Scottish Care
Voice of the independent care sector

The 4 Rs

the open doors of recruitment and retention in social care

Contents

Foreword

'A career in care is not the same for everybody but it needs to be available to everybody'.

This report captures the employment journey of so many committed, dedicated and skilled individuals of different ages, backgrounds and experiences working in care homes and care at home organisations across Scotland. The 4 Rs - recruitment, representation, regulation and retention – provides us with a framework designed to explore the experiences of the workforce and in doing so, encourage us all to think differently about transforming the way we enable care provision and the people who deliver it to grow and flourish.

To make this a reality however, we have to consider the 5th R – reality.

- The reality of trying to develop, train, qualify and lead a workforce against a backdrop of task and time commissioning, fifteen minute visits and the persistent denial by policy and decision makers of the true cost of delivering dignified, person led, preventative care and support to older citizens across the country in care homes and care at home organisations.
- The reality that the potential of health and social care integration is yet to be realised in Scotland and we continue to see the confliction of a health or social care workforce.
- The reality that a largely unappreciated and undervalued social care workforce, delivering compassionate care to individuals with multiple complex mental and physical illness, is at breaking point.
- The reality that fewer people are choosing to work within the sector, and more people are leaving.

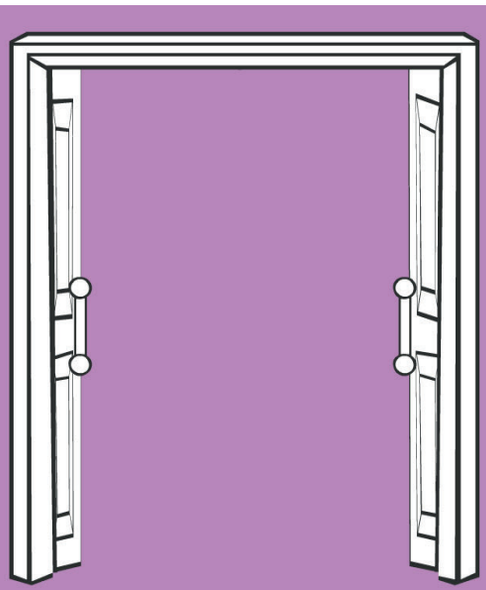
Only by acknowledging these realities and working together to develop solutions in a meaningful way will we have any chance of developing a rights-based, dignified social care system for the tens of thousands of older people receiving care in their own home, or in a care home.

The 4Rs provides a structure and a foundation to work in partnership with employers, front line workers and stakeholders across the health and social care landscape to do something different, ambitious and brave – operationally and strategically; tinkering around the edges simply won't suffice.

Let's all of shut that door through which dedicated and skilled individuals are flooding out from, and create conditions where people enter, stay, develop and thrive.

We look forward to working with you all.

Katharine Ross
National Workforce Lead, Scottish Care



introduction

Throughout 2017, recruitment and retention challenges intensified for care homes, care at home and housing support organisations throughout Scotland. With the demand for adult social services increasing, how can providers best attain the new National Health and Care Standards, meet regulatory and registration qualification requirements and attract and retain a dedicated, compassionate workforce in 2018?

This piece of Scottish Care workforce research aims to explore some of these questions through sharing the experiences of independent sector providers, owners and managers of care services in Scotland.

Context: the challenges

The challenges facing the independent social care sector in relation to workforce are well documented, not least by Scottish Care. What's more these challenges are extremely wide ranging as evidenced in Scottish Care's recent research reports.

The *Supporting Solace*[1] project, including the *Trees that Bend in the Wind*[2] report, served to highlight some of the emotional demands placed on social care staff through the delivery of complex, skilful care and that palliative and end of life care is increasing as a core part of their provision. However, it also highlighted that

[1]Available at: http://www.scottishcare.org/innovation/supporting-solace/

[2]Scottish Care (2017) *Trees that Bend in the Wind: Exploring the Experiences of Front Line Staff Delivering Palliative and End of Life Care:* http://www.scottishcare.org/wp-content/uploads/2017/02/PEOLC-Report-final-.pdf

[3]The Scottish Government (2017) *Social Care Services, Scotland, 2016*: http://www.gov.scot/Publications/2016/11/8311

[4] Scottish Social Services Council (2017) *Scottish Social Service Sector: Report on 2016 Workforce Data: http://data.sssc.uk.com/images/WDR/WDR2016.pdf*

training in this crucial and demanding area of care is often inadequate and that the 'tree that bends' (an image from one of the workers to describe their role) is in danger of breaking unless front line care staff are adequately supported.

Independent sector home care services support 47% of the nearly 50,000 people who receive this form of support, over half of whom are frail older people[3]. This sector is crucial in supporting people to stay at home for as long as possible and, along with care home services, in preventing admission and supporting discharge from acute settings. It also employs nearly 47,000 people[4].

Scottish Care's *Bringing Home Care*[5] research showed that the continuation of time and task commissioning of home care and the stripping out of preventative, relationship based care is negatively impacting on individuals and staff and results in people requiring more intensive forms of support more quickly. In other words, it has led to a focus on 'crisis care'. Member data incorporated in the report highlighted that over one third of publicly funded care packages were commissioned for visits lasting under half an hour. This seems to impact the workforce too, with only 11% of home care organisations having no staff vacancies, 90% of organisations having difficulty filling support worker vacancies and one third of the total number of home care staff leaving their employer every year.

Nearly 33,000 residents are supported by independent sector care home services any night of the year, with 62% of these residents requiring nursing care and 62% having a diagnosis of dementia[6]. In reality, the numbers of people living with a form of dementia in a care home is likely to be much higher, and many individuals require intensive support even if this is not clinical in nature. A number of Scottish Care members have told us that they are running a mini hospital, not a care home due to the complex needs of residents. They play an extremely important role in supporting people in their communities, particularly those who five years ago would likely have been would have traditionally been supported in a hospital setting.

However, the sector is experiencing a severe recruitment and retention crisis. Care homes employ almost 5,000 nurses (approximately 10% of the total nursing workforce in Scotland) but data included in Scottish Care's I*ndependent Sector Nursing Data*[7] report suggested that there is a care home nurse vacancy level of 31% - up from 28% in 2016.

Approximately 6% of the care home workforce originate from the European Union and a further 6% from other countries. In relation to nurses, this EU figure increases to nearly 8%. Inevitably, Brexit will therefore have a significant impact on the care home sector labour market.

Scottish Care's *Care Home Workforce Data*[8] report illustrated that over three quarters of our care home members have staff vacancies that they are struggling to fill. In terms of retention, our data indicates that the average turnover figure is 22%. In 2015, this figure was 17% so this demonstrates a worrying trend.

The *Fragile Foundations*[9] report is based on research with front line care staff to explore the mental health of the social care workforce and the people they support. The findings show, among other things, that there is immense pressure on the mental health and wellbeing of the social care workforce. The report uses the analogy of a Jenga tower to illustrate how more and more demands are being placed on social care services and their workforce whilst

[5] Scottish Care (2017) *Bringing Home Care*: *A Vision for Reforming Home Care in Scotland:* http://www.scottishcare.org/wp-content/uploads/2017/05/SC-Bringing-Home-Care-FINAL-LoRes.pdf

[6] ISD Scotland (2017*) Care Home Census 2017:* http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census

[7] Scottish Care (2017) *Independent Sector Nursing Data 2017*: http://www.scottishcare.org/wp-content/uploads/2017/11/Nursing-Survey-Data-Report-Nov-2017.pdf

[8] Scottish Care (2017) *Care Home Workforce Data Report 2017*: http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census

[9] Scottish Care (2017) *Fragile Foundations: Exploring the Mental Health of the Social Care Workforce and the People they Support:* http://www.scottishcare.org/wp-content/uploads/2017/11/Mental-Health-Report-November-2017-.pdf

[10] Scottish Care (2018) *Care at Home Contracts and Sustainability Report 2018*: http://www.scottishcare.org/wp-content/uploads/2018/01/SC-Care-at-Home-Sustainability-report-2017.pdf

at the same time, the foundations of support and resilience are being eroded by cuts and a continuing deficiency-based and task-oriented approach to planning and commissioning care. This is creating huge levels of instability, both in the viability of services and in the mental wellbeing of care staff and individuals receiving support, and is leading towards the very real possibility of collapse.

In January 2018, Scottish Care issued a report on the sustainability of the home care sector[10]. Our survey data highlighted that 86% of services are concerned about their sustainability in 2018, with nearly a quarter extremely concerned. This compares extremely negatively to early 2017, when over three quarters felt reasonably or very confident of maintaining their service provision over the year. The challenge of recruiting and retaining staff is the main reason why services feel they may not be able to sustain care delivery.

It is essential that we therefore start to see a better understanding of the realities and challenges facing the independent social care sector workforce.

Context: the changes

Recent years have also seen significant changes for the social care workforce, particularly in terms of regulation and pay mandates.

Registration of the social services workforce began in 2001 through the Scottish Social Services Council and is described on their website as follows:

"The SSSC Register was set up under the Regulation of Care (Scotland) Act 2001 to regulate social service workers and to promote their education and training.

"Registration is a major part of the drive for higher standards in social services and is bringing the social service workforce in line with other professional colleagues. Nursing, medicine and teaching are all regulated professions and workers have to register with their own regulatory bodies to be able to work in their field. Social service workers have to do the same.

"Registration of social service workers has an important role in improving safeguards for people using services and increasing public confidence in the social service workforce." [11]

The registration process has been phased and commenced for the care home sector in 2006, first for managers before extending to supervisors and including all staff by September 2015. The same process began for the care at home and housing support sectors in 2011 and since October 2017, has included all staff working in a caring role in these services. The deadline for all workers in housing support and care at home services to be registered is 2020, but all new workers in any parts of the social care sector have to gain registration within six months of taking up a post. From the point of registration, individuals are given a set period of time within which they must achieve the qualification level required for their role. This deadline is usually determined to be within the first five years of registration but can be shortened by the SSSC in particular circumstances.

In terms of the detail of registration, it requires individuals to complete online documentation (including supplying employment, criminal, education and health information), secure endorsement of their application, pay annual registration fees (ranging from £25 for support workers to £80 for managers since 1 September 2017) and commit to obtaining the required level of qualification within an agreed period of time if these are not already held. In general terms, these qualification requirements are SCQF Level 6 or equivalent for support workers up to a SCQF Level 9 practice qualification plus a Level 10 management qualification for managers of services.

Registrants are also required to complete specified levels of post registration training and learning (PRTL) over a five year registration period, which ranges from 10 days or 60 hours for support workers, to 25 days or 150 hours for managers.

[11] Available at: http://www.sssc.uk.com/registration/what-does-registration-mean/about-registration (Accessed 07/03/18)

[12] http://www.sssc.uk.com/fitness-to-practise

Furthermore, since November 2016 a 'Fitness to Practise'[12] process has been in place to assess and monitor the suitability of an individual's employment in a caring role. This process replaced a model which was premised on identifying malpractice towards a more holistic assessment of someone's capacity to undertake the care of vulnerable people in a safe and effective way. It is based on someone's character, conduct and competence. It places responsibility on employers, colleagues and others to identify concerns relating to someone's fitness to practise and to report issues to the SSSC, who undertake an investigation process and hold panel hearings before making decisions about the implications of this for the individual in question – ranging from no action, to conditions on their registration to removal from the SSSC Register whereby that person can no longer be employed in care roles.

In terms of changes to the care environment in which staff operate, recent years have seen a positive move towards person centred care and a human rights approach to ensuring choice and control are at the centre of the care experience. This is encapsulated in the new *Health and Social Care Standards*[13], which will be implemented from April 2018 and will represent a shift in the way services are designed, delivered and inspected.

The Scottish Living Wage has also had a considerable bearing on the social care workforce and on providers. Care services are now obligated to pay any staff regardless of age, experience or job role (providing it involves front line care delivery) a minimum of £8.75 per hour. This has represented a positive move by the Scottish Government towards better recognition of this workforce yet has not been without its challenges. Scottish Care and its membership have warned about the unintended consequences of this policy, both in relation to the upholding of pay differentials between staff based on experience levels, responsibilities, learning and training achievements and in terms of simply raising the minimum pay requirement in a way that doesn't alleviate competition with other employers or meaningfully raise the status of working in care. What's more, there have been significant questions over the adequacy of funding to truly meet the cost of implementing this change, with 42% of Scottish Care's care home members[14] and 49% of home care members[15] indicating that they believe paying the Scottish Living Wage makes them less sustainable as an organisation. Additionally, Scottish Care has evidence that although there has for instance been an increase in annual fees for the care home sector through the National Care Home Contract – some 13.8% over the last three years - the actual increase in staffing costs within the same period has been between 22 and 26% for the average provider. Therefore the introduction of the Scottish Living Wage, because it has not been fully funded, has had a detrimental financial effect on providers.

These changes are all being undertaken in an integrated landscape of health and social care. Whilst it is recognised that there are examples of good local integrated practice across Scotland, nationally there remains work to be done to ensure that we don't continue to have a health or social care workforce operating in a health and social care sector. As one means of addressing this, a second phase of the *National Health and Social Care Workforce Plan*[16] has been developed to support movement towards integrated workforce planning across the entirety of the support landscape in Scotland. In recognition of the challenges facing social care in particular at present, the plan sets out seven recommendations. These include:

- to promote social care more widely as a positive career choice,
- to develop and enhance career pathways across an integrated landscape, and
- to ensure that training and education is conducive to the development of a flexible, confident and competent workforce.

[13] Scottish Government (2017) *Health and Social Care Standards: My Support, My Life:* http://www.gov.scot/Publications/2017/06/1327

[14] Scottish Care (2017) *Care Home Workforce Data Report 2017*: http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Census

[15] Scottish Care (2017) *Bringing Home Care*: *A Vision for Reforming Home Care in Scotland:* http://www.scottishcare.org/wp-content/uploads/2017/05/SC-Bringing-Home-Care-FINAL-LoRes.pdf

[16] Scottish Government (2017) *National Health and Social Care Workforce Plan Part ² – a framework for improving workforce planning for social care in Scotland:* http://www.gov.scot/Publications/2017/12/2984

It is hoped that this report can contribute towards the progression of these recommendations by suggesting some practical actions, as suggested by those who are at the sharp end of experiencing the real impact of these challenges and changes.

The 4 Rs

All of these challenges and changes amount to particular experiences of both employing and being employed in independent social care services. It means that the employment journey is complex and evolving for all involved at each stage of the 4 Rs:

Recruitment – just getting people in the door is proving to be extremely difficult for care providers seeking to employ new people. We therefore want to unpick some of the reasons why these challenges exist. How people become aware of care vacancies and are enabled to apply for roles is an important area to understand and even before this, how people conceptualise careers in care and the value of such work. Additionally, we want to explore some of the characteristics and trends emerging and changing in applicants to care posts, as well as how care providers experience the process of converting recruitment processes to employment. We want to know if the role of social care staff is evolving to meet the growing expectations of the role, and if we are attracting the right staff.

Representation – Once someone has successfully gained employment in a care service, they are required to become familiar with the professional standards by which they must operate. For care services, these include the SSSC Codes of Conduct and the Health and Social Care Standards. Additionally and of particular focus here is the Fitness to Practise process, which from pre-employment and on a continuing basis will govern how employers and employees understand and assess individual practise and capabilities. We therefore want to learn how the shift to this process since late 2016 is being experienced in care services and if it is deemed to represent a more positive, proportionate and holistic approach to safeguarding.

Regulation – Again from the point of employment and throughout, regulatory processes play a significant role in the experience of both employers and the social care workforce. Given registration through the SSSC is still a relatively new feature of working in care homes, care at home and housing support services, it is interesting to examine the challenges and opportunities this creates and how it is valued by those working in care delivery. Whether joining the register as a means of validating existing skills and professionalism, undertaking qualification requirements or keeping training and learning up to date registration is now an all-pervasive element of working in care in 2018. We wanted to know how that translates to the employment experience, given we are at a stage whereby many care home employees are likely to be reaching a stage of their registration whereby they need to be at or nearing completion of qualifications and at the same time, care at home and housing support employees are experiencing registration for the first time. We also wanted to explore the relationship between SVQ qualifications and improved outcomes for people who living in care homes or receiving care and support in their own home.

Retention – At the other end of the employment journey is the question of how to retain someone in a care service, given what we already know about the demands, pressures and often low status of this type of career. What's more, we want to understand when and why people choose to leave the care sector in order to see what opportunities exist to support better retention. Yet equally importantly we seek to explore what supports can encourage committed individuals to stay working in the sector and to have a fulfilling career path in spite of the well-articulated challenges, and what benefits employers can offer their staff beyond financial rewards, as important as these are.

How we developed the report

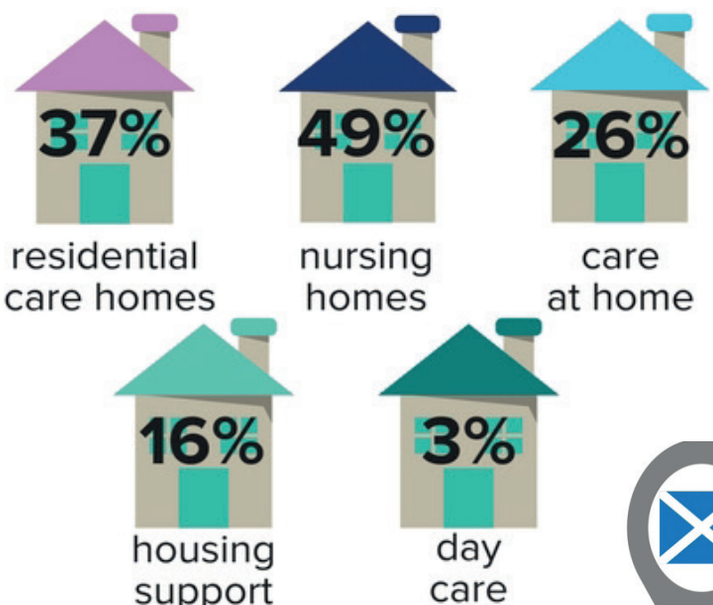
This report is based on survey data collected from 90 organisations operating in the independent social care sector, all of whom are members of Scottish Care.

This survey did not look for comprehensive data about care services and their workforce but instead asks respondents to provide qualitative information about their experiences, thoughts, ideas and solutions relating to recruitment, retention, regulation and representation.

Whilst not a statistical research body, Scottish Care has produced a number of reports and briefings in the last 18 months which have illustrated a range of facts and figures relating to the independent social care sector and its workforce. These have largely been produced in recognition of the lack of detailed data available on this crucial part of the health and social care sector, other than that published by the SSSC on an annual basis.

In light of this, we decided to collect people's experiences in order to supplement the existing data and to consider a solutions focused, partnership approach to addressing the very real workforce challenges facing the independent social care sector.

Of the 90 respondents, there was a range of experience across service types and geography including those who operate multiple services across Scotland.



of the total number of individuals employed in the independent care home, care at home and housing support sectors represented

All areas of Scotland represented through responses other than Orkney, Shetland & Western Isles

We believe this report provides a detailed and important depiction of experiences which are crucial for all partners with a stake in the delivery of high quality health and social care to understand better. However, we are clear that this report is not a complete picture of the realities but is instead a first step into exploring how changes and challenges impact on the delivery of care and particularly on the workforce. It should be supplemented by further work to capture the experiences, thoughts, ideas and solutions of the front line workforce and to undertake more in-depth research and analysis of the findings it presents and further questions it poses. Scottish Care will endeavour to progress this throughout 2018, but it importantly requires wider buy-in and partnership in order to meaningfully build on areas of positivity and resolve the worsening workforce crises in the sector.

Since 2015, Scottish Care members have told us that they are struggling to recruit people into care roles and we have regularly published statistics relating to these difficulties. They have shown a concerning trend of increasing challenge, to the point where we now speak of a recruitment crisis with worrying vacancy rates in a vast number of care home, care at home and housing support services.

Applicant characteristics

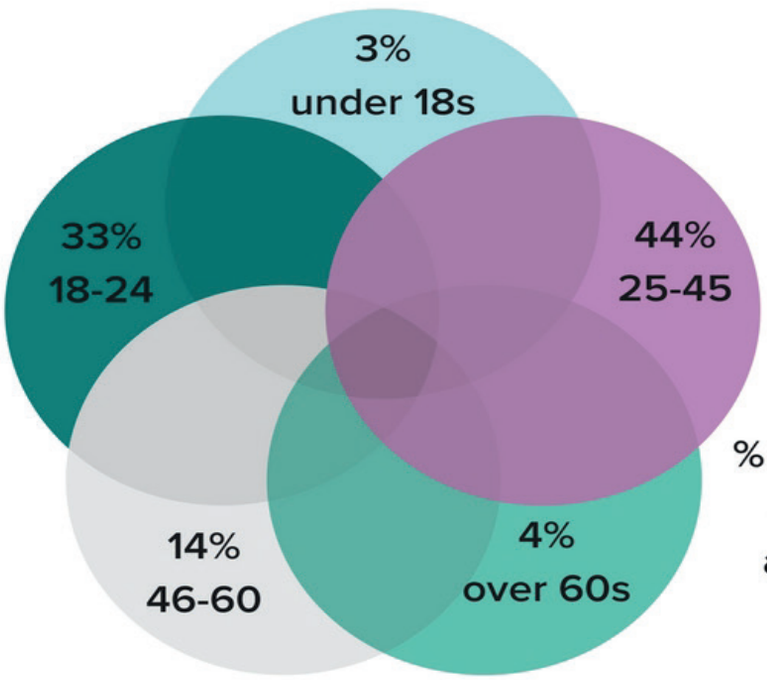
In examining recruitment, we were therefore keen to understand what employers are seeing in their applicants and what their motivations and background are. The danger is that we have a misplaced assumption about who is seeking employment in the care sector and that we are therefore not recognising or enabling other groups to apply for jobs, or are unintentionally creating other barriers to supporting wider access to a career in care.

In terms of gender, respondents indicated that an average of 84% of job applicants in the last year have been female. This is closely aligned to the gender split of those already working in care home, care at home and housing support services in 2016, where 82% of employees were female. Whilst it is encouraging to note that there doesn't seem to be a significant drop off between men applying and gaining employment in care, we continue to see a dearth of men working in care. It is assumed that this largely relates to the continuing cultural perception of care as predominantly 'women's work', which also influences societal status and pay levels attached to roles in this sector hence creating a vicious cycle when faced with trying to progress gender balance. However, it would be helpful to undertake further analysis into this assumption with partner organisations, and to consider

developing materials to raise awareness of the opportunities available to women and men working in care settings.

Similar trends were also observed in considering the working hours sought by applicants, with a mix of those seeking part time employment (28%) and 37% looking to obtain a full time position. However, over a third (34%) of respondents remarked on the mix of contracts and hours applicants looked for, so it would appear that one of the benefits of employment in the care sector is the opportunity and flexibility it offers for people. This seems to be particularly valuable for those wishing to fit work around school hours or other familial or financial commitments and is reflected in the fact that just over half (51%) of those employed in social care have done so on a part time basis.

When examining age, respondents were asked to reflect on changes they had seen in the last twelve months in relation to the average age of those applying for care roles; more specifically, which ages groups they had seen increases in applications from.



% respondents who have seen an increase in applications across different age ranges

From the results, it is interesting to note that providers have seen an almost 20% increase in those over the age of 45 applying for care vacancies. This highlights that the particularities of working in the care sector can be of real attraction to individuals later in their working lives. Again, it would be positive to undertake further research with members of the recently employed older care workforce to understand their motivations for pursuing a career in care.

At the other end of the scale, it would seem that there is very little increase in young people applying for care roles but it would again be interesting to unpick this further to better understand the proportion of school leavers joining the care sector. For now, it serves to highlight an existing gap around the tracking of employment trajectories for those of school age. It may be beneficial to progress further work around the existence and quality of education and awareness in secondary educational facilities relating to the promotion of social care as an attractive career.

These figures also suggest a need to review if the Modern Apprenticeship framework as a route into care and as a means to undertake an SVQ qualification is the most appropriate, particularly if the reality is that we have an older workforce. The financial arrangements associated with Modern Apprenticeships also need further exploration to ensure they are compatible with living wage expectations, and indeed employers' regulatory requirements.

What's more, previously collected anecdotal evidence has shown that many older people receiving care are not always comfortable being cared for by 'younger' people, and providers have stated that they are looking for people with a mature outlook and lived experience. Added to

this, some providers have anecdotally said that to bring in a 17 year old, for example, on the Scottish Living Wage can damage morale of experienced staff on the same wage and counter-act the positive effects of this pay increase.

Existing experience and qualifications

Given the education and training requirements associated with registration of the workforce, we were interested in exploring what relevant experience and qualifications, if any, applicants to posts in the social care sector tend to come with. Notably, respondents indicated that whilst they continue to see a mix of applicants, the majority have some experience of working in health and social care. This suggests that there is a lot of fluidity of employment within the social care sector and that quite positively, those who have some knowledge of the sector are choosing to remain working in it – at least for a period of time. It is also important to note that around a third do not have experience, so there is some continuing inward migration into the sector. It should be recognised, however, that this accounts solely for applicants rather than those successfully gaining employment or being retained in the sector and this report will go on to examine some of the challenges associated with these areas.

Conversely, over half (56%) of applicants do not hold health and/or social care qualifications. In fact, less than 20% of respondents could say that the majority of their applicants had relevant qualifications. Whilst this does not account for other qualifications or experiences that an applicant may have, it might imply that those applying for jobs – particularly those who do have health and social care experience – are at an earlier stage of their career in care. In terms of implications for employers, these figures suggest that the majority will be supporting a significant number of employees to obtain the required levels of attainment for their SSSC registration.

Recruitment difficulties

Whilst examining the trends and characteristics of social care applicants is valuable in understanding the general profiles of who chooses to seek employment in this sector, it does not tell us about the quality, numbers or successful appointment of candidates. Undoubtedly, more work needs to be undertaken to explore this area further. However, what this survey data does tell us is the experience of employers in recruitment processes. Unfortunately, this does not paint a positive picture with 79% of respondents telling us that they have found recruitment even more difficult over the last 6 months. This builds on a concerning trend – each time we have asked this question of members in the last three years, the statistics of those experiencing difficulties worsen.

We therefore sought to delve further into the reasons employers believe they are continuing to struggle with recruitment of care staff, particularly given the ambition of recent initiatives such as introduction of the Scottish Living Wage to raise the status and appeal of care and continuing endeavours by organisations such as Scottish Care and the SSSC to promote careers in the sector. The findings were a combination of both expected and unexpected factors.

The most prevailing theme in the responses was the shortage of nurses, with these respondents tending to indicate less challenge with recruiting care staff compared to the significant issues they face filling nurse vacancies. This is reflective of the ongoing nursing crisis in social care, which Scottish Care has been warning is continuing to worsen despite partnership efforts to address the challenge. It is extremely positive that the Office of the Chief Nurse within Scottish Government has recently announced a record intake of new student nurses for 2018/19 and this will go some way to resolving the issue of an overall nurse shortage. However, the nature of this solution means that it does not lessen the need for urgent additional resolutions with more immediate impact. It also does not diminish the necessity to focus especially on supporting nursing in social care settings, in order that we do not lose the ability to provide on-site, high level clinical support in our communities' care home services.

Obviously the first theme only relates to nursing home services and it is therefore important to consider the key reasons for recruitment difficulty identified by those operating residential care homes, care at home and housing support services too. This produced more surprising results, with the second most common challenge considered to be the response to job adverts received by employers.

"You get people who submit application forms/CVs. Some drop out before interview, a lot don't turn up for interview and then when offering posts, some are pulling out at this point – so from a good number of applicants you are left with only a few."

13 of the 90 responses focussed specifically on this issue, which seems to point to issues from the very first stage of the recruitment process. Respondents reflected on what appears not to be a lack of interest but either a lack of genuine intention to take up care posts amongst applicants (which seemed to be predominantly linked to those applying through Job Centre routes) or a breakdown in communication and understanding about what these posts entail. This results in people declining offers of employment or not appearing for additional recruitment stages. This is leading to the disproportionate use of resources amongst employers, whether that is time, energy or finances, for recruitment processes in relation to the outcomes of these. It can also increase reliance on the use of agency staff to plug workforce gaps whilst protracted recruitment processes are undertaken, often at exorbitant cost. It highlights that despite the fact that numbers of applicants for positions in care can remain quite high, this can prove to be misleading given that there is actually a shortage of individuals of the required calibre and motivation gaining employment.

Equally, respondents identified employment competition as a contributory factor in recruitment difficulties, particularly in areas where unemployment levels are low including cities such as Edinburgh or in rural areas where the recruitment pool is smaller.

"People get paid more to stack shelves in Tesco than to provide care."

"Competition from the local hospital and large supermarket chains which can offer better terms and conditions."

"People who wish to be in this line of work are already working. People choose other lines of work first."

"Our home is on an island. People interested in care work either work in the hospital, here in our home or in home care. This makes it difficult to recruit as we are all looking for the same staff."

All of the responses pointed to a difficulty in competing with other sectors and industries in terms of pay, terms and conditions or status. It can therefore be extremely difficult to position the social care sector as a positive option, particularly when combined with the demands of the job which were also highlighted as a recruitment challenge. It seems to suggest that the introduction of the Scottish Living Wage has not helped to address the inequality that exists between social care and other sectors in terms of workforce reward. In total, 26% saw wages, competition and terms and conditions as factors inhibiting recruitment.

Notably, a number of responses also pointed to increased competition *between* care at home and care home services which is not a trend that has been prominent before. The trajectory of this seems to be for home care staff to increasingly move to care home services, particularly in areas where more care homes are being developed and even more so if these are run by the Local Authority. This puts the care at home sector, which is arguably already the most fragile part of the social care sector, under even more threat in terms of sustainability given it faces both external and internal workforce competition.

It is also interesting to note that some respondents identified regulatory obligations as negative considerations for potential applicants to the care sector. These disadvantages were framed in terms of:

- The cost of registration and PVG checks:

"The increase in SSSC registration fees has led to a decline in the number of candidates we see at interview."

- The various requirements of SSSC registration

"Effects of SSSC registration starting to put people off."

- The increased paperwork associated with care delivery

"People find it difficult to understand how completing paperwork enhances care."

- Revalidation requirements deterring the older nurse workforce from employment

"Revalidation requirements making older nurses looking for part time work or give up rather than struggle to meet requirements."

- Inequalities between the level of regulation and available remuneration and status

"Better/equivalent wages available for jobs with less responsibility, accountability, registration and training requirements."

Given that a number of regulatory processes and obligations have recently been reformed or are in the process of change, it will be vital to monitor what impact these continue to have on recruitment. It is also important for regulatory bodies to work closely with Scottish Care and its members to address any unintended consequences of these requirements; the positive intentions of recognising the professionalism and skill of the workforce and having robust reporting mechanisms of care provision will be meaningless if there is simply no workforce available as an unintended consequence.

Recruitment solutions

In line with the ambition to be solutions focused in considering the 4 Rs, respondents were asked to detail what changes would help them with recruitment, including what organisations can support this.

Overwhelmingly, reform of the pay, terms and conditions available to the care workforce was seen as crucial to aiding recruitment.

"I would like to increase my hourly rate. I would love to be able to give salaried positions. The Scottish Government need to give more recognition to the work we do."

This aligns with alleviation of the challenges identified above, in that higher wages and more supportive contracts could support employers to compete with other sectors, to expect more from employees in terms of skills, attributes and commitment to personal development and could also open the sector up to a wider recruitment pool. What is not known is the level of pay required to achieve these ambitions, given that the Scottish Living Wage does not seem to be sufficient in realising these changes. However, achieving a level of parity with similar roles in other sectors, such as care staff in Local Authority-run care services and nurses working in the NHS would seem to be a logical and reasonable level of general aspiration.

Whilst employers predominantly identified the Scottish Government and commissioners as central to making this change, some also saw the care sector as having an important role to play:

"If we are to continue to professionalise the workforce, we must professionalise the work and match all terms and conditions to this. We cannot do this unless fees increase, the lack of which is blamed on government under-investment (both now and historically) but is also exacerbated by organisations that are willing to cut corners and short-change staff, therefore reducing fees to win bids but also lowering expectations and our collective responsibility to challenge fee levels."

This was particularly true of home care organisations, who tend to be involved in tender processes of procurement and commissioning in determining their care provision, and saw competition between organisations based on

price as detrimental to the working conditions of employees. It is therefore crucial that commissioning processes across the board are reformed to ensure that the workforce, which is undoubtedly social care's greatest asset, are suitably protected and supported to achieve a positive employment experience reflective of the skilled and stressful work they undertake.

Respondents also suggested that education has an important role to play in supporting recruitment of care workers. In this sense, education has a wide meaning and an extensive range of bodies who share responsibilities in this area, but all are in principle tied to improving information and awareness about a career in care.

Primarily, there was recognition of a need for career advice in schools to better promote social care:

"Without a doubt, we need to be reaching out to the school leavers – there needs to be a huge push to educate young people about the elderly and market 'a career out of care'. With the training and regulatory demands on staff, the public perception of care workers needs to shift – working in care should be a career that young people see as a huge opportunity for learning, personal growth and development and promotion."

There must also be credit given to the virtues of care work as more than a route into nursing, whilst that might be attractive for some recruits:

"Applicants need to have more knowledge on what it means to be a home carer. We find more often than not students either leaving school or college are pushed to become nurses instead of considering a career in care. Perhaps career advisers and/or tutors can look at how they sell the industry."

Work being undertaken on career pathways in care needs to be stepped up to aid in this process. If there are more clearly defined and articulated career pathways then it means these can subsequently be better promoted as an option by careers advisors and school guidance teachers.

For those who do pursue nursing, this education must also extend to higher education institutes and include an informed and balanced approach to learning about available career opportunities:

"For nursing, lecturers need to have a more positive and professional attitude towards nursing roles in the private sector."

This sentiment is also reflected in the recommendations made in Scottish Care's *Voices from the Nursing Front Line*[17] report, whereby nurses had experienced the social care sector being referred to as 'not real nursing' by educators. Changing the way information is imparted and careers in social care are promoted will be particularly important when supporting the planned higher intake of student nurses this year. It must be recognised in education that in line with the *Health and Social Care Delivery Plan*[18], nurses will increasingly be working in local communities, in social care and with older people rather than in acute settings since the ambition is that people are treated in their own home or a homely setting, not a hospital. This also chimes with the Mental Health (Care and Treatment) (Scotland) Act 2003, which states that care should be provided 'in the least restrictive environment' and this is recognised human rights based good practice which should be applicable and supported across all health and social care sectors. Learning programmes must appropriately reflect this in order to suitably prepare graduates.

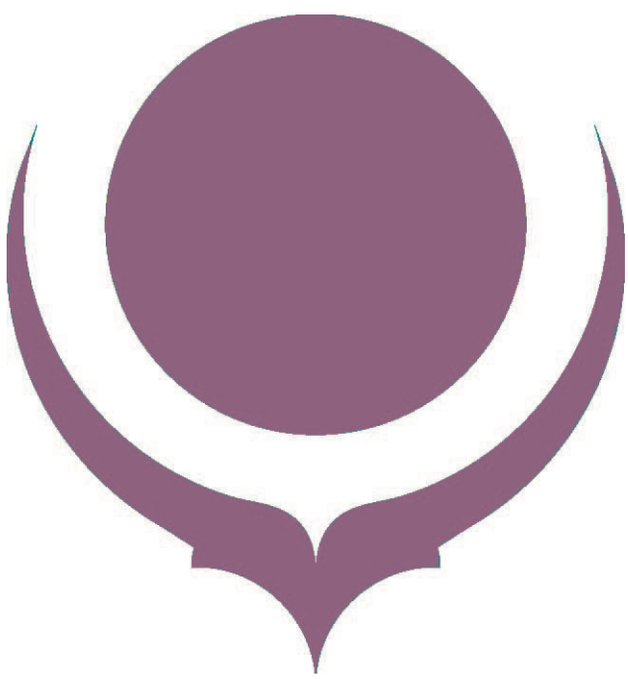
It is interesting that the suggested focus of education is predominantly at a grass-roots level and focused on young people, given that current applicant figures seem to be increasing at the other end of the age spectrum. However, the current lack of applications from young people may very well be because of a lack of information and awareness simply serves to highlight the need for a multi-faceted approach to education

[17] Scottish Care (2016) *Voices from the Nursing Front Line:* http://www.scottishcare.org/wp-content/uploads/2016/11/SC-Voices-from-the-Nursing-Front-Line-.pdf

[18] Scottish Government (2016) *Health and Social Care Delivery Plan:* http://www.gov.scot/Topics/Health/Policy/HSC-DeliveryPlan

that targets different groups in different ways. It may also be linked to the fact that for many care at home workers, they require a car or at least a driving license and running a car when you are school leaver is often prohibitively expensive. It reinforces the need to consider a tailored approach to recruitment – for older workers as well as school leavers and young entrants who are likely to have different needs and experience different barriers to recruitment.

Finally, respondents called for closer working with Job Centres and organisations that support individuals to apply for jobs to address the afore-mentioned challenge of inadequate response levels to advertisements. It was suggested that this could be done through support to complete applications properly as well as better information sharing about a career in care and the opportunities available, as well as the realities of the job, to ensure that those applying are motivated to join the sector.



Despite being a relatively recent feature of social care the Fitness to Practise process permeates through all parts of the employment journey, from pre-appointment through everyday practice up to and including dismissal proceedings for the few people who would be subject to this.

It signifies a decisive shift in how competence and conduct is assessed throughout employment and is markedly different to previous procedures which would be premised on an act of misconduct. Instead, it requires people to identify a multitude of factors which may temporarily or permanently compromise someone's ability to deliver high quality, safe care and seeks to protect both the worker and the individual being supported.

Understanding Fitness to Practise

Given this change, it is essential that employers and employees feel confident in their understanding and implementation of the Fitness to Practise process, whether it is something they are actively invoking or whether it simply subtly influences their decision making process on a daily basis.

Encouragingly, 89% of responding employers and managers indicated that they fully understand the Fitness to Practise process. Many attributed this to attendance at events focused on raising awareness of the process, through reading documentation provided by the SSSC or as a result of direct experience of making referrals through the process. However, it is important to note that this figure may be slightly inflated given that feedback on this particular question indicated that a number of respondents felt that they knew the process but hadn't had occasion to implement it in terms of managing a concern. This is a positive position, but reinforces the need for regulatory support and information relating to Fitness to Practise to continue to be available

to services in an accessible and timely way. Of those who don't fully understand the process yet, nearly all stressed that they were in the process of learning about it.

Whilst it is essential that those in managerial positions understand Fitness to Practise, it is equally crucial that those delivering care know about it and its implications. It was therefore also encouraging to note that 83% of respondents explain the process to their workforce, particularly given the fact that Fitness to Practise is intrinsically linked to the revised Codes of Conduct for employers and employees.

"I have very good awareness and am endlessly informing staff of the importance of understanding Fitness to Practise and how it can impact on all of us in the work place."

"This is important as we need to have the correct personnel in place at all times."

When asked to detail when employers inform staff of their Fitness to Practise responsibilities, interestingly nearly half (46%) of those who do explain it do so through interview and induction processes. On the one hand, this can be seen as beneficial in terms of ensuring from an early stage that recruits to the care sector are fully aware of their own accountability in delivering care:

"Discuss initially at interview and that they will require to register. After they start, we give them the code of conduct and help them apply online."

On the other hand, it raises questions as to whether it could be deemed an off-putting or intimidating factor for new recruits and may contribute to unsuccessful recruitment:

"It can cause concern where there doesn't need to be any."

Without understanding in more detail how this information is imparted and considered, it is impossible to move beyond suppositions as to the merits or otherwise of highlighting Fitness to Practise at the very beginning of the recruitment process. It simply highlights the need to make sure that Fitness to Practise information is understood and shared in a proportionate and sensitive way, whenever this takes place.

41% of employers who indicated they do ensure understanding detailed that they cover Fitness to Practise with their employees through team meetings, supervision and other opportunities for discussion. This seems a positive way of ensuring ongoing understanding and maintaining open communication channels for raising any queries or concerns.

"[I inform staff during] induction, regular supervision, team meetings and every opportunity as it is the ethos of the service i.e. how we treat and respect our service users."

Amongst the 17% of respondents who do not explain the model in detail to their staff, reasons included an expectation that workers should ensure their own understanding of the process or that it would only be raised in the event of a presenting issue:

"If a referral is required then a discussion is held and the process explained. Workers are provided with the relevant Codes, whether NMC or SSSC, and advised and encouraged to familiarise themselves."

Compliance with the Codes of Practice is absolutely the responsibility of employees and there isn't, nor should be, prescriptiveness for employers in how they inform their workforce of regulatory changes and practices. However, it is also important that we do not have sections of the social care sector that do not understand or feel confident in matters of regulation and representation, who see these as something to fear or who think they are solely related to disciplinary issues rather than as a positive contributor to good practice. It is therefore helpful to ensure that we retain awareness of and access to sufficient and appropriate information, signposting or support.

Impact

When reflecting on the impact of the introduction of Fitness to Practise within organisations, 63% responded that there had been no perceptible change in this regard since November 2016. Some attributed this to ensuring staff are confident with the process in order that it doesn't negatively impact on their practise through a fear of disproportionate or invasive monitoring. Others felt unable to separate any possible impact from the wider realities of care delivery and the particular pressures being felt at the present time.

Of those who have recognised an impact within their service, almost all deemed this to be positive in terms of influencing the behaviour and practice of employees, and in increasing awareness of individual roles and responsibilities:

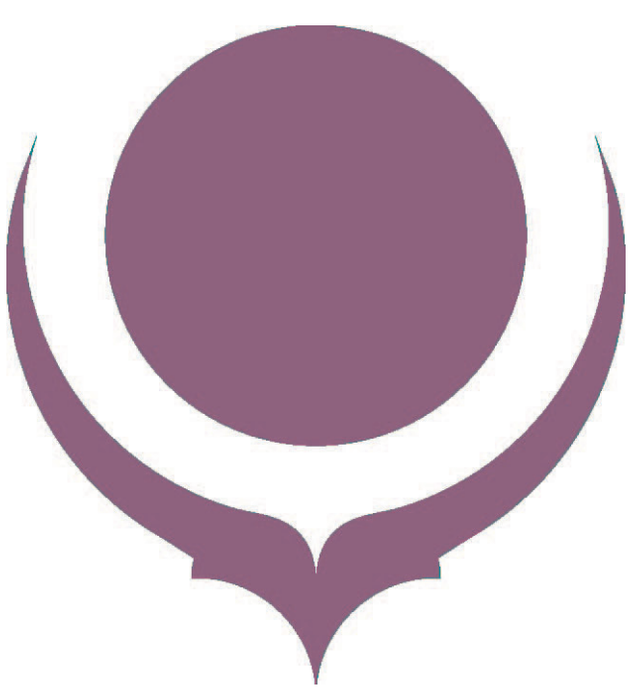
"I feel the Fitness to Practise process is much better and makes staff more aware of their behaviour in and outside of work."

Many of these responses tied the benefits of Fitness to Practise to the wider obligations on individuals attached to SSSC registration and saw the two as going hand in hand.

Others deemed its positive influence to be directed at employees who may fall short of expectations around acceptable practice:

"I think certain staff are more aware of the seriousness/impact of their conduct, more so than say 5 years ago, due to the SSSC and the fact that they can be removed from the register following misconduct."

It is positive to note that only one respondent had seen an increase in disciplinary action and referrals to the SSSC. Provided this is proportionate recourse, again this can be seen as a constructive element of the new process. We would suggest that further work with the SSSC to assess the impact of Fitness to Practise would be beneficial, particularly in how it is experienced by front line workers.



regulation

Whilst employers should always be considering how to support and develop their workforce's knowledge and skills, the introduction of registration – with new workers required to register in their first six months – places an onus on them to ensure employees have particular qualifications and obtain them within a set period of time.

Developing the workforce - qualifications

This applies to all employment categories within care home, care at home and housing support services which include direct care responsibilities but has most impact on the 'support worker' category given the number of individuals employed at this level – over 67,000 of the 99,000 strong workforce. For these workers, registration demands the achievement of SCQF Level 6 qualification, or an SVQ Level 2.

It is with this in mind that respondents were asked to detail how the costs of SVQ qualifications required for registration purposes tend to be met in their organisation:

15%
of employees pay their own SVQ qualification costs

29%
cover SVQ costs in other ways

56 %
of employees have SVQ costs met by their employer

Given that most organisations cover the costs of employee qualifications and taken with the previous statistic that the majority of new care staff do not have existing social care training and learning, it means that registration has significant resource implications in what is already a difficult financial climate for care services. However, this model may help retain staff and be seen as a benefit of working for a particular organisation and more work with front line care staff would shed some light on this.

From the third of respondents who indicated that qualification costs are met in other ways, a range of responses were obtained:

- Most operate a mixed model whereby the employer and employee share the costs of getting the SVQ
- Others access funding streams and initiatives such as SAAS and free training courses for employees, with some employers covering any shortfall
- Some larger organisations have applied to become SVQ training centres, with the objective of selling training which can offset internal SVQ costs
- A small number operate payback schemes, whereby the cost of an SVQ is deducted over a period of time through the employee's salaries but the costs are reimbursed once the employee has been with the organisation for a specified amount of time
- Finally, some indicated that they will be moving to an employee-funded model shortly, either as a result of the sheer numbers who are subject to registration requirements or due to negative recruitment experiences whereby despite investment, individuals have dropped out at various stages.

Qualifications and positive care outcomes

Investment in qualifications, through one means or another, is generally deemed to be worthwhile in that it leads to a more highly skilled workforce. But do the achievement of SVQ qualifications lead to improved outcomes for individuals supported by social care services? According to nearly three quarters (74%) of respondents, the answer is yes.

These affirmations were remarkably similar and related to the positive impact of SVQs on knowledge, understanding, confidence and accountability of care staff about their roles, practice and purpose:

"The staff are reflecting more on what they do, as a result of their SVQ."

"This qualification gives the employee a status and a confidence to carry out their tasks with assertiveness and knowledge."

"When staff are doing their SVQ's you can see that they start to understand person centred care better. They understand why policies and procedures are in place and what their role is in relation to these."

"The qualifications give understanding and prompt staff to reflect and try harder for better outcomes."

"Better knowledge when completing their SVQ gives a better reflection on their practice, making the person think of what is required and how to achieve the outcome."

The vast majority of respondents could identify clear benefits to both employees and supported individuals through the attainment of SVQ qualifications. This, in turn, is beneficial to employers in having a skilled workforce and even better quality care provision. It is therefore extremely positive to evidence that for many, the sometimes challenging practicalities – financial or otherwise – of supporting employees through registration and qualification is reaping tangible benefits and subsequently making the process worthwhile and valuable.

Whilst almost all could identify at least some positives from the SVQ attainment process, more than a third (31%) of respondents did reflect on less positive attributes of the SVQ qualification process and outcomes, including those who generally did see it as beneficial overall to care

delivery.

Some of these responses commented on the detriments of a 'one size fits all' approach to upskilling care staff:

"I believe that an educated workforce is a better workforce and will therefore improve outcomes but the qualification doesn't necessarily have to be SVQ – there is more than one way to skin a cat."

"I think for some carers it is beneficial but the format of the SVQ training is hard for some to relate to. This is something that some staff have found. The in-house training programmes and learning skills from others have helped staff more. I also think careful selection at recruitment is vital – there are many required skills that are just part of a carer's personality. We can't teach that."

The notion of inherent attributes outweighing skills attained through education was the most predominant theme identified in the less positive responses:

"I have seen brilliant carers with no qualifications and poor carers with high level qualifications. Having SVQs does not necessarily mean someone will be a good carer and certainly does not seem to mean they will perform well in higher level jobs."

"Qualifications only provide theoretical knowledge and appropriate training. The right 'attitude' cannot be attained through qualifications and training. Attitude is the most important in achieving positive outcomes for service users."

Furthermore, some respondents felt that SVQ attainment does not prepare people for the demanding, varied and complex job of providing care and that the skills needed to do this can be much better achieved through hands on learning and proper mentorship.

"Learning how to pass an exam is not the same as learning how to apply things in the 'real world'. Staff do need a basic understanding of their role but we believe there is no substitute for sound, on the job experience under the guidance of suitably trained staff."

Others also commented that the competencies recognised through current qualification requirement levels cannot be meaningfully mapped across to the realities of the complex needs being supported in care services.

"SVQs are statements of competency to do a job, not an educational/ training tool. SVQ2 and 3 are not suitable qualifications to be learning or managing care practices for the type of clients we manage. We need something better, with more thorough training to meet the dependency and end of life care needs of our clients and definitely nurse/health led."

There are also particular challenges facing residential care settings in the near future, given that the SSSC register has been open longer for this workforce. It means there may very well be significant numbers of staff requiring to be qualified in a depleting time frame, which creates concerns relating to available resources, both in terms of SVQ places and the money to afford them. If a considerable gap exists between these resources and the number of employees still to achieve qualifications, this risk puts the sector in jeopardy.

It is therefore clear that the drive towards achieving and recognising formal education and training is seen as a positive one, but that many employers would value more flexibility and scope to acknowledge and develop skills and attributes in other ways. It may therefore be timely to consider a review of the SVQ structure in order that its strengths can be retained and built upon whilst ensuring learning opportunities for social care staff are not only of a high quality but are grounded in what will truly make a difference to those supported by care services, and what is valued by employers and colleagues in an employee.

Manager qualifications

These points are notable when exploring perceptions of the SSSC's planned qualification increase for managers working in social care services. From 2020, the required attainment level for managers in adult services will increase from SCQF Level 8 to Level 9. Respondents were therefore asked to share their opinions as to whether this increase, aimed at more accurately reflecting the skills and knowledge managers need to carry out their management role, would help them to recruit managers.

Overwhelmingly employers highlighted that this measure would not support recruitment, with 83% holding this particular view and 68% of the qualitative feedback received pointing to negative consequences associated with this qualification increase:

"It seems there are many care homes struggling to find and retain managers as it is now. The demands on managers are increasing and the expectations are increasing but the support and available resources (including staff) are getting harder to find and costs for everything increasing, making the running of care homes very difficult. An increase in qualification requirements won't help with any of the real issues."

"Managers are increasingly under pressure and are being asked to take on more and more responsibilities, working increasingly more hours and quite often do not have additional time available to study and have a home life."

"Qualifications are necessary but to simply increase the requirement will not necessarily result in better management. Many senior nurses venture into management when they have appropriate experience, often after a long period within services. They are less likely to want to undertake further qualifications to secure jobs they may well be doing already as Deputies or Unit Managers. Nurse training has taught us that hands on experience has been lost to classroom time which can result in degree level attainment and no practical expertise."

These three quotes summarise the key themes from the responses, that increased qualifications will put further strain and financial pressure on services already struggling to recruit managers, that it risks negatively impacting on the work life balance of these individuals (and possibly their mental health as a result, as explored in Scottish Care's *Fragile Foundations* report[19]) and that it won't necessarily result in individuals having the necessary skills to lead services and staff in what is already a pressured, demanding sector.

However it should also be noted that some reflected more positively on the planned increase:

"[It won't help recruitment] but I hope it will help managers to feel more confident once they are in the role."

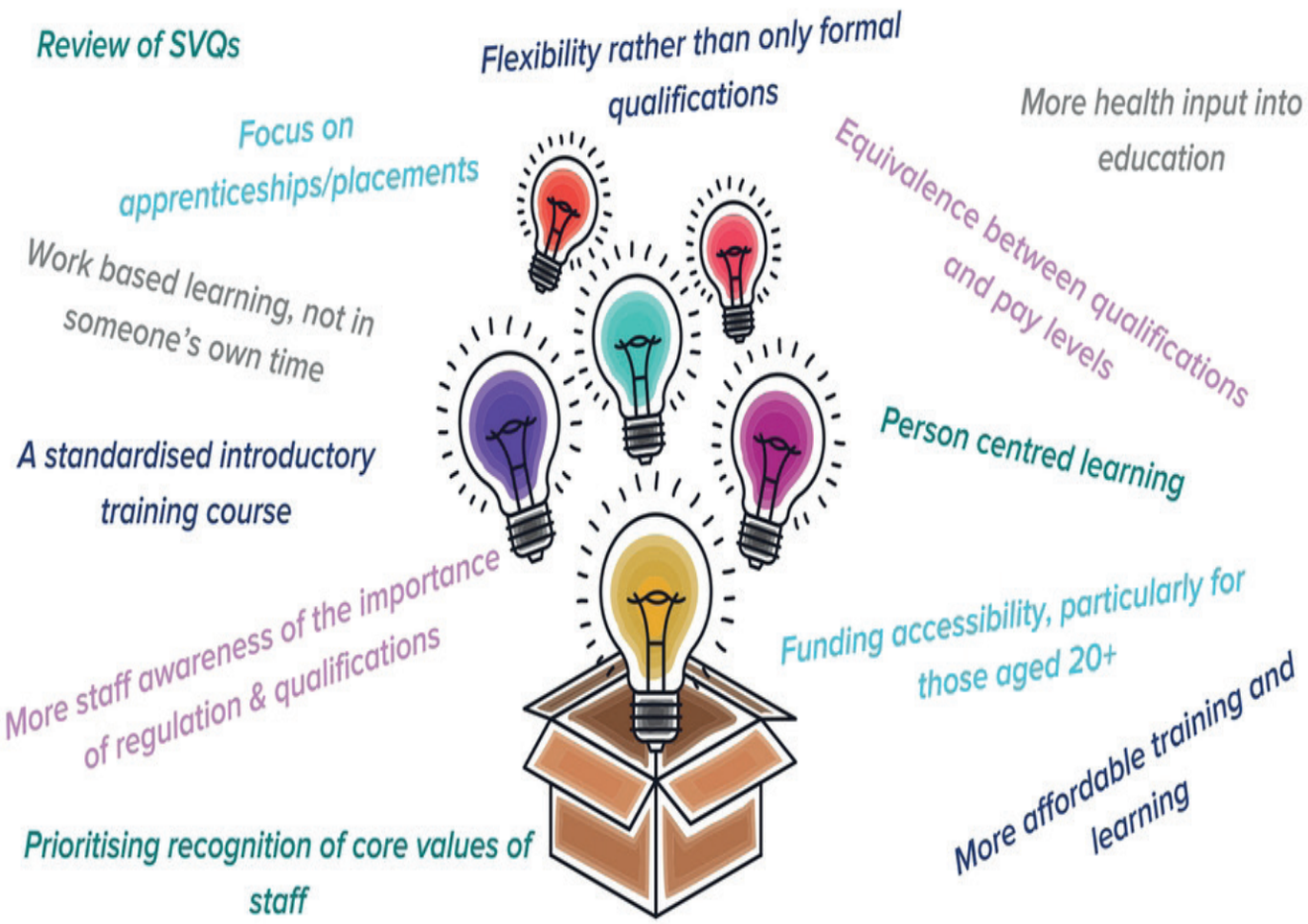
"Enhanced knowledge will better support resident services. Hopefully salary levels will increase with the new qualifications and more candidates will apply."

It appears that in fact, more employers are supportive of initiatives which seek to promote better appreciation of managers and build confidence, skills and status within this critical element of the social care workforce. However, it is also clear that simply increasing educational obligations is widely seen as the wrong way to achieve this not least in the current climate of financial challenge, recruitment difficulties and job pressures. It would perhaps be more beneficial for the SSSC to work with Scottish Care, partner organisations, employers and managers themselves to explore alternative yet meaningful ways in which the competencies of service leaders can be secured and developed without compromising other elements of care provision and wellbeing, whether that is the sustainability of services or the mental health of managers.

[19] Scottish Care (2017) *Fragile Foundations: Exploring the Mental Health of the Social Care Workforce and the People they Support:* http://www.scottishcare.org/wp-content/uploads/2017/11/Mental-Health-Report-November-2017-.pdf

Regulatory changes

Despite the generally positive perceptions of regulation and associated qualifications, it was in the consideration of reforms in this area that the widest range of suggestions were collected:



"I know that care staff struggle with the language used within the SVQs and so this can delay them producing work. I do feel that the sector should have qualifications but perhaps having the option to change wording and observe more in the field would be a better option. Care staff work long hours and to then go home and start working on an SVQ is generally the last thing they want to do. Something they can achieve by being at work and perhaps having to attend some in house training workshops would be better suited."

"What we need to start to think about is developing person centred learning and education rather than asking people to gain a one size fits all approach."

"I would like to see a standardised introductory mandatory training course that is kept up to date with best practice and can be accessed regionally and offered as a 2 day course."

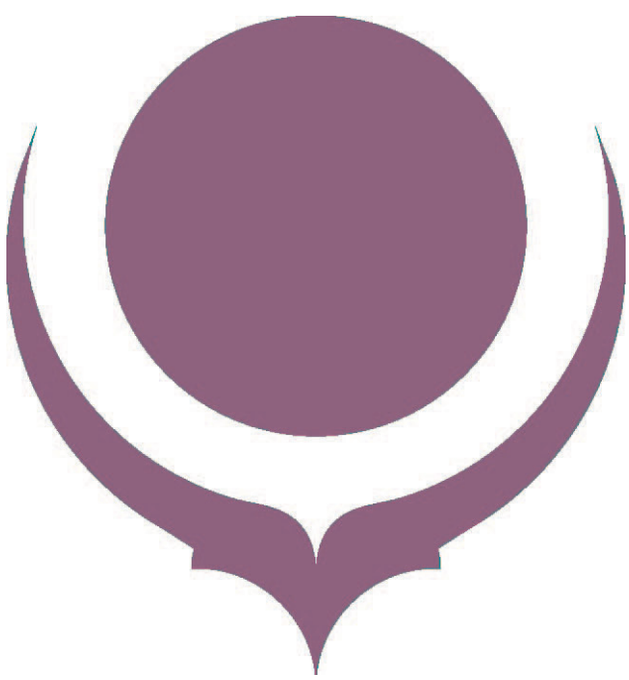
“Greater accessibility to free SVQ training for all age ranges. These staff are barely paid above the minimum wage yet they are expected to pay for training that is required by law to carry out the role. The industry will lose many excellent staff as a result of this in the near future.”

"A lot of training is now done on line. Many of my workforce don’t feel confident using computers and this hinders the process. For me, having a training room on site with computers where I could support staff would make a positive difference to what the staff learn and can put into practice.”

Whilst varied in their suggestions, the key thread of these responses is the need to ensure formalised, obligatory training and learning fits within a wider approach to developing the workforce, as a crucial component but one which is complemented by a suite of different learning mechanisms and opportunities to ensure that those delivering person-centred, holistic care experience the same approach to their support and education. They highlight a contradiction between the available tools for learning and the working environment within which application of these tools is difficult. It is crucial that focus is given to the landscape when developing and implementing the means of learning, such as SVQs, to ensure that the conditions for learning are appropriate and supportive.

Regulation requirements must also recognise the composition of the workforce, which statistics show is an older one both in terms of carers and nurses, and the ways in which the notion of completing qualifications later in their career may not be appealing and may in fact increase the number leaving the sector or not entering it at all.

It also requires consideration to be given, by regulatory, funding, education and workforce planning bodies, as to how a drive towards continually upskilling this critical workforce can be achieved in a sustainable and equitable way given this ambition has quite significant resource implications at a time when resource is scant at best and when training and learning budgets are often exposed to the most threat.



Not only is it essential to encourage people into social care and to ensure they have the necessary skills and behaviours to do the job well, but it is equally important that employees feel motivated and supported to remain working in care whether that is with a particular organisation or in the sector more generally. Unfortunately, Scottish Care's recent data has highlighted that the journey of employment ends more quickly than we would like it to for many individuals given that 22% of care home staff and a third of home care workers leave their employer each year.

Turnover

It is helpful to therefore determine when and why individuals tend to leave their positions in care in order to consider if more could be done to reduce turnover figures and create a more stable workforce.

Length of employment of staff who have left in the last year

It is especially significant to note the employment stage at which respondents had the highest staff turnover over the last year:

Early leavers

Clearly there is a considerable issue in retaining staff who have recently joined care services, highlighting that not only is recruitment proving to be challenging but that even the successful appointment of an individual does not necessarily result in longevity within an organisation. It also has resource implications, given that services will have invested in induction processes for new recruits. Employers will now also be ensuring they are registered with the SSSC and perhaps beginning qualification processes since those new to a care service must register within six months.

Interestingly, 37% of those who have experienced individuals leaving within the first six months of employment gave the reason of unsuitability for these departures

"Not for them or us."

"We have found them to be unsuitable."

"Normally joint decision that not the job for them."

"Not enjoying the job."

With a further 18% finding that the appointment had not met the individual's expectations in terms of what the job entails, this shows a particular challenge around information and understanding of care provision:

"Didn't realise how hard the work would be."

"Hours, underestimation of the role – too stressful."

The decision to leave within the first 6 months of employment appears to generally be a mutual one, but suggests that these individuals are leaving the care sector altogether, rather than simply moving to another employer. Given that both the individual and the employer show awareness of an incompatibility between the worker and their role, it may also suggest that the experience is not a positive one – for both of these parties and possibly also for individuals being supported. These figures point to a need to examine recruitment processes in more detail, in order to support both employers and prospective recruits to make employment decisions that more successfully marry individual skills, qualities, ambitions and expectations with job criteria and a care service's objectives.

Additionally, 18% of providers identified that the realities of the caring role are what lead new recruits to tender their resignation in a short period of time – something which is also reflected in the reasons of unsuitability and expectations, whether relating to the hours, the stress of the job or the delivery of personal and complex care. It may also be that the current wage levels give the impression that it is not a difficult or particularly skilled job, when in fact the opposite is true. Whilst regulation has driven professionalisation of the workforce, salaries remain largely at entry level and show an incompatibility between what is expected of this workforce and what they are paid. This again points to a lack of awareness about what a career in care really means, but also raises questions as to whether this is an area whereby turnover figures could be reduced through appropriate interventions. For instance if contracts were more flexible for care at home support, could working hours be better tailored to suit different individuals' needs? Would further work on supporting mental health and wellbeing at work, as recommended in 'Fragile Foundations', reduce stress levels amongst new workers? Or could more opportunities for regular and high quality mentorship and supervision enable people to adjust to the challenges and feel confident in what they can provide? These are questions which would benefit from further exploration with care services and also with those who have recently left the sector.

Mid-term leavers

Respondents were also asked to share the reasons given to them by employees leaving after working in their services for approximately two years, therefore representing those who have completed induction processes and settled into their care organisation but who do not have long lengths of service.

The most prevalent reason given to employers is the acceptance of another job (18%), with this being an equivalent position within the sector given that another 8% leave for reasons of career progression. This suggests that terms, conditions, pay and working practices of different organisations may be rationales for individuals to seek employment in another service. In terms of career progression, it may be that some services cannot offer a structure within which advancement is possible but it may also be that individuals wish to achieve a wider range of experience across different client groups or service types.

10% of individuals did leave at this stage because they had opted to leave the sector and pursue a different career. Again, it would be helpful to better understand why they choose to do this and what, if any, measures could have supported them to remain and develop in their careers within social care.

Interestingly, retirement was the second most common reason for departure around the two year employment mark with 17% of respondents recognising this. This may suggest that the afore mentioned 18% increase in job applicants over the age of 45 is at least partly tied to a growing trend of individuals entering the sector for their last few years of employment. If this is the case, it leads us back to considering appropriate routes into the sector for these individuals (such as the suitability of Apprenticeships, which predominantly connote ideas of youth, inexperience and low pay) as well as their willingness to undertake intensive studying for qualifications such as SVQs. It would be beneficial to explore the employment backgrounds and motivations of the older care workforce who have made relatively recent decisions to both enter and subsequently retire from the care sector.

Personal reasons, tied to changes in circumstances or family issues, accounted for 14% of decisions to leave the sector at this stage. It is at this length of employment that we also see the introduction of factors such as childcare difficulties, other caring responsibilities, health problems and stress driving retention issues.

This suggests that more needs to be done to offer supportive working environments to the care workforce, with contracts, policies and practices which prioritise wellbeing and the attainment of a constructive work life balance as well as ensuring the delivery of high quality care by skilled individuals. This responsibility falls to providers but also to those commissioning and regulating services. It is very much a partnership approach that is required to support an employee through their career in social care.

Long service leavers

For those who have been employed in services for longer periods of time before choosing to leave, 27% of respondents acknowledged retirement as one of the motives. This fits with the fact that social care's workforce is an ageing one. Whilst decisions to retire are inevitable, it sharpens the need to focus on workforce planning including successful recruitment strategies, staff development and measures to prevent avoidable turnover, to ensure that the social care sector is not severely compromised by an increase in retirement levels amongst experienced and skilled senior workers.

Career progression was an equally common reason for individuals to move on after prolonged employment in a particular service. Whilst opportunities to diversify or upskill may be more limited in smaller care services, it would be beneficial to explore other ways in which the care workforce can be afforded the chance to develop and access new working experiences. For instance, it is hoped that the potential of health and social care integration can be realised through closer working and increased training and learning opportunities across and between different professional groups and sectors.

Workplace benefits

Despite the articulated challenges experienced by providers at all stages of the 4Rs employment journey, not least in terms of retention, it should be recognised that social care providers continue to offer positive and progressive career opportunities and can be extremely fulfilling places to work and make a difference.

To this end, Scottish Care wanted to understand some of the benefits, practices and initiatives that are offered within care organisations, out-with contractual elements, which support the wellbeing and retention of staff.

It was extremely encouraging to see that a wide range of innovative and supportive opportunities are made available to care workers through their employers.

Some of these relate to developing a positive workplace culture where staff feel valued, respected and committed which was particularly evident in care home services:

"Empowering staff and making them feel that they have a part to play in the home and its success."

"Staff have personal development – this doesn't just focus on them learning but looks at how they can contribute to running the home, enhancing residents' lives, etc. Being listened to and seeing things actioned is very important."

"I feel that I support my staff team fully. They are treated with the utmost respect and I have the right staff who are dedicated to their role."

"Working as a community – trying to break down 'us and them' attitudes. Staff and residents eat together etc."

Other services look to maintain good health amongst their employees through access to additional services:

"Gym facilities on site."

"We have a thorough return to work process for staff that have been off sick. Support can be provided via a private healthcare scheme to help them should they need it."

"Staff receive a monetary contribution towards dental/optician treatments."

A number of respondents detailed ways in which they prioritise the fostering of a holistic and flexible approach to supporting staff to balance work and personal lives:

"Being flexible with staff and their shifts, and providing proper support to all staff as the job can be very hard. Sometimes a member of staff just needs to unload their worries and by doing this it can help them to improve their work."

"Flexible rosters which facilitate regular weekends off; a shift pattern which attempts to keep shifts worked together – no split shifts."

"Use of stress questionnaires and a zero tolerance bullying policy."

"We support staff when required with their personal lives. We are a family who support, advise, protect and look after staff and expect the same in return."

"There is good support for staff. There is a mixture of shared support and lone working so there is a balance – staff aren't alone all the time."

Others see the training, learning and development opportunities they can provide as a particular benefit of their retention strategy:

"Face to face training rather than e-learning which on the whole is ineffective. Fantastic induction, support and mentoring."

"1 week induction programme + 3 weeks supernumerary work experience + 13 week training programme. 7 weeks paid holidays. SVQ paid for."

"We try to pay for training."

Quite a few employers also operate recognition schemes to raise the status and value of their workers:

"Employee of the month's name is added to a shield on display at reception, their photo is at reception and a small gift is given."

"Staff appreciation week."

"The Directors acknowledge long serving staff members twice a year with an awards ceremony and we run an employee of the month and year competition."

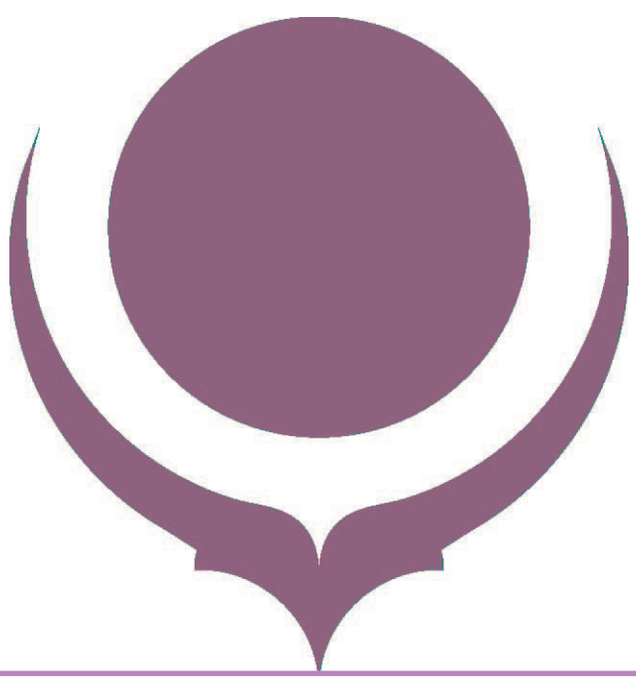
Evidently, employers are working hard to offer both meaningful and creative benefits for staff and it is extremely encouraging to see how many tie this approach to the ways in which they aspire to support the people in their care, creating a values-based, person-centred approach to care provision.

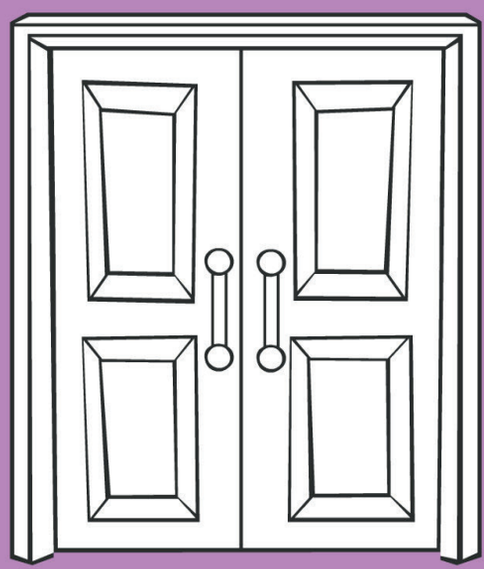
On the other hand, some respondents did stress their disappointment and frustration at not being able to implement effective workplace benefits, both due to the severe funding challenges facing the sector and because existing schemes do not seem to be stemming the loss of care staff:

"We have tried a number of initiatives without much success. The areas I feel may be successful are private healthcare, health initiatives such as internal personal trainers or membership of benefit schemes offering discounts across multiple retailers. We don't offer any of these at the moment as we can't afford to. We need to offer something which is meaningful, desirable and attractive to new and existing staff."

"This is a hard job, for little pay (I wouldn't be a carer!) and if you don't really enjoy working ridiculous hours and being covered in all manner of bodily fluids with little thanks or gratitude, there is no incentive I can think of to make you want to do it."

The importance of workforce engagement and the enabling of voice for the frontline workforce are evident in the above. Clearly workplace benefits have an important role to play in improving retention figures and more importantly in helping care staff to feel valued in their roles, even if these are simply about creating a positive working environment and listening to staff. In and of themselves, they are unlikely to resolve the issue of high turnover in social care but remind us of the need to look at the multitude of ways in which careers in care can be developed and promoted. If we continue to see a drive towards efficiencies in care, we risk stripping out the positive attributes of working in the sector and also damaging the health and wellbeing of the workforce in the process.





conclusions

This research and previous research undertaken by Scottish Care has served to confirm that employment in social care really is a journey, with constant challenges and changes.

But does this equate to a career journey? This research in particular highlights that the answer to this question is much more difficult. Unfortunately, it seems to be in the inability to clearly identify this career journey that the 4Rs begin to present challenge.

In terms of recruitment, individuals often seem to enter the sector with a flawed sense of what to expect. This is despite the fact that an increasing number of new recruits are older and likely to be either returning to work or pursuing a second or third career and a good proportion have some health or social care experience. This suggests they either cannot envision a career journey, at least one that compares favourably with what might be on offer to them out-with care employment, or considered a career in care to be different to the reality. The solutions offered by employers all centre on reforming this necessary career journey, whether that is salary, information, education or general professionalising of care.

When it comes to representation, the focus on Fitness to Practise shows that understanding of such a critical element of care conduct and ability is intrinsically tied to the career journey too, since the information it requires care staff to comprehend relate to recruitment processes right through training, supervision and more negative elements of employment such as disciplinary procedures. Yet a failure to fully understand and feel confident with this way of assessing capability could lead employees to perceive a career in care as only about judgement, avoiding accusations of misconduct and fearing being publicised and struck off, despite this not being the reality.

In regulation, the requirement to achieve levels of qualification attached to SSSC worker registration should represent a clear articulation of career potential in care settings and in some

cases, it does this well. However, the current SVQ structure can risk restricting some people's views of what is achievable in care particularly if they are not academically inclined, struggle to afford qualifications or the nature of their workplace makes learning opportunities more difficult. This is particularly highlighted in terms of those considering management roles in the care sector but who will face the completion of more strenuous testing of their aptitude in the future. It is therefore absolutely crucial that we are able to strike the correct balance between appropriate training and learning that reflects the complexity of care roles, yet does not unnecessarily limit an individual's professional ambition because of restrictive learning practices.

And not least in relation to retention people are leaving the sector in their droves, especially after very short periods of employment. This appears to be because they cannot picture themselves within a care career, whether that is because they feel unsuitable for the role, stressed, unable to find the flexibility they require to balance work and a personal life, or because they simply cannot make the pay, terms and conditions work for them in comparison to careers in other sectors. The importance of this career journey is again accentuated through the methods used to encourage the workforce to remain with an employer, which are largely focused around their personal development and feeling valued.

A career in care is not the same for everybody, but it needs to be available to everybody. Care needs to be a door that people want to enter and continue on through, not one that they quickly close and walk away from.

To achieve this, there must be a personalised approach to supporting a career journey through care, in the same way as we rightfully expect care workers and providers to adopt a personalised approach to the delivery of care and support. One simply cannot be realised without the other.

Ten years ago, the care sector looked very different in terms of the care needs of individuals being supported, their aspirations and outcomes, and the workforce complexion. The latter is highlighted in this report through the changing trends of applicants. It therefore requires us to think differently about transforming the way we enable care provision and the people who deliver it to grow and flourish.

At present, the package of working in care has not developed to reflect this decade of change and therefore does not facilitate a career in care. In fact, those who pursue a career manage to do this despite the system, not because it has supported them to consider and achieve this. This report has shown some of the extraordinary levels that providers aspire to, not only to safeguard the often extremely vulnerable people in their care but also to protect what is an increasingly vulnerable workforce. This often involves going far beyond what the current pay and funding structure allows. We need to ask ourselves whether this unsustainable model is really one we want to continue to tolerate rather than to consider, as an entire health and social care sector, the difficult questions that need answering in order to better support this workforce.

For instance, Scottish Care fully supports the increased attention being given to supporting younger people to enter the care sector and we are working with the SSSC on the development and uptake of Modern Apprenticeships. Whilst this represents one part of a tailored approach to younger people, we must also recognise that people are leaving the sector because the job is extremely difficult and this might conflict with the common understanding of Modern Apprenticeships as a way of equipping people for work. Must we therefore consider whether the Modern Apprenticeship framework in its current form is misleading as an effective means of genuinely supporting people into the sector?

What's more the reality is we have an older workforce, whose journeys and complexities will present other challenges such as dual caring responsibilities and as highlighted in Fragile Foundations, increasing mental health strains. We need to map current opportunities and career pathways against the realities of experience for these workers. It is likely we will find more sticking points and barriers than prospects of progression and fulfilment.

This is an opportune time to look at these critical areas related to the 4Rs, not least as we move towards implementation of the new Health & Social Care Standards. These human rights-based, experience-led and personalised Standards allow us to better consider people's journey through care and must extend to the worker's journey. We very much envisage the solutions offered in this report and the questions

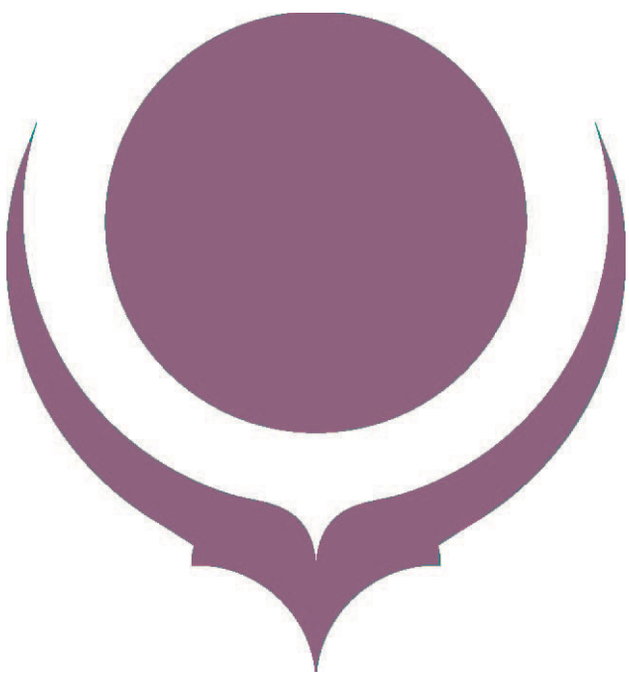
it raises aligning with these Standards.

Ultimately, it comes down to commissioners, Health & Social Care Partnerships (including Integrated Joint Boards) and society in general recognising that anyone's journey through care is extremely complex, not least a care worker's, in a range of emotional, physical and intellectual ways.

It requires us to look at ways of redesigning the system across health and social care, rather than continuing to see the confliction of a health or social care workforce in what should be an integrated landscape.

We need to be able to shut that door through which dedicated and skilled individuals are flooding out from. We need to guide back through that door those who have already left. We need to open other doors of opportunity and promise within health and social care.

And if we do nothing, allowing providers to continue to struggle to achieve a professional competent workforce when no one wants to enter or stay in the sector? We will simply cease to have a social care sector: a simple sentence with complex consequences beyond comprehension for the people who rely on community supports. This reality is beginning to bite ***now.***



THANK YOU

Scottish Care would like to thank all members who contributed to this report through participating in the research survey. We rely on members sharing information about their practice, experiences and ideas with us in order to inform our research and our work. It is essential that Scottish Care is able to authentically represent our members through being fully informed about their realities. We hope to be able to continue to use this information to positively influence policy, practice and partnerships.

We would also like to extend our sincere thanks to Rosie McIntosh, Third Sector Lab, for the creation of the report images and the accompanying animation.

This report was written by Becca Gatherum, Policy & Research Manager, with invaluable support from Katharine Ross, Paul O'Reilly and Dr Donald Macaskill.

READER NOTES

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