Acknowledgments.

This report and the survey on which it has been developed was in large part written by David Rennie, formerly Workforce Consultant to Scottish Care. Further material has been supplied by Prof Ian Cunningham, Strathclyde University. The report has been edited by Donald Macaskill and Katharine Ross, Joint Workforce Leads, Scottish Care.

We are grateful to the organisations who took part in the survey for dedicating their time and energies to completing the survey and hope its findings will benefit both these organisations and those who work in and use their supports and services.

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Introduction

Social Care is both a person-centred and person-delivered undertaking. As such, the human resource base is our most crucial asset. If we get it right, we can secure the increased capacity and improved outcomes that are at the heart of policy and planning. Get it wrong, and service delivery becomes unsustainable. Scottish Care hopes this report on the current effectiveness of Recruitment and Retention will highlight the need to prioritise the Workforce agenda within the wider focus on Health and Social Care Integration. There is a crisis looming if we fail to do so.

What were the initial concerns which we had?

A significant number of social care providers in late 2014 expressed concern about serious challenges in recruiting and retaining staff in Scotland's

social services, particularly affecting the independent sector. This is specifically in relation to care homes, care at home, housing support and day care services for adults.

There is a growing realisation amongst providers that for care services to be grown to meet an increasing demand and to deliver person-centred care we need a workforce which is flourishing and not one which is facing continual challenge and decline. This decline was evident in statistics from the Scottish Social Services Council (SSSC) Data Report 2013 which evidences an overall workforce numbering 189,670 people (7.4% of Scottish employment) but shows a decline of 1.4% on the previous year.

Concurrent with this there is a growing body of research underlining the particular challenges facing the sector in terms of recruitment and retention. Prof Ian Cunningham at Strathclyde University has highlighted some of these

in a benchmarking survey undertaken for some Scottish providers. These issues relate to pay and conditions, the challenge of geographical recruitment, fragmenting working time, zero-hours contracts and the diversity of pay enhancement practices.

In addition a wider set of challenges are brought to bear from the emerging social policy context within Scotland not least health and social care integration and self-directed support. Providers recognise the need to recruit a workforce with the skills and values to meet the requirements of the role and to be sufficiently remunerated and on terms and conditions which promote retention. These challenges for recruitment and retention are recognised within the context of austerity, with pressures on public funding, and an increasing demand for social care services - particularly for older people.

Social Services in Scotland: a shared vision and strategy 2015 – 2020 (Scottish Government, 2015) states:

“Everyone in the workforce needs to feel valued and to be motivated to improve their contribution and be innovative in their practice. Employers across social services need to ensure that workers have the right skills, knowledge and values to provide high quality services. Retaining experienced staff in front line practice is crucial to delivering excellent social services. Continuous professional development and career pathways need to be in place across the workforce so that people are equipped for their current jobs as well as for future careers.”

“For employers, improving recruitment and retention, particularly in the largest part of the workforce - social care - can lead to significant benefits in respect of time and cost through reduced turnover, as well as improving consistency and continuity for service users.

These statements from Scotland's vision and strategy for social services have a strong synergy and consistency with the outcomes of

the survey which forms the basis of this report. The results of the survey serve to emphasise and confirm many of the key issues

which commissioned services have in meeting the challenges and aspirations contained in the vision and strategy.

How did we go about finding out what was happening?

In response to these growing concerns Scottish Care developed and ran a survey as part of a number of approaches to help begin to understand the nature and extent of these challenges and to inform national policy and local action in addressing the issues. We were keen to see if there were any trends which we could identify across Scotland and so we asked services at a local and individual service level rather than corporately to respond to our survey. The survey crosses all social care and nursing staff recruited to and working in the sector.

It should be noted that the titles of staff shown in the survey relate to the categories of registration used by the Scottish Social Services Council (SSSC). For care homes these are support worker, practitioner, supervisor, manager; and for care at home/housing support services these are (support) worker, supervisor and manager.

This survey complements work which was being undertaken at the same time by Scottish Care in partnership with the voluntary sector member organisation the Coalition of Care and Support Providers Scotland (CCPS). CCPS has carried out a benchmarking survey for 5 years on information about their workforce and how they

benchmark with others in the sector. The survey has this year been extended to include a small number of independent sector providers, through Scottish Care. It covers a wide range of human resource themes, including recruitment and retention. The University of Strathclyde was commissioned to develop and deliver the benchmarking survey. The conclusions of that work closely mirror the findings in this report and are summarised later in this report.

The survey included all independent care home, care at home and housing support services in Scotland which work with older people. This encompasses all members of Scottish Care (the largest representative body of these services), crossing private and voluntary sector provision. They are all services regulated by the Care Inspectorate.

Emails were forwarded to the above services alerting them to this survey and inviting participation. In addition, the survey was featured on the Scottish Care and the Scottish Care (Workforce Matters) websites and in the Scottish Care hard copy bulletin.

The total reach of the survey was approximately **84** individual services. This covered services which employed 176 managers; 420 supervisors, 882 practitioners and 4,598

support workers. A total of **6,076** staff were covered.

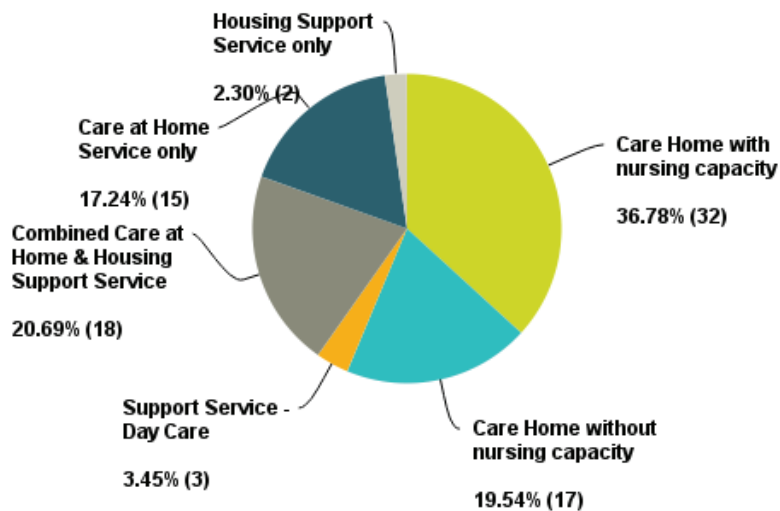
The survey was held over the Christmas period, from November 2014 to end January 2015. It should be noted that at the same time as this survey, Scottish Care was conducting another two surveys with the independent sector and it is possible that this may have limited the level of response. However, it is suggested that the return is likely to be sufficiently representative of the current situation with recruitment and retention in the sector.

Who responded?

1. 101 people completed the survey, of whom 67 described themselves as private organisations and 17 as voluntary, with additional comments categorising a handful of organisations as third sector and/or charities. 17 respondents skipped this first question.
2. Over half were care homes with and without nursing care, 20% provide care at home with housing support and 17% care at home only. Of the remaining respondents, just over 3% provide day services and just over 2% provide housing support only.

Q2 What Care Inspectorate registration do you hold for this service?

Answered: 87 Skipped: 14



1. Respondents are currently operating in all but five of the 32 Scottish Local Authority areas, those without representation in the survey being Comhairle nan Eilean Siar, East Lothian, Moray, Orkney and the Shetland Islands.
2. By far the largest local authority area represented in terms of the number of providers operating in it is Glasgow, with 21, followed by Falkirk with 11. There

is then an even spread of authorities with anything from 1 to 9 providers operating locally and this does not correspond with authority size.

3. The head count numbers of staff employed show that the providers responding to the survey range from small to large, with the numbers of front line staff (support workers and to a slightly lesser degree, practitioners) making up the bulk of the

workforce. Managers were consistently the lowest proportion of staff however the numbers for supervisors varies significantly; a deeper analysis would be required to ascertain if this follows a pattern in terms of service type.

What did people tell us?

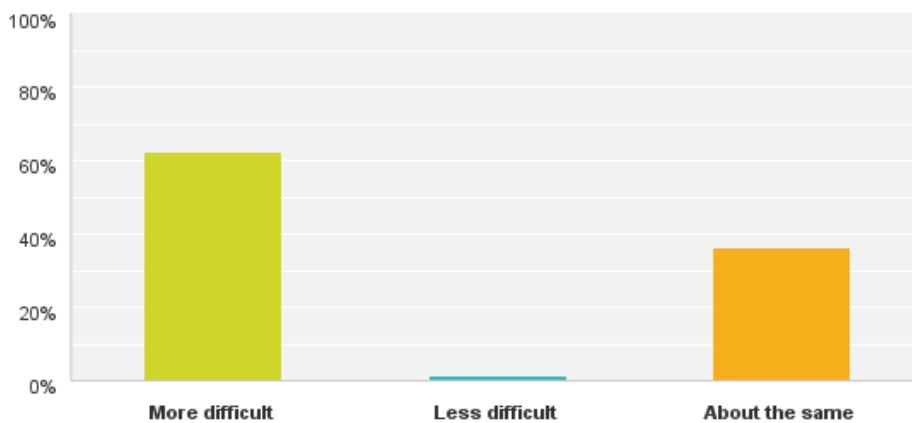
The survey returned a rich set of data. In this section of the report we have divided the responses into the following categories:

1. Recent recruitment experience:

Over 60% of respondents said they had found recruitment more difficult this year than last, with 36% saying it had been about the same and only just over 1% saying it had been easier.

Q6 How have you found recruitment this year compared to last year?

Answered: 80 Skipped: 21



2. Method of Recruitment:

The survey asked respondents to describe both the ways in which they recruited managers, supervisors, practitioner and support workers. There was only slight differentiation evident.

The most popular method of advertising for **managers** is online, closely followed by the press and the job centre with a significantly smaller proportion reporting using their own website and the smallest number using other printed publications. This is virtually the same for the recruitment of **supervisors** except that there

is a slight preference for the job centre over the press meaning that for these two staff roles, the sources are reversed in terms of the order in which they are used.

A wide variety of other sources of recruitment for managers were also listed in the comments section, including internal, word of mouth, leaflets, flyers, social media, bus advertising, recruitment agencies, newsletters and the radio. In addition to all of these methods, supervisors in particular were also recruited from within, being promoted

from support staff.

Methods of advertising for **practitioners** were evenly spread between on-line (60%), the press (65%) and the job centre (65%), with slightly less using their own websites (45%) and the smallest number using other printed publications (18%).

As well as all the same additional methods used for managers and seniors, respondents commented that they also use local shops and open days in the office to recruit practitioners.

For recruiting support workers,

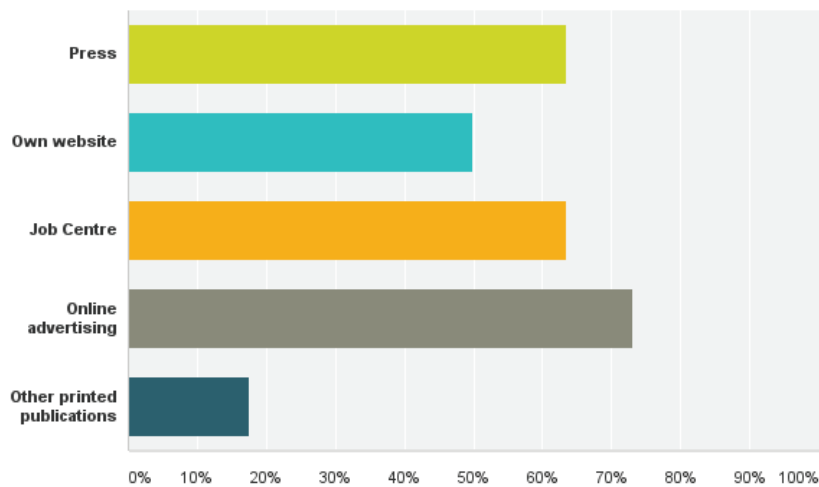
there is an increase in use of the job centre to over 75%, followed by on line advertising (65%), the press and their own websites at 58% and 51% respectively and other printed publications used by 21% of respondents.

In terms of additional sources of support workers, there is a marked difference from the previous questions relating to managers, supervisors and practitioners, with word of mouth featuring far more and new appearances for CVs on file,

local leafletting, recruitment fayres, universities, posters, banners and recommendations by current staff. All of which suggests that organisations need to be far more creative in searching for front line staff.

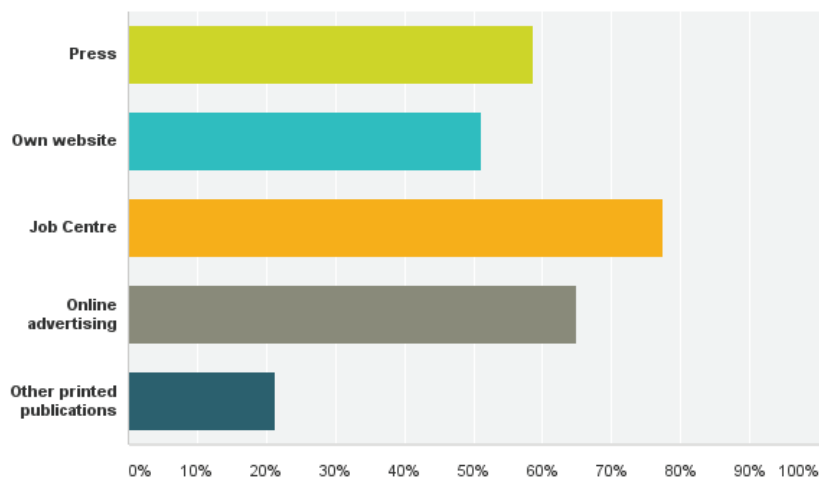
Q7 What methods do you use to recruit MANAGERS? (Tick all that apply)

Answered: 74 Skipped: 27



Q13 What methods do you use to recruit SUPPORT WORKERS? (Tick all that apply)

Answered: 80 Skipped: 21



3. Recruitment source(s)

The survey also enquired as to where applicants came from or were located. 100% of respondents recruit their managers from the UK, with small proportions additionally recruiting from overseas; 13% from the EU and 8% from elsewhere. These numbers were slightly higher for supervisors,

with 100% again recruiting from the UK but the numbers for the EU and elsewhere being higher at just over 20% and 12% respectively.

Figures for where recruits come from is very similar for practitioners, with 100% of respondents recruiting from within the UK and just over 25%

and 11% recruiting from the EU and elsewhere respectively.

The figures for where organisations recruit support workers from are broadly similar to other groups, with 100% drawing from the UK, and just over 26% and 13% respectively from the EU and elsewhere.

4. Use of agency staff:

“Increasingly these agencies have us over a barrel and I’m worried that the more they put their prices up the less people we will be able to work with and support... Something gotta give.”

The survey detailed a marked difference in the use of agency staff depending on the role to be covered, with virtually all respondents stating that they “never” use agency to cover both nursing and non-nursing

manager posts and also non-nurse supervisor posts.

By contrast, around a quarter of respondents use agency cover “occasionally” for nurse supervisor and support worker posts, and around 10% say

they use cover for these roles “regularly”.

Only just over 1% of respondents say they “always” use agency and this is only for support worker or practitioner roles.

“Our staff do overtime where they can to cover the shifts...If we have to use agency workers which cost more than permanent staff that redirects business investment away from other areas. It also means the other staff have to work harder as the agency worker doesn’t know the residents or all of our procedures.”

However it is clear from individual comments in the survey that there is a realisation that the need to increasingly use agency staff was being experienced by providers as the job market improved and as applicants for posts declined

and vacancies remained unfilled for longer periods of time. This increasing sense of concern was heightened by the feeling on the part of many providers that existing staff were being stretched by attempting to cover vacant posts/hours. For

various reasons the majority of respondents believed that an increased use of agency staff were to the detriment of individuals who were being supported, staff morale and organisational development and viability.

“Having to use agency staff reduces the morale of our staff and undoubtedly has an effect on quality and consistency of care. It is not good for the service users as they don’t like change and nor do we. But sometimes we just have no option.”

5. Impact of vacancies:

In response to the question asking about the current impact of non-filling of vacancies on the delivery of service, responses fell broadly into three alternatives in terms of how organisations are managing this on a practical level: 14 respondents stated that this was not applicable or there was **no impact** as they were either fully staffed or had a settled pool of relief staff to draw on to cover vacancies in house; 10 stated that the impact was an increase in agency usage

and the largest group, 24, said that they managed by **giving existing staff additional shifts and overtime.**

The soft impacts of having to manage vacancies again fell broadly into three categories, with those struggling to fill vacancies citing **negative impact on people who use services**, on staff and on the overall business, and these factors are explored further in the narrative section of this report.

The question concerning the impact of ongoing vacancies on the future delivery model for the organisation had responses falling broadly into four areas: reduced service capacity compromising quality and the ability to respond to the needs of service users; risk of staff sickness and burn out and/or good staff leaving the sector; risk to business viability from not going for or having to turn down new work; inability to fulfil contracted hours and spiralling agency costs.

“Existing staff doing too many hours and becoming unwell or working below par due to tiredness is a real issue for us, it impacts on the people we support because it affects our ability to maintain continuity. It also means we cannot add new clients which in turn would make better runs and geographic clusters for staff.”

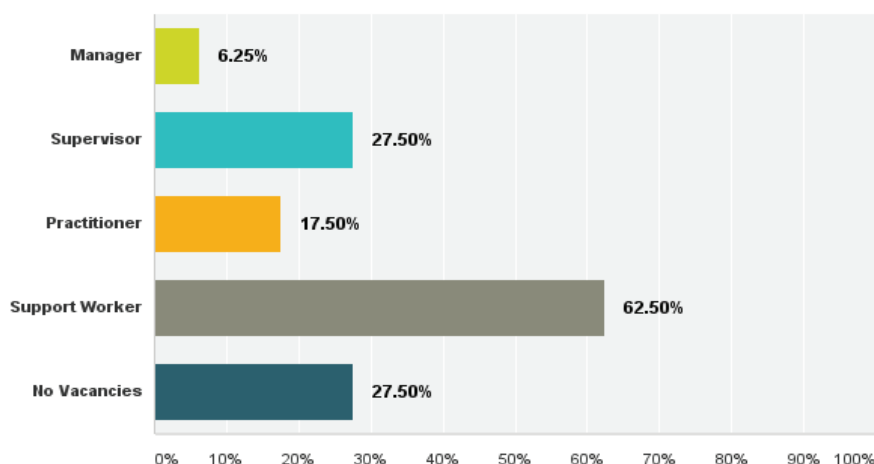
At the time of completing the survey, just over **62% of respondents had support**

worker vacancies, 27.5% had supervisor vacancies, 17.5% practitioner vacancies

and just over 6% had managerial vacancies. 27.5% had no vacancies at all.

Q18 Do you have vacancies? If so, in which categories of staff? (Tick all that apply currently)

Answered: 80 Skipped: 21



Added to this, over 70% of respondents said that they had difficulties filling support worker

vacancies; just over 50% reported difficulties recruiting supervisors, 21% practitioners

and 18% managers.

6. Reason for vacancies:

Asked why they felt they had difficulty recruiting managers, well over half ticked the statement that applicants lacked quality in terms of skills and a similar number ticked that applicants lacked quality in terms of work experience.

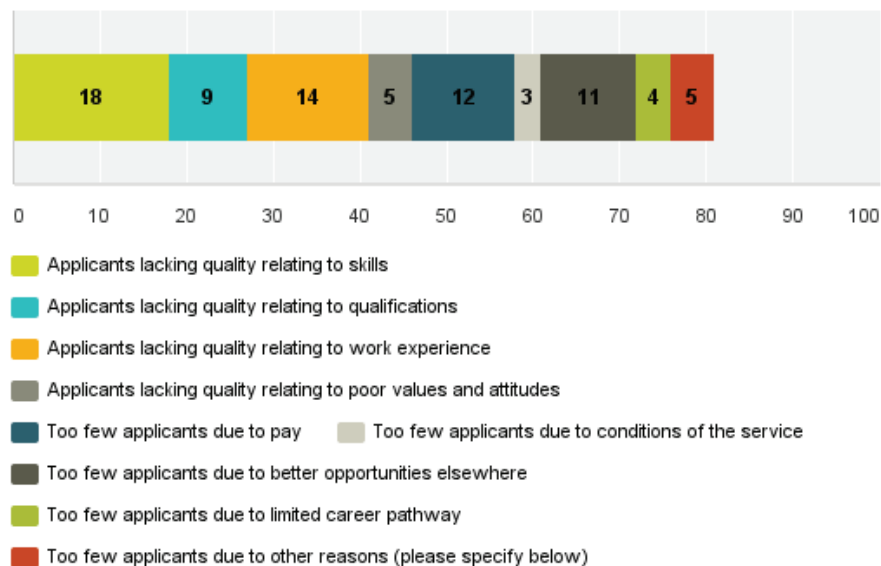
A third of respondents ticked a lack of quality relating to qualifications with only a fifth ticking lack of quality in respect of values and attitude.

Of the other reasons for difficulty recruiting managers,

too few applicants due to low pay or better opportunities elsewhere were rated highest by just under half of respondents, with a much smaller proportion rating the conditions of service or lack of a career pathway as reasons for too few applicants.

Q20 MANAGER VACANCIES - Why do you believe you have these difficulties? (Tick all that apply)

Answered: 27 Skipped: 74



For supervisor roles, **lack of quality relating to skills** was again the top reason, closely followed by work experience, then qualifications and finally attitude and values; these reasons appear in the same order as for managers but with less marked differences, so just over half for skills down to just under 32% for attitude and values.

Over 65% cited pay as the

reason for too few applicants for supervisory roles, followed by better opportunities elsewhere (just under 40%) with conditions of service and limited career pathway again in third and fourth place with 23% and 21% respectively.

For practitioners, the reasons for failure to fill vacancies differ in predominance from the previous two, with lack of quality relating to qualifications

being the highest figure at over half of respondents, followed closely by lack of quality relating to work experience then skills, both still over half, and lack of quality in relation to attitudes and values last with a still significant 33%.

Again the highest reason for too few applicants was **pay** cited by over half of respondents and again better opportunities elsewhere was second with just

over a third of the count. Third was limited career pathway and last was service conditions.

For support worker vacancies, by far the biggest reason ticked

for lack of recruitment was pay, with nearly 65% of respondents feeling that this was the reason for too few applicants. The other reasons for too few applicants ranked similarly to

previous questions, with better opportunities elsewhere at 42%, service conditions (26%) and lack of career pathway (17%).

“Let’s be honest here, would you go for a job which was physically demanding, constantly tiring and sheer hard work when for £2 an hour more you could sit at a till and ring through shopping? Our staff are brilliant but we will continue to lose the best because we cannot compete with the supermarkets...and we at least pay the living wage.”

The ratings for support worker applicants lacking quality were more closely ranked than for other questions, with lack

of quality relating to skills receiving just slightly more ticks than lack of quality relating to attitudes and skills, closely

followed by work experience with qualifications last but still close.

Q23 SUPPORT WORKER VACANCIES - Why do you believe you have these difficulties? (Tick all that apply)

Answer Choices	Responses	
Applicants lacking quality relating to skills	43.86%	25
Applicants lacking quality relating to qualifications	35.09%	20
Applicants lacking quality relating to work experience	40.35%	23
Applicants lacking quality relating to poor values and attitudes	42.11%	24
Too few applicants due to pay	64.91%	37
Too few applicants due to conditions of the service	26.32%	15
Too few applicants due to better opportunities elsewhere	42.11%	24
Too few applicants due to limited career pathway	17.54%	10
Too few applicants due to other reasons (please specify below)	22.81%	13
Total Respondents: 57		

Only one respondent commented on full employment locally being a reason for vacancies at all levels and this provider operates in the Perth and Kinross area.

7. Staff Turnover:

Annual staff turnover statistics varied enormously, from 0 to 57 with the mean figure being **17%**.

More than double said that the **reasons for turnover were negative** (could have been prevented by the employer) than positive (beyond the

organisation's control).

Resignation was by far the largest reason for staff leaving, comprising over 88%, followed by dismissal, then capability/ill health. Significantly lower proportions of leavers were due to TUPE and redundancy, with voluntary redundancy slightly

higher than compulsory. Additional reasons for leaving were retirement, maternity, promotion, relocation, end of temporary contracts and moving into full time study, with retirement the largest group and the others accounting for very small numbers only.

"We have a problem with younger applicants who come into the sector and after a few months realise its hard graft and leave. Those who stick it longer end up leaving because we cannot offer them a career in care."

Of those who left, the largest proportion went into work outside of health and social care, closely followed by people moving into private sector care, the NHS and local authority,

suggesting a certain amount of horizontal movement between providers. A smaller proportion went into voluntary sector social care. Of the "other" destinations given again, the

majority were accounted for by retirement with another significant proportion going on to some sort of study, including nurse training.

8. Length of Service:

Despite all of this, the average length of service for staff currently employed by organisations who participated in the survey was predominantly in the **2 to 10 year brackets**, with a small proportion above ten years. Only just over 5%

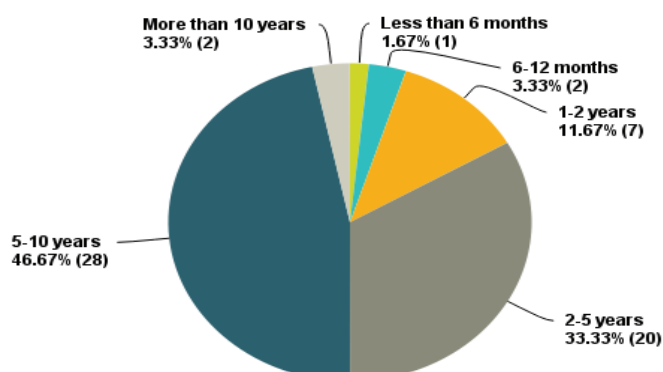
left within twelve months and just over 11% within one to two years.

Asked about the length of service of leavers over the past twelve months, managers are the most likely group to leave

within twelve months, but they also represent the highest proportion of leavers who had been in service for more than ten years, perhaps suggesting that this is a "sink or swim" career option.

Q28 What is the average length of service of all staff currently employed?

Answered: 60 Skipped: 41



Of supervisors who left within the past year the majority had service of between 2 and 10 years.

Support workers show the lowest level of turnover within the first six months of service but are then the highest proportion of leavers with 6

months to 2 years' service, suggesting this is a short term job for many, though coupled with the ongoing destination data, again, a move between services would seem to be a pattern.

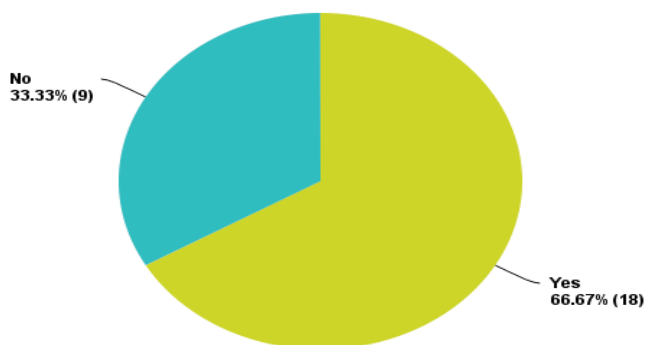
The practitioner role showed the least consistent pattern,

with leavers over the past year having a relatively even spread of years of service though the highest proportion fell into the 2 to 5 year categories.

9. Nurse recruitment:

Q31 Do you have difficulties in filling nurse vacancies?

Answered: 27 Skipped: 74



Of those who employ nurses, just over 66% said they have difficulties filling these vacancies while the remainder said they had no difficulty.

Of those who are having difficulties recruiting nurses, by far the largest proportion – over 68% - ticked "too few applicants due to insufficient supply of nurses" as a reason for this.

The other choices were ranked in descending order as follows: applicants lacking quality relating to skills or work experience, too few applicants due to pay or better

opportunities elsewhere, lacking quality due to attitudes and values, too few applicants due to conditions of service or limited career pathway with the lowest number of ticks for applicants lacking qualifications.

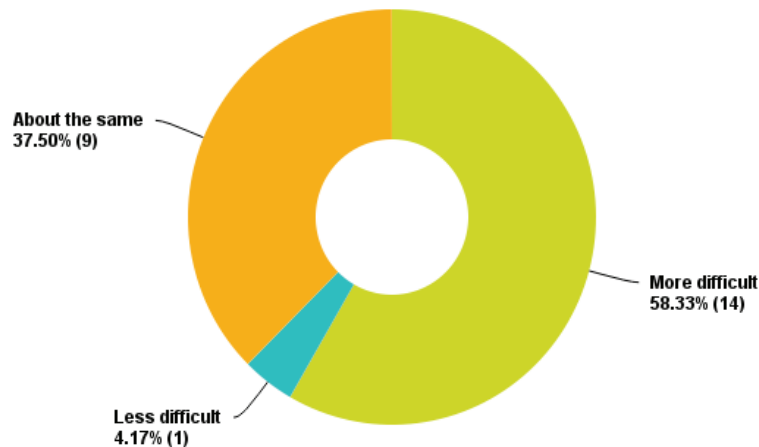
A small proportion of respondents gave additional "other" reasons, including rural location for providers operating in both Highland and Aberdeenshire, and "NHS terms and conditions attract our staff to higher bands."

Around a quarter of the overall number of respondents

completed the section relating to nursing staff. Of those organisations who employ nurses, 58% said they had found recruiting them more difficult this year than last, 4% less so and the remainder about the same.

Q33 How have you found the recruitment of nurses this year compared to last year?

Answered: 24 Skipped: 77



Of those who employ nurses, the majority use the job centre, the press and online advertising to recruit them (80%, 75% and 70% respectively) with 55% additionally using their own websites and only 10% using other printed publications. Of those who added an "other" the majority (4) used recruitment consultants or agencies, 1 used their internal organisational newsletter and 1 was through

personal enquiry.

100% seek nurses from the UK, just over 21% from the EU and only just over 5% from elsewhere. This is broadly similar to other staff roles, apart from the comparatively small proportion recruited from elsewhere.

In response to the question about the impact of non-filling of nursing vacancies on

the delivery of service, the responses were very similar to those for non-nursing staff reported above: risks to quality of care, risks to the morale and health of remaining staff who are consequently over worked, and risks to the business of a financial nature. The only impact which relates specifically to the non-filling of nursing vacancies is of potentially having to change registration status.

"There are simply not enough nurses being trained and those who are trained do not see care homes as an attractive option – it's a last choice."

In response to the question how would the non-filling of nursing vacancies impact on future delivery models, again, there is much read across between these responses and those relating to all staff; deterioration in quality of care, deterioration in the health and availability of existing staff compounding the problem of agency use, inability to fulfil contracts and meet inspection

requirements and finally the potential need to reconfigure or even discontinue services.

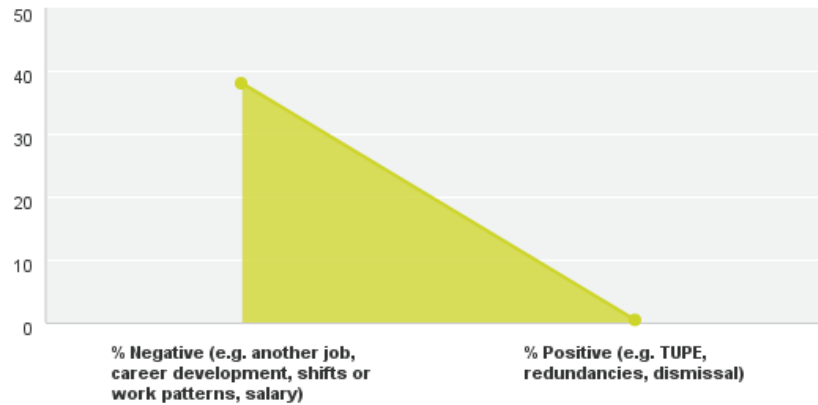
The annual turnover of nursing staff is significantly lower than the average for staff as a whole, with 16 respondents giving figures varying from 0 to 30, with a mean average of 7%.

There is also a stark difference in response to the question about

negative and positive reasons for nursing staff leaving, with respondents stating that the overwhelming majority fall into the former category of leaving for reasons which could be prevented by the employer, and virtually none leave for reasons beyond the employers control. For other staff groups preventable reasons for leaving are higher, but the split is less dramatic.

Q41 If known, from the total nurse turnover figure what is the % breakdown of turnover you could have prevented (negative) and turnover which you had no control over (positive)?

Answered: 9 Skipped: 92



The vast majority of those who resigned went on to work in the NHS, followed by the private social care sector. Lesser numbers went on to work outwith health and social care, with smaller numbers heading for local authority or voluntary sector social care. Of the "other" destinations, three left due to ill health, two to join agencies and one retired.

"We try to keep hold of our nurses but whenever the NHS runs a recruitment drive they target our staff – that's not partnership working. We need to work together."

The average length of service for those nursing staff currently employed shows a relatively stable workforce compared to support workers and practitioners, with the vast majority having been employed for between 2 and 10 years and only a small number having been employed within the past 6 months. Of those nurses who had left the services within the last twelve months, the majority (40%) had been in post between 2 and 5 years, 26% between 1 and 2 years, 20% between 5 and 10 years and 13% between 6 and 12 months.

What are our main findings?

In terms of the difficulties organisations are having recruiting staff, it is clear from the survey that, whether care home or care at home providers, and regardless of where they are in Scotland the majority of social care providers are struggling and that this is **worse this year compared to last**. There is a significant difference in the reasons for problems with finding suitable applicants for support worker roles, with **low pay as the top reason for too few applicants**, followed by a lack of quality relating to skills and by a lack of quality of values and attitudes. There is a **skill and values gap** within the prospective frontline workforce which is more marked than for other roles.

Asked what causes organisations to have difficulty recruiting managers, one of the main "other" reasons stated in the

comments section was the **unsocial hours** required, with one respondent commenting that even when people are told explicitly about what is required at interview and take the job on, unsocial hours is the reason given for leaving just a few weeks into post.

Rurality is a problem particularly for providers operating in Aberdeenshire and Highland, and an unwillingness to take on the level of responsibility management positions require is also

cited by some respondents. These reasons are closely mirrored when considering why organisations struggle to fill supervisor posts, with "other" reasons reported in the comments section again including unsocial hours and rurality as well as the stress of managing staff and "inability to pay the living wage".

One specific comment in relation to nursing vacancies concerned the fact that **"not enough nurses are being trained** and there are too few applicants as they choose the NHS for the benefits which we cannot match." One respondent expressed concern about the "talk from some about it leading to nursing units sharing nurses. We do not support this model and intend to explore assisting good senior carers to train up to take nurse exams."

At the time of completing the survey, **vacancy levels were high** in many of the organisations who participated: just over 62% of respondents had support worker vacancies, 27.5% had supervisor vacancies, 17.5% practitioner vacancies and just over 6% had managerial vacancies, with only just over a quarter having no vacancies at all. Added to this, over 70% of respondents said that they had difficulties filling support worker vacancies; just over 50% reported difficulties recruiting supervisors, 21% practitioners and 18% managers. This suggests a

pattern of understaffing in the social care sector.

With support worker posts accounting for both the largest number of vacancies and the hardest to fill, organisations employ several devices to recruit to these roles. Despite the number of vacancies, from this survey **the use of agency staff is relatively low**. Most respondents "never" use agency to cover managerial (both nursing and non-nursing) and non-nurse supervisor roles, however around a quarter "occasionally" use agency for nurse-supervisor and support worker roles and around 10% "regularly" use agency for these.

The most significant impact of staff vacancies on people who use services was related in the survey to the **lack of continuity of care**, that care is compromised, that gaps in staffing leads to difficulty planning for and/or responding to people's individual needs, with one commenting "*service users do not always get the best from staff when they are tired.*" One respondent commenting on the longer term impact on future service delivery, stated "*standards of care would drop if we did not fill vacancies.*"

However, the negative impact of vacancies on the staff themselves was by far the most repeated amongst the comments, with respondents

stating that staff are overworked or have heavy workloads, are stressed and dissatisfied, have low morale, with several commenting that sick leave has increased as a direct result of expecting too much from staff. One respondent commented how *“increased stress and workload on existing staff leads to more sick leave and increasing strain on staff members who are left.”*

So, whilst it might be suggested in part that there is some avoiding of agency use in order to minimise the impact on service users, an impact is created nonetheless as a consequence of the negative effect on staff. This process of exacerbating the problem is described by one respondent as a vicious circle: *“existing staff doing too many hours and becoming unwell or working below par due to tiredness, and not being able to grow the service by adding new clients - which in turn would make better runs and geographic clusters for staff.”*

Another impact on vacancies for organisations is also being felt for some in relation to the **financial strain** when they incur agency fees, adding to an inability to take on new work and grow the business, potentially leading to long term viability concerns. Respondents' comments about the organisational impact of carrying long term vacancies included difficulty fulfilling

contractual requirements, increased complaints and lower grades in inspections. The interlinking impact on the overall business is summarised by the following comment: *“cancelled services, managers out covering services, continual time spent on rota organising, management tasks not completed like timely supervisions/appraisals, some training gaps as hard to release staff.”*

Broadly speaking the **highest turnover is in support worker level roles**. These are also the hardest to recruit to and so the staff currently working within these roles are the hardest hit by vacancies. This is clearly emerging as a self-perpetuating problem as staff go sick, or become dissatisfied and leave due to feeling unable to fulfil their role well enough. Turnover of front line staff (is a direct threat to quality of care, the ability of providers to respond to new and increased demand and the long term sustainability of provider businesses.

In relation to the reasons behind the high vacancy levels, turnover levels are higher for non-nursing roles at 17% and relatively stable at only 7% for nursing posts. Most significantly, the survey has found that in the vast majority of cases, the **reasons for staff leaving are negative**, which means they result from circumstances which in theory could have been prevented by

the employer, such as people choosing to leave due to unsatisfactory shift patterns, pay or conditions or finding another job. The proportion of cases where the reasons were positive, or beyond the organisation's control (such as TUPE, redundancies or dismissals), was about half that for preventable leavers in non-nursing staff but is virtually non-existent for nursing staff. The question concerning where people moved on to is one of the few not broken down by role, so it is difficult to judge whether dissatisfied staff are leaving the sector all together, or simply moving from one provider to the next.

How does all this relate to other research and policy work?

The growing consensus in research has already been referred to above. This is clear in several areas :

Pay and conditions

Prior to the recession, the low level of pay in the social care sector was a major reason explaining difficulties in recruitment and retention. According to the Low Pay Commission (2008) care is the third largest low-paying sector in the UK economy, with around one million jobs being paid at or around the level of the minimum wage. Surveys of employees in the care sector suggest that the level of pay falls below expectations, given the required responsibilities, skill and emotional demands

¹ The following text was contributed by Prof Ian Cunningham, Strathclyde University, and is considered more fully in Ian Cunningham and Doug Young, The Benchmarking Report for Scottish Care, April 2015,

of care work. At the same time, this issue of comparability with retail is more pronounced among the private sector care providers where pay is lower on average than in the local authority and voluntary sectors (Rubery et al, 2011). Our respondents consistently commented that they are constantly struggling with the retail sector's attractiveness in terms of pay and workload.

A pay enhancement peculiar to the social care sector is payment for travel time. However, recent studies have shown how this is gradually eroding, and how the financial crisis has further narrowed the time necessary for tasks performed (Resolution Foundation, 2015)

These issues have long been seen to be an obstacle to improving recruitment and retention in social care. As the economic recovery picks up, there is evidence of the sector experiencing renewed recruitment difficulties in many areas of the country (Koehler, 2014). Care is seen as having to increasingly compete for labour with sectors that have experienced wage stagnation and are now moving to growth (Resolution Foundation, 2015). Recruitment problems and subsequent skill shortages will impact directly on quality as the sector struggles to recruit sufficient people with the right values, aptitudes and abilities to do the job.

Yet providers are potentially limited in redressing these shortfalls in pay. Social care

exists in a product market dominated by powerful client organisations – namely local authorities (Cunningham, 2008; Rubery et al, 2011). Care providers are strongly reliant on local authority (LA) fees as a source of revenue, which can make the negotiation of subsequent pay increases difficult. The longstanding problem with annual raises in LA fees (adjusted in line with inflation and average earnings growth) generates a major squeeze on providers' income and capacity to pay competitive wages (Cunningham, 2008). As public funding for care has fallen during the downturn, and demand for services has risen, austerity has added to this squeeze (Cunningham, 2011), leading to increasing insecurity for providers and real pay cuts for workers. This is confirmed by the Low Pay Commission which has found that pay in social care has been squeezed more than other low paying sectors.

In Scotland, registered adult care homes have been part of the Care Home National Contract, an agreement on fees reached by Cosla (on behalf of local authorities) and Scottish Care (on behalf of care homes). This continues in the short term, but may be more subject to local health and care partnership negotiations in the future and/or be more brought into arrangements within the aegis of self-directed support. Care at home and housing support is agreed between local authorities and providers.

Fragmenting working time and zero-hour contracts

Another issue influencing the attractiveness of care work and the task of securing employee commitment in the context of recruitment and retention problems is working time. Time shapes the employment relationship in care due to extended and fragmented work schedules. Employers use strict work schedules to focus delivery at high demand. Moreover, in an increasing number of care settings they do not reward or recognise work-related time between periods of high or direct service user demand. Care work is complex and demanding and staff have to manage their work and family commitments as well as extended and fragmented work schedules (Rubery et al, 2015). Moreover, during austerity, providers increasingly have to avoid the costs of care that includes travel and time spent traveling between workplaces.

One of the main tools employers are using to meet such needs are zero-hour contracts.

Health and social care has one of the biggest concentrations at 20% of all workers, compared to hospitality (19%) and retail (11%). Over 60% of care workers were employed on ZHCs in 2011-12, up from 50% in 2008-09. In 2013, 69% of providers of domiciliary care used ZHCs only for their care staff (Adams and Deakin, 2014). Within the Scottish social care workforce, estimates of the permanent (no guaranteed

hours) workforce when combined with the other contract types that may be considered a ZHC (bank, sessional, casual/relief), they comprise roughly 10% of the contracts in the workforce (SSSC, 2014). Much of the fragmentation and irregularity in care work is due to time and task commissioning adopted by many local authorities (Cunningham and James, 2014; Rubery et al, 2015; Resolution Foundation, 2015). Personalisation of social care also is leading to greater precarity in working hours (Cunningham and Nickson, 2011 and 2012).

Turnover

Recruitment problems also occur in parallel with issues with employee retention. Turnover rates are very high for care workers, running at around 22%, rising to 30% in domiciliary care (NMDS 2010). A series of studies reveals some connection between turnover and absence and poor pay and conditions (Devins, et al, 2014), in particular lower levels where the living

wage was in place (Wills and Linneker, 2012). Rising turnover rates are also linked to falling pay and the worsening of other terms (Resolution Foundation, 2015).

Moreover, a review of retention in social care indicates that enhancements such as uplifts for unsocial hours and payment for travel time, along with good training and development and progression structures can have a positive effect on staff turnover (Resolution Foundation, 2015).

Policy context

Such pressures come at a time of new impetus and possible emerging consensus to provide a better deal for the workforce through improving pay and conditions to not only eradicate non-compliance with minimum wage, but to move towards a 'Living Wage' (currently set at £7.85 in Scotland) (Resolution Foundation, 2015).

Overall, the cost of eradicating minimum wage non-compliance across the UK would amount

to £143 million. The cost of introducing the living wage for all frontline care jobs in the UK would increase labour costs by £2.3bn in 2013-14, with public costs (those associated with public services procured by LAs) at £1.4bn. In Scotland the estimated indicative cost would be £231m with gross public costs at £140m (Resolution Foundation, 2015).

At the same time, these costs are predicted to rise as the labour force is anticipated to grow and the living wage is expected to increase to £10.00 per hour outside of London. Given limitations to gain improvements in productivity, much of the added resources is seen to be having to come from public expenditure increases. If achievable, these improvements in pay may offer the sector some opportunity to compete in the labour market. However, as can be seen by the above figures not all of the funding will come from public sources, implying providers themselves will have to find some of the required resources.

“Pressures on pay and conditions and workload impacts on morale, recruitment and on the quality of care and support provided. The economic contribution made by the sector is significant and it is a matter of concern that parts of it have developed a reputation as low-wage/low skill which impacts negatively on the workers and potentially on public confidence. Action to address low pay would enable a more positive narrative to emerge about the sector and encourage people to see it as a good career choice.”

“From this year until 2020 many groups within the social care workforce will start to come within scope of registration with the SSSC for the first time. It is this lowest paid part of the workforce that is not always able to attract high quality staff, leading to increased recruitment activity and costs for employers..... At the same time it is exactly this group of staff who are relied upon by service users and carers to provide some of the most personal care. It is therefore vital that the sector further invests to strengthen the recruitment, induction and continuous professional development of this staff group. Investment is likely to improve outcomes for individuals, reduce costs to employers and reduce cost of the SSSC.”

Social Services in Scotland: a shared vision and strategy 2015 – 2020 (Scottish Government, 2015) states:

Benchmarking research.

Prof Ian Cunningham at Strathclyde University undertook the benchmarking exercise referred to above and this concluded with the thirteen points which closely chime with what we have discovered in our own survey:

1. Employee turnover rates varied greatly between providers and averaged 30%, matching the higher estimate for social care, but several providers were well below even the lowest sector estimate at 22%.
2. Main reasons for employees leaving were issues around no guarantees of work, lack of convenient hours, poor pay, travel time and communication, although some providers did not give us data.
3. The average length of service of those who are leaving suggests some organisations are losing valuable experienced staff through 'negative turnover' related to pay and conditions.
4. The majority of organisations were devoting increased resources to recruitment. The most effective recruitment tools were organisational webpages and other online supports.
5. Recruitment and retention

pressures increasing, showing evidence of worsening situation compared to studies of broader social care sector.

6. Front-line and supervisory posts were the most difficult to fill.
7. Reasons for difficulties in filling front-line posts related to pay and not having enough applicants, competition from other sources such as supermarkets, and insufficient qualifications or skills.
8. For supervisors reasons for recruitment problems included pay, skills and quality of applicants, work experience and not enough applicants.
9. At management level, recruitment problems were attributed to lack of skills, qualifications and too few applicants.
10. Organisations highlighted problems recruiting in particular local authority areas with Highlands, Aberdeen, Dumfries and Galloway and Scottish Borders being the most acute.
11. All organisations reported the resources devoted to recruitment had been relatively stable.
12. The most effective returns from advertising posts came from electronic sources such as their own websites

or other online resources.

13. Recruitment problems were not helped by almost universal difficulties in getting references from other employers once a selection decision was made.

Care Home Context

The manner in which care services are funded is also proving an issue. The main parties in the National Care Home Contract have found it increasingly difficult in recent years to reach consensus on the rates that providers should receive for publicly funded places; debate continues over the contribution of the individual vs. the state; and the difficult economic climate sees the gap between those who have means and those who have little means, continue to grow. Alongside this is the promotion of control and choice for service users via Self Directed Support. This is a hugely positive step towards the personalisation of care in Scotland, and is yet another factor that those responsible for designing, commissioning, purchasing and delivering care need to take into account.

Over the next twenty years, there will be a considerably greater increase in the over 60 population in comparison to the 16 - 59 age group. Clearly, this means there will be greater competition across all areas of the economy for labour resource. The care sector, which already struggles to recruit

in areas of high employment, will face a tougher challenge in making itself an attractive option against other sectors that currently pay better and have a better image, all at a time when there will be more of a need for a strong workforce. It will potentially place a significant strain across the whole system and on the people who depend on care services for their own wellbeing, or that of a loved one.

This can be attributed to falling birth rates in recent years, but aside from the actual demographics, there is the added context of people having to wait until they are 67 and eventually 68 before qualifying for their state pension.

The current care workforce is ageing, with the average age in the sector currently being around 46 years – a key consideration when we consider the physical demands of caring as a career.

In addition there is a significant gender imbalance, with 85% of the care home workforce being female. There needs to be consideration of how to support an ageing workforce to ensure we maximise their knowledge, experience and caring values while accommodating and adapting to a potential reduced physical capacity.

There is no parity for the independent and third sectors in terms of pay or other terms and conditions with NHS or local authority equivalent jobs. Successive downward financial

pressure on settlements and efficiency targets mean reduced budgets to the public sector and a consequent impact on the independent and third sectors. While the National Care Home Contract has seen the application of uplifts

on the weekly rate for care home placements it continues to be the case that this remains a low wage industry and it is also recognised that uplifts are not necessarily passed across to workers as wage increases, given the other demands on the sector.

Care at home and housing support context

In May 2015 Scottish Care published *'Home Delivery: A Profile of the Care at Home Sector in Scotland 2015.'* This independent research highlighted some of the challenges facing the care at home and housing support sector. Amongst other issues it reported that number of hours of care at home provided publicly in Scotland has increased yet despite this over the past decade, more hours of care at home have been provided by fewer staff. The care at home workforce is predominately female, is older than the average of Scotland's working age population, and is largely employed on a part time basis. It recorded that pay rates in the sector are below Scottish average pay rates with a consequential challenge to

recruitment and retention of staff.

Conclusions

With 101 respondents covering all but five of the 32 local authority areas, this survey gives a reasonably comprehensive spread of organisations working in adult social care across Scotland, and as such it might be suggested that the difficulties expressed in the survey with regard to recruitment and retention of social care and nursing staff working in the adult social care sector are likely to be being experienced by the sector at large.

Evidence from the survey around recruitment and retention of the workforce indicates there is a fundamental challenge around the lack of value of care sector workers at all levels, specifically at the frontline and particularly in relation to the adequacy of remuneration and terms and conditions. These twin issues are summed up by one respondent's comment: *"not seen as a positive career, unable to pay realistic rates for the role."* The challenge of poor terms and conditions goes beyond the living wage issue and directly impacts on the ability of providers to deliver quality, person-centred services to individuals.

It is clear from the responses to this survey that the recruitment and retention of staff in Scotland's independent care home, care at home

and housing support services present challenges at the present moment, and for the most part these are significantly greater this year than last. It is also clear that there are particular developing challenges in relation to the recruitment of nurses and managers and the increasing use and cost of agencies.

There is a transparent need, set against the challenging context we face, to ensure the social care sector is a career pathway of choice so that it can attract people with the skills, values and behaviours desired to look after and support some of our most vulnerable citizens. Current projections suggest a need to significantly increase and retain the number of people entering the sector to meet increasing and evolving need. At the same time, the demography of a decreasing working age population with greater competition for workers across the lower paid end of the employment market is recognised as a significant challenge in relation to the availability and sustainability of the workforce.

However challenging it is in the context of public sector

finance in Scotland, the issue of salaries, terms and conditions of employment and parity across the whole social services workforce, needs to be part of the much wider debate on how we care for and support older citizens. The increasing use of agency staff and the difficulties in recruiting nurses into the sector demonstrate the real threats to the quality and viability of service delivery which have an immediate effect on some of our most vulnerable citizens.

With the current focus on the integration of health and social care there is an opportunity and challenge to ensure that real partnership working results in positive outcomes for all who use supports and work in services. Joint Strategic Commissioning Plans should include, as part of their needs analysis, a scoping of the workforce issues in the care home and care at home sector. This scoping should include an analysis of skills and training requirements and gaps, issues of recruitment challenge and gaps and opportunities for role and career development. This analysis and workforce planning needs to be conducted both at a local level to address

distinctive local, short-term and geographical challenges but also at a national level to tackle systemic and national threats.

There would be a real benefit in the development and testing of a national workforce planning tool for the care home and care at home sector and in addition that research is undertaken on the level of burn-out and work related stress experienced by staff in care home and housing support/homecare settings, and that models of supervision and support are developed to address these.

Social care support is a major human service within Scottish society and this research has underlined the very human impact on hard-pressed and overworked staff and their families within the independent sector. Talented individuals are burning out or leaving the sector because of a lack of directed resource and support. This is a haemorrhaging of talent we cannot afford to allow to continue not least because it further limits our ability to recruit. We need to attract good people into the sector and then manage to hold on to them.

"I love my job but I hate the way I am made to feel because everyone values what they do by what they are paid. I love spending time with people and helping them live their life... just want a bit more for myself. Not much."

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**To discuss this report further, please
contact:**

Scottish Care
54a Holmston Road
Ayr
KA7 3BE

☎ 01292 270240

✉ enquiries@scottishcare.org

🌐 www.scottishcare.org

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The voice of the independent care sector in Scotland