



## **Voices from the Front Line**

**Exploring Recruitment & Retention of Social Care Support Workers**

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# **Voices from the Front Line**

## **Exploring Recruitment & Retention of Social Care Support Workers**

### **Foreword**

**Social care is all about people.**

**First and foremost, the people who receive services, but as importantly, the people who deliver them.**

Moreover, report after report highlights that it is the quality of the relationship and interaction between those involved that underpins a positive care experience and positive care outcomes. Having the right people in care roles, with the right values, the right knowledge and skills, and the right motivation is therefore crucial.

But why do people take on these jobs, given that they do not always enjoy high status, are often poorly paid, and significantly undervalued? To understand this, we have to take the time to ask those in the front line of care, and then listen to what they have to say. This is what the Voices project has been about, and what this report attempts to do: allowing those involved in the front line of social care to speak for themselves: to tell us what motivates them; what frustrates them; and despite all the challenges, what keeps them going.

This is not just a matter of doing justice to the hard work and commitment being displayed by the current workforce on a daily basis, but is also part of promoting careers in care as a positive choice for the next generation of workers that we urgently need to engage and recruit if we are to maintain required levels of provision.

Scottish Care is committed to putting front line workers, and those to whom they deliver care, centre-stage, thereby ensuring that their voices are heard by those who might otherwise make policy and resource decisions without a proper understanding of what the tasks of caring and providing support actually entail.

**Ranald Mair**  
**Chief Executive, Scottish Care**

### **Thank You**

Scottish Care would like to say thank you to everyone who contributed to this report. To each person who was interviewed a special thanks is due for your open, candid and insightful comments. You were willing to share a great deal of sometimes very personal experiences and this has enriched the pages of this report.

Thanks also to the managers and employers who supported staff to take part. Your commitment has been, and will continue to be, vital to ensuring the voices of the front line are heard.

The interviews were conducted and this report written by Katharine Ross, David Strathearn and Donald Macaskill.

# 1. Introduction

**“When I go home (I say to myself)...I did a good job today.  
I’ve helped many people today. Hopefully I have made their day a wee bit better.”**

These are the words of just one of the forty people whose stories this report will share with you. They are words which sum up what it means to care and the difference that good care can bring to the lives of those who need support.

‘Voices from the Front Line’ is not simply another report exploring issues of recruitment and retention in the social care sector. There won’t be many statistics and there will be no graphs but what we will share with you are the first hand words of those who care. We want you to hear the authentic voices of those who are the most important assets in any care organisation – the people – those who day in, day out do the hard, challenging, rewarding and enriching work of caring for others.

‘Voices from the Front Line’ explores why people come into this type of work, what makes them stay – or leave. It also seeks to better understand the qualities and skills that those on the front line believe are necessary to deliver person centred care and support.

It is hoped that that the findings can be used constructively, and collectively, by employers, the Scottish Government, the Care Inspectorate, the SSSC, the NHS, COSLA and other key stakeholders to help address the recruitment and retention difficulties facing the social care sector in Scotland.

It is also the intention of this report to reinforce the fact that the workforce is social care’s greatest asset, and unless attitudes towards the provision of front line care change and this vocation is recognised as complex and challenging, we face potentially insurmountable workforce problems within our sector.

As the **Social Services in Scotland: A Shared Vision and Strategy 2015-2020**<sup>1</sup> states:

“Retaining experienced staff in front line practice is crucial to delivering excellent social services. Continuous professional development and career pathways need to be in place across the workforce so that people are equipped for their current jobs as well as for future careers.”

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<sup>1</sup> Social Services in Scotland: A Shared Vision and Strategy 2015-2020. Available [online] <http://www.gov.scot/Topics/People/social-services-workforce/SWSSF/visionandstrategy>

## 1.1. The recruitment and retention problem

**“Unfortunately care is not good pay.**

**I could go to ASDA and get better pay, but I don’t because I care.”**

Scottish Care published *In the Front Line: Social Care Providers Survey Report on Recruitment and Retention*<sup>2</sup> in June 2015. It identified that recruitment and retention of staff in Scotland’s independent care home, care at home and housing support services present significant challenges. Problems recruiting front line workers, nurses and managers, combined with the increasing use and cost of agencies, is now placing many providers in a precarious position. Some geographical areas and particular parts of the sector are now describing this problem as a crisis.

Independent and voluntary sector providers combined employ 97,800 social care staff and 5,180 nurses<sup>3</sup> within Care Homes for Adults and Housing Support/Care at Home services. The figure for social care workers is 6.5% up on the 2013 statistic, so demand for staff appears to be increasing. ‘In the Front Line’ gives an annual turnover figure of 22% for care workers. This illustrates the large scale of demand for new people to come into the sector each year and the huge importance of keeping the good people already working in it.

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<sup>2</sup> In the Front Line – Social Care Providers Survey Report on Recruitment and Retention 2015. Available [online] at [http://www.scottishcare.org/docs/037\\_198\\_23047workforcesurvey\\_1435305852.pdf](http://www.scottishcare.org/docs/037_198_23047workforcesurvey_1435305852.pdf)

<sup>3</sup> Source: Scottish Social Services Council, Sector Report on 2014 Workforce Data. Available [online] at: <http://data.sssc.uk.com/data-publications/22-workforce-data-report/99-scottish-social-service-sector-report-on-2014-workforce-data>

## 1.2. Voices from the Front Line in context

The Scottish Care commitment to front line engagement has been supported by the Office of the Chief Social Work Advisor (OCSWA) since 2014. Part of this commitment required creating a better understanding of the experiences of support workers working within the independent sector. Another aspect is to enable and support front line workers to contribute to organisational, local and national policy discussions within an integrated health and social care setting.

To facilitate this, a Scottish Care Support Worker Reference Group (SWRG) was created in November 2014. Comprising independent and voluntary sector organisations, it developed into a forum for discussion and sharing of information.

On-going funding and support from OCSWA in 2015 has enabled Scottish Care to develop both the size and scope of the SWRG. With employer support and encouragement, it has been possible to begin a process of meaningful engagement with an expert workforce. The group is now called the Scottish Care Front Line Support Worker Strategy Forum. From its inception, this group and the front line workers who are part of it highlighted how important it was that we valued the work undertaken by front line staff. They were keen that we undertake research to discover the qualities they think are most important for the job, as well as what keeps them motivated and what might turn them away from social care. It is hoped that 'Voices from the Front Line' will help meet this request and fill what we believe to be a gap in existing research and studies. We also hope it will make a unique contribution to the wider picture that is emerging around engagement, workforce satisfaction and motivation, all of which will serve to help organisations and those involved in workforce development at a national level develop better recruitment and retention strategies.

We decided to research people's experiences by collecting their stories. Story-collecting offers an opportunity for people to describe their experiences from their own perspective so that the events, relationships, hopes and fears that people choose to talk about will be the ones that matter to them. The strength of this approach is that it allows people to assert their own interpretation using their present expectations and understanding of their situation. Story-collecting cannot and this report does not claim to provide a wholly representative view of a situation, but we believe the consistency of the themes which arose gives a very accurate picture of what it is like to work in front line care in Scotland today.

### 1.3. How we developed the report

This study is based on semi-structured interviews with forty people. Each interview lasted around half an hour and was carried out by one of three people either on the phone or face to face. (The interview questions can be found in Appendix 1.)

#### Who was involved?

In order to get a broad range of inputs, it was decided to seek expressions of interest from those who had already become involved with the Front Line Support Worker Strategy Forum (which includes some non-Scottish Care Members), as well as appealing directly to the wider Scottish Care membership.

In the end, people from seventeen organisations took part. (List in Appendix 2.)

All the participants considered themselves to have a front line role. Two managers were interviewed, as they believed they still had a direct support function within their role. Most of the forty were social care staff working as Care Assistants, Senior Carers or Support Workers. There was also one Laundry Assistant.

The main focus was on care/support workers, but two of those interviewed were nurses. A few of the social care staff had nursing backgrounds, but that was not a requirement of their current role.

#### Where were the staff working?

The settings that people were working in were extremely varied and in some cases people had combination roles, split between housing support and care at home. A summary of the settings is as follows:

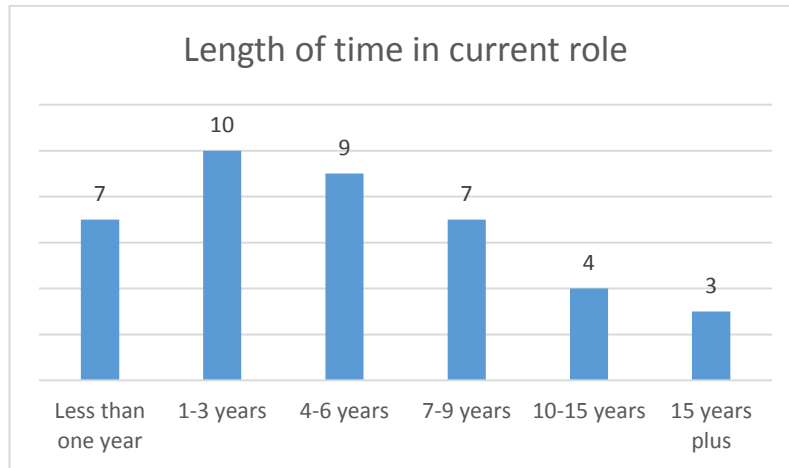
<b>Number of People</b>	<b>Work Setting</b>
17	Care Home
12	Care at Home
7	Care/Housing Support
4	Direct Access Homeless service

Most of the people working in the care home settings were involved in care and support of older people. There were some areas of specialism within this, for example working within units for people with alcohol related brain damage.

There was one large care home for up to thirty-two adults with mental health issues and another for just four people with learning disabilities. People working in care at home and housing support did so in an equally varied range of settings, with some housing support linked to accommodation managed by the provider and in some cases, providing specialist support. The majority of people in this category however worked providing care and support to people in their own homes.

## Gender split and length of experience in current role

There was no attempt to control the gender or age range of those taking part. It turned out that twelve of the forty people (30%) interviewed were men. This is in fact a higher percentage than is typically found working across the sector. In care homes 85% of the workforce are women and in housing support/care at home services, the figure is slightly lower at 82%<sup>4</sup>. Ages were not recorded, however length of experience in current role and previous roles were covered in the conversations. The results were as follows:



<sup>4</sup> Source: Scottish Social Services Council, Sector Report on 2014 Workforce Data. Available [online] at: <http://data.sssc.uk.com/data-publications/22-workforce-data-report/99-scottish-social-service-sector-report-on-2014-workforce-data>



## 2. What people told us

### 2.1. Why social care?

A fundamental part of this study was to find out how people had come into their current job. What were the triggers, drivers and motivational factors? We discovered remarkably consistent themes. These included being influenced by caring for others, an overwhelming sense of vocation and values, starting a caring role later in life or as a second career and the flexible working pattern of social care being an attraction.

Some of the things people told us were:

#### **Experience of caring for family members (or of care/support themselves)**

Personal experiences were given as key reasons for why people had been drawn into work in social care. Often the people had never previously thought about social care as a career, but it emerged as a vocation.

Nearly half of the forty people described situations where they had themselves taken on a caring role or been witness to care being provided to family members. In at least three cases, people had personal experience of being brought up in care or having being recipients of care or support services.

**“I grew up in homes, foster homes – and to begin with I thought I couldn’t do it – but I got a training place and here I am. I’m giving back the best of what I got.”**

**“My mum wasn’t well and she had a carer coming in. She then got a four-times a day care package and when I was there I said, ‘I could do this, and I want to do this.’”**

**“I had three grandparents with dementia who required full-time caring, but the care they received was terrible. I wanted to do better.”**

**“I had different jobs, but my aunt passed away with Alzheimers. It’s what prompted me to go into care. If I’d had the opportunity I would have done it earlier, but I didn’t know what I wanted to do when I was younger.”**

## Social care as a second career

Only four of the people interviewed had started working in social care as their first job. Of these four, two had strong family connections with the organisation they work for and were 'following in the footsteps' of parents. The two who were nurses as a requirement of their current job had come straight in from nursing training.

This means that over 80% had worked in other fields before they came into social care, with work in retail, commercial, catering, and factories being the most prevalent forms of employment.

The shift to social care was either out of a very conscious decision to undertake a second choice of late career (interestingly, made by two people who had worked in banking previously), or in response to personal experiences as described above.

Another trigger that featured with four of the men, but not the women, was of starting work in social care following redundancy or as a consequence of the recession.

**"My family was already involved in the organisation. Back then that was enough to get you in"**

**"Mum is quite senior in her organisation....She needed people to cover relief shifts and it was hard to say no!"**

**"Bar maid, restaurant – jobs for money, but it was poor hours, poor pay. This wasn't the first job I applied for. It is working towards a better future and I love helping people. Although it is not much better pay, it is a better company."**

**"I worked for a bank, then had a change of direction, getting a degree in occupational therapy."**

**"This was not my first choice of job, but my partner recommended it. I was unemployed (been made redundant), so I decided to apply."**

## Being directly encouraged into the role by others

Well over one third of the participants described how they had been encouraged into the sector by other people. This was often a friend or a family member. In a couple of cases people embarking on nurse training or working in the NHS had been encouraged to try social care in a community setting instead. In one case, a young man was spotted working at a supermarket checkout and was encouraged to get in touch with a local social care employer.

Three of the men who were looking for work following redundancy or a downturn in their business were encouraged to look into social care by their partners or a relative.

**“I found out about this job from mum’s friend whose husband was receiving care from this organisation.”**

**“Heard about this job from another carer. They introduced me to the manager. Got an interview and was successful.”**

**“I was working on the tills at the Co-op. A customer spotted me and said I had a good manner and I should call this person. I was talent spotted!”**

**“Made redundant and found out about relief work because I knew one of the managers. Not a job I would have thought of, but needed work.”**

## **Job suiting lifestyle or values base**

A few people had taken a job in a social care setting purely out of economic necessity, at least at first, and then found that they really enjoyed it. Nearly everyone else spoke of being drawn to the work out of a desire (or a need) to help people or because they simply like people. Several people spoke of how the role could be flexible which suited their work-life balance. The sheer variety and not being tied to an office were attributes of the role that many found appealing.

**“Someone at the local career office had suggested that I apply. (They) said they thought it would suit me, give me an outlet for my caring side after my children had died.”**

**“I’m a helping people caring sort of person – I like making someone’s day.”**

**“Then I fell in love with the residents and their stories – I love old people.”**

**“I wasn’t sure if I would be good at looking after people, but (...) interviewed me, gave me a chance and that was it.”**

**“The job suits my lifestyle. I don’t need to wear a suit. I can actually be a bit scruffy!”**

**“Every day is different.”**

**“This job gives you flexibility, with three days on, four off, for example, which gives time for other things.”**

## **Volunteering before paid work**

Five people spoke specifically about how volunteering was a precursor to paid employment in social care. In most cases they were making the link between the caring aspect of their volunteering and a desire to then work in a caring role.

**“I have always loved to care and help others.”**

**“I had been involved in volunteer work with individuals with mental health problems while employed. The training I was given (as a volunteer) gave me an appetite for social care work.”**

## 2.2. The image of social care

We also asked participants what impression or image they had of social care before they started working in the sector, as many commentators have spoken of a negative media image for care. The findings below reveal something of the portrayal of a career in care and how changing the negative and limited image of it must be addressed as part of the solution to the current recruitment difficulties.

### Impressions from friends and family or personal experience

Given the large number of people who had been influenced to work in social care as a result of personal experiences, it is perhaps not surprising that a quarter of the people attributed their knowledge of the sector as having come from friends, family or personal experience.

Interestingly, these people did not tend to make much comment about the media portrayal of social care negatively or positively.

**“I have a relative with mental health issues and I have done voluntary work, so I had a fair idea what to expect.”**

**“My impression came from seeing the work that carers did for my grandfather. They left a good impression!”**

### No real impression or never really thought about it

Seven people were very clear that they really had no knowledge or experience of the sector – not even gleaned from other sources. This lack of a prior impression was found mainly with people who had come into the sector simply because they needed a job, or it was a second career, or a result of a life changing event.

**“I didn’t have a clue, I had no image whatsoever – I hadn’t even heard about a care home!”**

**“I didn’t really have an impression, I just needed a job.”**

## Media portrayal of social care

The impression given of social care in the media was a specific issue raised by approximately a third of the participants. None of the comments about the approach taken by the media were positive.

One person felt that the way in which mental health issues were being addressed by the media had improved, but not the actual support role. One person felt that the way in which homelessness was portrayed in the media was negative. This perhaps shows that how supported people are portrayed relates closely to how workers feel about whether to work in a particular field of care.

**“The media sensationalise mistakes...people who slog day after day never get into the news.”**

**“You hear bad news, people assume every care home is like that. I know it’s different.”**

**“Newspapers don’t help because they portray a very negative image of homelessness. Good news doesn’t sell.”**

**“I don’t think carers get enough recognition for what they do. The media don’t know all the good things happening on a daily basis. They pick on the negative.”**

## Perceptions of social care

Irrespective of where people had built up their impression of social care or even if they had no idea about it, the issue of personal care came up several times in a number of contexts. People either had the impression that personal care was a major component and more negative aspect of the role and were surprised that it wasn’t, or they were apprehensive about it and managed it far better than they had expected.

**“I already had an understanding of care work, however it still felt all very new and a bit off-putting, especially the personal care. I actually took to personal care like a duck to water.”**

**“The initial impression is wiping spills and cleaning bums. It is not really like this, a lot of work involves socialisation.”**

**“It’s totally different from what I thought it would be – I love it. I think it’s the best job I have ever done, although I was scared when I first did it.”**

### 3. Values and qualities of a care worker



***"You need to care for a start!"***

Perhaps more than any other theme, individual participants reflected at length on the values and attitudes required to undertake social care work. Participants were asked what values and qualities they thought they had (or were required of colleagues) to make the most difference to the people they support or care for.

A 'top ten' of qualities and attributes has been created below based on the frequency with which qualities emerged through discussion. This 'league table' is not suggesting that one or other attribute is more important just because it was talked about more, but it does indicate what was foremost in the minds of the workers who took part. Together they reflect the significance of these themes for front line workers.

#### **Compassionate, caring and kind**

These closely allied attributes were mentioned ahead of all other qualities by thirteen of the interviewees. A significant number of people added the caveat that they felt they didn't have sufficient time to do everything they felt they should.

People generally spoke with great passion about their love for the people they support.

**"Your job as a care assistant is to care and at times we are penalised for caring because of the pressure on time."**

**"I think you have to be caring. I have worked with people who have lost their care, and shouldn't be working in care."**

**"You have to love people....and I do!"**

## Good listener

More people mentioned this than any other single attribute.

**“Listen, don’t speak!”**

**“People tell me they have never been listened to before.”**

**“I am a good listener and able to adopt my approach to different people.”**

## Empathetic

People described the ability to be empathetic as critical to their role. Numerous more spoke of the related qualities of being understanding, observant and thoughtful.

**“Put yourself in their shoes”**

## People person

Several people talked about good interpersonal skills and several others contributed similar comments about having a good attitude or manner and being friendly.

**“I think I am easy to get on with. It is important to be able to get on with people and have laugh.”**

## Patient

The need to be patient with people that they support was highlighted by some, with others pointing out the need to give time to those they supported, each stressing in different ways how time is often in short supply.

**“You need to be able to count to ten sometimes!”**

**“In the nursing home it is like a conveyor belt. You start at room 1 and the goal is room 12 before the buzzer goes off.”**

## Respectful

Participants spoke about the importance of being respectful or showing humility.

**“I show the same respect and treat people with the same dignity I want to be treated with. You have to remember that you are not going to work in a care home, you are going to work in their home.”**



## **Tolerant**

In various ways people described a non-judgemental or open-minded approach as being important.

**“Don’t judge.”**

**“You need the skills not to cause or inflate issues.”**

**“Being able to see both sides of a situation and understanding others’ points of view are so important.”**

## Good communicator

Communication came up in a couple of ways. Some spoke of the importance of good communication skills with people they supported. Good team communications and solid team dynamics and support were raised as vital areas.

**“You need to be able to communicate appropriately and sensitively – be straight and honest.”**

**“You need the wider support from the team that you are part of, especially when the chips are down.”**

## Emotionally mature

The significance of previous life experience came up in a number of the conversations along with the qualities of self-awareness and emotional strength which tend to come with experience.

**“Coming from a different background, rather than straight into social care is an important attribute.”**

**“I think I bring life experience and respect for elders”**

## Just brilliant!

There were so many other qualities that people brought up. They are listed opposite.

People generally spoke of these attributes in the context of the people they support. So, being organised and reliable was relevant because routine was important to the people. Or, being trustworthy was about ensuring trusting relationships could be built with people being supported.

- **Flexible**
- **Adaptable**
- **Focused on the person**
- **Competent**
- **Professional**
- **Trustworthy**
- **Reliable**
- **Hard Working**
- **Organised**
- **Focused**
- **Creative**

It was clearly apparent that the support and care staff who were interviewed bring a phenomenal range of qualities and attributes to their respective jobs and expect these qualities and attributes from their colleagues. This next comment is a reflection of this.

**“You can’t be in it for the money. You have got to want to do it. The carers I work with have to want to do it too. You can’t fake it – you love it or hate it.”**

## 4. Motivators

### *"Making a difference is my job"*

The study aims to understand the factors that motivate and engage people in their work and, therefore, what helps retain staff. Participants were asked about what they like most about their job, as well as how important it is to know what impact they are having on the people they support. This question sought to find out where people got their feedback from and its significance to them.

### Enjoyment

A lot of people really struggled to pin down what it is that they most enjoy about their job, with eight people saying 'everything!' In some cases this was not out of an inability to express themselves, but because the role is complex and challenging and people sometimes felt conflicted by this question. *"That question is complex. In a lot of ways the job can be frustrating."*

For some, enjoyment was tempered by the lack of pay. For a lucky few, the job was not an essential source of income and one person actually said that they felt their job was well paid.

For the vast majority, enjoyment and satisfaction was attributed to the interaction with people - smiles, making people happy and being able to help others were all fundamental motivators to them, as was the building of relationships and the social aspect of the role (e.g. keeping families together).

A few other strong themes emerged in relation to enjoyment and satisfaction:

### Getting out and about, autonomy and variety

Autonomy and variety associated with 'getting out and about' with the job was an attraction mentioned by at least twelve people.

**"The diversity of everything is what is most enjoyable and rewarding."**

**"Getting out of the care home to spend one to one time with service users.... It lets you build up a rapport with people."**

### Working with people who are challenging

Challenges associated with people they support was seen as positive and a source of job satisfaction for some interviewees.

**"To come through challenging periods still motivates me – gives me a sense of enjoyment."**

## Wider aspects to the role

Being valued in a wider role such as multi-disciplinary teams or being involved in external groups was clearly a source of satisfaction for several people.

**(Speaking about being involved in multi-disciplinary team meetings) “Although we are only support workers, I feel opinions are valued by other professions.”**

**“I enjoy getting involved in activities that are something other than the day to day service. For example my recent involvement in the Support Worker Reference Group means that I am part of the bigger picture....”**

## Learning opportunities

Learning and development within the role was raised by five people as a specific source of satisfaction.

**“Every day is a new day and you have a chance to gain new knowledge.”**

## Flexibility of hours

It was clear that for a few people, the flexibility of part time or variable hours helped make their job more enjoyable.

**“A good shift pattern and flexibility allows for a good work life balance.”**

**A female care worker said “It’s a good job for a young mum – the flexibility worked well for me.”**

## 5. Impact

***"Knowing you are making a difference is the main factor, if I didn't think I made at least a small positive difference to people's lives I would give up and walk away."***

The people interviewed said that their understanding of how much impact they had most often came from supported people/residents themselves or through their own observation. Being thanked by family members was also frequently mentioned.

**"Thank you's are not always verbal."**

**"I got a card and mentioned at the funeral. Sometimes you don't realise you are doing these things."**

It was, however, feedback from the employer that dominated many of the interviews. Nearly everyone said how important it was to receive feedback from their employer on the impact that they were having. Only a handful said that it was not particularly important for their motivation and, even then, that it was nice to be recognised. The following comments are typical of the majority which were made.

**"It is very important for me to get this feedback – it gives me a boost."**

**"Personally, I think it is important to get positive feedback. It might stop people leaving if they were told how good they are."**

A few people commented on the lack or shortage of simple appreciation ranging from *"They could probably verbalise it a bit more than they do"*, to *"There is not a lot of praise in care homes – it's a thankless job."*

This last comment was exceptional in its strength. Positive support from managers, supervision and appraisal were mentioned by almost half of all the interviewees. Where there was a lack of it, people raised it as a critical deficit, *"We don't get enough one to one feedback. It would make a huge difference to staff."*

Two people had been nominated for employer awards and one person had received a national award. It was apparent that this type of recognition was very significant to these individuals. *"Winning the award (Scottish Care Awards) was one of the biggest things in my career."*

## 6. Challenges and changes

*"They are changing policies all the time – new rules for new things, new rules for old things."*

It was important for the research to find out about those factors which get in the way of providing the best possible care and support, which might put people off coming into social care or which might indeed make them leave. People were also asked about what they thought had or was likely to change that had or would affect their role.

This particular part of the study generated perhaps the most consistently repeated themes across the participants. They are:

### Paperwork

Although one person actually said they like paperwork, this subject was raised by a sizeable number as a challenge and a negative aspect of change. There was one other exception, where someone described a reduction in paperwork.

**"Paperwork puts me off and a lot of other people too. I feel it is getting beyond a joke."**

**"There is too much paperwork or rather too much repetition. This takes you away from direct care, can make you tired and can be stressful if deadlines are involved."**

**"(We are) no longer paperwork orientated – it is all done on the phone."**

### Less time

A pressure on time or having less time than in the past was described as a challenge and a change in equal measure on several occasions. Often being short of time was mentioned in relation to paperwork or travel.

**"Paperwork is challenging – far too much....there simply isn't time."**

**"We are running in and out of clients, that's when you worry. Not everybody is the same and some people need extra time."**

**"I often use my own time and come in on my day off."**

## Emotional toll

The issue of working with people who might be dying, had lost capacity, or had behaviours that were hard to cope with was raised by nearly half the people interviewed. People generally described the emotional toll or stress caused, although there was a positive aspect to the challenge as well. In terms of change, an observation made by a few people was the significant increase in people that they worked with who had dementia or highly complex needs. In a couple of cases, people commented that they had felt initially untrained or ill equipped to cope. There was also a sense that the emotional toll on staff was not always appreciated by others, with some reflecting that individuals had left their roles because of this.

**“When a resident starts to lose capacity it’s very distressing for them and you.”**

**“Intellectually you can rationalise this (distressing behaviour), you still react on an emotional level and it can be stressful.”**

**(Talking on the subject of dementia and expressing frustration) “I wish there was something you could do more to help.”**

**“I find the emotion hardest to work with, especially when there are issues of self-harm.”**

**“It’s always going to be a stressful job”**

## Increasing responsibilities and clinical responsibilities

Over a quarter of the participants talked about increased responsibilities. Additional monitoring and compliance responsibilities were part of the picture and, in a couple of cases, organisational restructures had pushed greater responsibilities onto senior support workers.

A couple of people saw the increase in responsibilities as positive. An increase in clinical responsibilities and dealing with medication was raised by around half a dozen people as a challenge, but also something that they were pleased to be doing more of.

**(Team leader removed from structure) “I can see that as a result of this, support workers will be asked to take on more of a manager’s administrations role or managers will take on more of a support worker’s role and support workers will be demoted, until eventually there will only be one level of practitioner recognised in care.”**

**(Support Worker) “We do a lot of nursing procedures, anything up to injections – injections are the dividing line.”**

## **Staff shortages, poor quality staff or high staff turnover**

These factors were described variously by people as challenges or as an area where they had seen change. Understaffing was generally given as a one word answer as an example of a challenge.

A few people mentioned that they had seen a decrease in the quality of staff coming into the sector, suggesting there was less willingness to work or stick with a job amongst some new starts.

**“The turnover of staff is not helpful with our clients, so we see cycles of support with regular changes of relationship.”**

**“Staff! I get the impression that people don’t want to work. Sometimes attitudes, people don’t want to attend training or last the distance.”**

**“Some staff are not forthcoming and they will let you down by phoning in at the last minute or going home early. That’s changed – the younger generation. It much more difficult to attract the quality of staff than it used to be.”**

**“Some staff struggle as they aren’t always literate.”**

## **Funding**

Cuts to budgets were described as a worry by individuals. In all but one case the concern was not about job security, but about the reduction in support that would result.

**“I’m worried about funding cuts. It is demoralising when people get less support.”**

**“Financing of projects is changing things. When I started there were ten staff to eight service users. Now there are seven staff to ten service users.”**



## Poor pay and changes to terms and conditions

Seven of the forty people described low pay as a challenge. The sentiment generally was that they loved doing what they were doing, but low pay or an erosion of terms and conditions was a serious issue for them, especially in relation to travel and sick pay. Pay relative to others or to what the job entails were also major bones of contention. There was also an awareness of the new National Living Wage, and the implications that this might have for pay differentials.

**“Not enough money. Earning around £7.00 an hour... I don't want to go and work in a hospital.”**

**“Some people work 14 hours, but are only paid for 9. (Not paid for travel). Pay used to be better and travel time was paid.”**

**“NHS get paid for being off... When I was off sick this was a struggle.”**

**“Senior care workers are involved in care plans with doctors and medication. The pay doesn't cover what we do.”**

**“Pay is out of my hands, but why do senior carers get a lower rise than care workers? What is going to happen when £9 an hour comes in?”**

## 7. Aspirations and perceived barriers

*"I am already progressing, but I am an indian not a chief"*

The study sought to find out what, if any, ambitions people had to develop their career or role and what sort of barriers might stand in their way. When it came to aspirations, people fell into a two broad groups of roughly the same size:

### No wish to progress 'upwards'

At least eighteen (45%) of those interviewed were happy to stay at the level they were at and were happy in their role. Within this number, a few had not given much thought to career development. Some were very clear about wanting to develop their knowledge and skills, but not for the purposes of progression into higher roles. Developing knowledge in palliative care was something people mentioned specifically, but a number of others expressed a desire to increase their knowledge more generally.

A large proportion of those who fell into this category said that they associated promotion with more paperwork, higher levels of stress and a move away from hands on work. This is obviously a concern given that most organisations like to promote and develop managers from within.

**"I don't want to be a senior, if I wanted an office job that is what I would do."**

**"You get more stress if you go up the ladder. The step up to team leader does not bring much more pay – I am happy to stick at this level."**

**"Any further up would take me further from the people we support."**

**"I've had lots of opportunities and the company has been very good to me, but I'm happy with this."**

## Desire to progress upwards or new role

Apart from a few people who were unsure whether or not they wanted career progression or felt it was too early to decide, the remainder of the group did express ambitions. Eight people specified achieving SVQ (generally levels 3 or 4) as their next step. Some saw career progression as lying in nursing or clinical roles. Only one person said that they might be interested in developing their career in management. So, the same fundamental wish to stay close to supported people was as true for this group as it was for those with more modest ambitions.

Seven people spoke of there being opportunities (around half this sub group) for progression within their organisation, albeit in one case rather limited progression. One person said she had not been given an opportunity.

Restructures and the removal of tiers of staff were described as barriers in a few cases. Higher pay elsewhere or in other roles was referred to by several in this group. Often they added that they would have liked to stay and develop their careers within their existing setting, but the incentives were not there. One person spoke of how he would need to train as a nurse before management opportunities would be open to him.

As a rough estimate this means that around a quarter of all the interviewees would most likely have to move to other organisations or move away from front line social care to develop their careers.

**“I haven’t been given the chance to develop – you come in as a carer, you remain as a carer. I would love to do my SVQ3 to further my career.”**

**“I see development opportunities, but going to Glasgow City Council I would get twice the money once qualified.”**

**“I would like to pursue a training role...I would need to pursue this on my own.”**

**“There are not many opportunities for upward progression without coming into the office.”**

Encouragingly, one person spoke very positively of a structure in her organisation that had allowed her to progress without losing the hands on contact with the people she supports.

**“I don’t want to be a supervisor, but this (new role) lets me do both (develop breadth of role, but remain hands on). I want to learn as much as I can. I see myself staying in the sector and see opportunities here.”**

## 8. Encouraging others into the sector

***"I accept that everyone has to go to work for a financial reason, but for this type of work there has to be a connection."***

Participants were asked the question, *'If you were to encourage someone to work in social care, what you would say to them?'*

In response, the majority of people brought up all the qualities and attributes that they had described earlier as essential, but in addition to this they talked about a need to be resilient and tough. There was recognition that the job was demanding and stressful with high levels of personal responsibility but nevertheless with clear and significant reward, albeit not financial.

Nearly everyone who was interviewed obviously loved what they did. Whilst the majority would encourage others into the sector there was a sense of realism, not least because of an awareness of the high levels of personal contact with people who were often vulnerable.

***"Think very carefully, be open minded, understand the reality, have no illusions"***

Alongside this, individuals reflected that there is a lack of appreciation of the depth, range and challenge of the work for many not directly involved in care.

***"A lot of people come in thinking it is about holding someone's hand and making them a cup of tea."***

Together with this realist approach, there were numerous observations highlighting the reward and personal fulfilment which some felt uniquely a job in social care could offer. The ability to make real differences to the lives of others, the variety of roles and tasks, opportunities to learn and personally develop were all cited as attractions they would communicate to others.

There is of course a great range of support and care jobs in social care. Those working in care at home or outreach roles spoke of enjoying *"not being stuck in one place"* and not every job involves personal care – something that was seen as off putting, especially to younger people.

The importance of having life experience was raised again in the responses to this question. *"There are some good young ones, but it's not really for school leavers in general."* There was a sense from participants in the study that social care should be seen as an aspirational profession rather than a better option to retail or as a stepping stone to something 'better', even if it turned out to be so for some. There was value in care in and of itself. Participants indicated that the responsibility to change the image, terms, conditions and support for development within the sector lies with employers, commissioners, the government and its agencies.

Once again, the reality of pay and conditions pertaining specifically to the care at home sector were highlighted. This can be attributed to the preferred commissioning process adopted by local authorities.

**“It’s not a 9-5 job.....that would be what somebody (say a 20 or 30 year old) would have. An hour here, an hour there – that wouldn’t be any good. £7 an hour then you have to wait....that makes it £4 an hour...who wants to do that?”**

## 9. Conclusions

‘Voices from the Front Line’ has enabled Scottish Care to build upon and extend previous discussions with a group of social care professionals who have the skills and abilities to positively influence change throughout the health and social care sector.

It resulted in honest, thought provoking and insightful discussions, with views held and opinions expressed (positive and negative) being fairly consistent, irrespective of the different workplace settings.

The interviews identified a level of care and commitment within the social care workforce which was nothing short of inspirational. It reinforced the fact that providing care to the most vulnerable citizens of Scotland is not just a job; it’s a vocation.

However, the study has also identified a significant level of fragility within the front line workforce. It has served to underline real concerns that a workforce providing some of the most personal and crucial services is sadly all too often undervalued, unappreciated and overlooked.

Too little pay, too much paperwork, too little time and poor public support were just some of the ‘detracting factors’ for a significant number of people interviewed. Whilst there may not be a simplistic single solution to the complex and multi-faceted challenges facing the sector, there are things that can be done which involve listening to what the front line workforce has told us about the positives of their role, making these the dominant aspects of the job and working hard to diminish the factors that detract so much from the core purpose of the role.

## 10. Recommendations

It is absolutely critical that progressive discussions are undertaken in a collaborative manner, with an overarching principle of involving the front line workforce in local and national policy development opportunities.

This study has underlined for Scottish Care that urgent action in this area is not an option but an imperative. It is crucial to sustain and develop a workforce equipped to face the challenges and opportunities that an integrated health and social care environment presents. As such, the following recommendations are made.

### Review recruitment and retention strategies

Anyone reading this report will hopefully see the factors that those interviewed consider to be the 'selling points' of the jobs that they do. Indeed, anyone who wants to is encouraged to use the quotations and stories as a means of promoting the role, be that in campaigns or job adverts.

There is no doubt that providers are trying many ways to attract people to their organisations, but there has been learning from this study that may help providers modify their approaches, and introduce more innovative practices. Some suggestions are:

- Use the attributes for values identified in the report as the foundation for a values-based recruitment approach. This is very much in keeping with the thinking within the SSSC and other regulatory bodies.
- Look more to marketing jobs as second careers than as entry level jobs. Many interviewed brought experience and emotional maturity to the role that would be hard to find in school leavers. Effort still needs to go into promoting social care in schools, but at the moment the emphasis is perhaps too focussed on this source of recruits. Attracting people to enter social care later in life is, of course, contingent upon addressing the low pay and short career pathway. Some of the interviewees described how they could only afford to work in social care because they didn't rely on the income.
- Develop shadowing and taster sessions. People from one organisation who took part in the study talked with enthusiasm about a scheme that allowed potential recruits to shadow a worker for a day before they applied for a job.
- Create more opportunities for lateral development within the role. Some organisations had clearly been putting an effort into this area. One person spoke of how he was staying (at the moment) because of his involvement in quality assurance, others because there was a structure that allowed development of their role without progression into management. (The caveat was that, once qualified, he was considering working for the council because of the higher wages!)
- Ensure recognition at all levels. 'In house' and 'Industry' awards given to outstanding front line social care staff may be seen as a gimmick by some or a poor substitute for really good terms and conditions. This was certainly not the perception of those people interviewed who had received such awards and who were, rightly, immensely proud of and motivated by them. The power of recognition, even a simple 'thank you', cannot be underestimated. Organisations could look at whether there is more they can do to recognise their workforce. This is not to say that it will magically resolve the recruitment crisis, but it could contribute something to retention difficulties.

## **Commissioning which fosters workforce equality**

Many participants in the study cited low wages and eroded terms and conditions as the main factor preventing people from coming into the sector, despite social care being a potentially rewarding career. High staff turnover is expensive, destabilising and almost certainly a bad thing for supported people and yet bottom line commissioning and unfair pay differentials between local authority workers and those in the independent and voluntary sectors persist, at great long-term cost to the sector as a whole.

There are current and real challenges facing social care. Fair terms and conditions for workers are built on fairness and equality at the point of procurement and commissioning. In the face of a range of changes over the next few months, such as the Living Wage and its impact of generating progressive pay differentials, it is recommended that new opportunities are facilitated for providers, Scottish Government, COSLA and Integrated Joint Boards to come together, with equality of relationship, to collaboratively work on these challenges and that at all stages, front line engagement and representation should be evident.

## **Commissioning targeted at staff development**

Improving pay would be an excellent start, but by no means the whole solution. We recommend that health and social care partnerships are encouraged to develop commissioning strategies that place beneficial weighting in selection criteria in order to favour providers where quality of staff learning and development and workforce engagement are all significant. These are paramount to achieving a workforce that wants to stay in the profession and that meets the growing demands being placed on it.

## **Commissioning flexible services**

A number of participants interviewed said that they did things that were beyond the support plan "because they needed doing". Showing initiative, being creative and possibly taking risks are key qualities necessary for a personalised approach, but where does this leave people with their employer who may well be working within a rigid, timed and task orientated contract?

Commissioning flexible services, measuring outcomes not outputs and having an outcomes framework for inspection are all part of the direction of travel in Scotland. However, it is recommended that those who can influence this cultural shift do so with vigour and see it as being important for not just those receiving support, but to the job satisfaction of the workforce that is helping the individual achieve their outcomes.

## **Involve the front line in workforce planning within Integrated Boards**

There is a huge pool of talent within the front line social care workforce. They are often in community settings at the forefront of prevention work, and their role is pivotal to the integration agenda. It makes sense, therefore, to create mechanisms to involve the front line in workforce planning forums linked to joint strategic planning. Integrated Joint Boards have, by and large, yet to get to grips with this task, so there is an opportunity to get this engagement set up right at the beginning of the process. Doing so will achieve a number of things. It will assist in focusing strategic decision making on the demands and needs of the whole workforce, not just those employed by statutory partners. It will also help identify cross sector opportunities for shared learning and development and for exploring how greater integrated working can operate at grass roots and local community levels.

We therefore recommend that all IJBs as a matter of course ensure that strategic planning and workforce development structures include and engage front line workers.

## **Invest in middle management**

Many of those interviewed talked about the importance of receiving good support from their managers. People described being encouraged and inspired by their managers and gave the reason they stayed (or had left previous jobs) as having been in receipt of good (or bad) management. Investing in management to ensure people have the time and the skills to deliver quality support, supervision and appraisal is critical to retaining front line staff.

This is easy to say, but not so easy to do and gets right back to earlier recommendations about commissioning and procurement. Quality support and supervision is not something to be absorbed in the allowance given for back office costs. It is fundamental to service delivery and the retention of staff.

However, with the majority of the front line workforce interviewed saying that they didn't want to become managers, it begs the question, where are the future managers going to come from? With many organisations flattening out their structures to make savings in the face of austerity, there are insufficient 'stepping stones' from the front line into management. There is already a body of work on the role of and demands on middle managers working in social care<sup>5</sup>.

We recommend further research is conducted with provider organisations to help us identify, cost, and share knowledge about successful models and pathways that have helped retain staff and that resist the current trend to flatten structures, to the point where there is no differentiation of role and little to encourage people to progress.

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<sup>5</sup> Source: Scottish Social Services Council, Middle Managers in Scotland's Social Services. Available [online] at: <http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications?task=document.viewdoc&id=1476>

Source: Scottish Social Services Council, Middle Managers in Scotland's Social Services: Leadership Learning Framework. Available [online] at: <http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications?task=document.viewdoc&id=2317>



## **Promote the image of social care as a career**

There is a pressing issue of poor or low public esteem and image for social care, which directly impacts on those who currently work in the sector or who may be considering employment. We believe that there is a need for a collective and shared strategic response to these challenges of perception.

It is recommended that each stakeholder with an interest in addressing this challenge completes a pro forma, which the Scottish Care Front Line Support Worker Strategy Forum will develop, to share what they believe they can contribute to achieve this outcome. These would then be brought back to some sort of event/workshop/forum to create an Action Plan for the promotion of working in social care. This would need to be resourced properly, have a timetable and involve front line workers themselves. Any approach requires to be multi-faceted, including:

- awareness campaigns supported by Scottish Government;
- school and college promotions led by SSSC/SQA/Education departments;
- shared advertising and recruitment slogans and models across localities;
- the Care Inspectorate placing outcomes achieved right at the front of reports and attributing them to the work of front line staff;
- and much more.

## **Maintain the momentum of front line engagement**

The Voices project has reached this stage as the result of a wide range of support, including financial resource from the Office of the Chief Social Worker, the enthusiasm of the front line workers themselves and critically, the commitment of organisations and employers to fully engage and foster participation. Those employers who have been engaged in front line worker activity have commented on the considerable benefits to their organisations as a result.

We recommend that the work of the Scottish Care Front Line Support Worker Strategy Forum continues to be resourced and supported. The Strategy Group provides a platform for the sharing of ideas about solutions, e.g. finding out about structures that work, where new technology has been effective and where paperwork can be cut. We recommend that the Forum, together with those undertaking similar work, builds on the work undertaken in the Voices project and contributes to addressing some of the challenges front line workers have given voice to.

## 11. Appendix 1 - Voices from the Front Line Research Questions

### Main Question

1. How long have you been working in your present post?

2. How did you get started or what brought you into your job?

3. Before you started in social care what image did you have of the work of a paid carer or support worker?

4. What values and qualities or attributes do you think you have that make the most difference to the people you support or care for?

5. How do you know you are having an impact/making a difference to the people that you support or care for?

6. What parts of your job do you most enjoy?

7. What do you feel are the things that are most challenging about your role?

8. Has your role seen much change since you started?

9. Do you have aspirations to develop your career in social care?

10. If you were to encourage someone who didn't know about the sector to come and work in it, what would you say to them?

### Possible Follow Ups

If a significant period, say three years plus: What has motivated you most to stay in the job?

If a shorter period: What is most likely to motivate you to remain working in social care?

What were you doing before?

How did you find out about the job?

Was this your first choice of job?

What attracted you into the post?

What most influenced your impression of this type of work?

For example, people you know, media, family member, etc.

How many of these values and qualities did you have already and how much was learnt on the job?

What values and qualities does someone need to have to work alongside you? Are they the same as yours?

How much feedback do you get on this from your employer?

Is knowing how much of a difference you make a motivating factor to work in social care?

Is enjoyment mostly about job satisfaction or other factors?

Why are these things the most challenging?

If yes, what are the main changes?

What sort of changes do you expect to see in the future?

Do you think there are many opportunities for development?

Are these aspirations within your existing role/job, e.g. more learning and development or, career progression in social care, but doing other roles? What sort of roles?

If no, why not? Are there barriers, not interested, no need, etc.?

If you wouldn't encourage someone, why would that be?

## 12. Appendix 2 - Participating Organisations

MHA Care Homes (Auchlochan Care Home)  
BUPA (Golfhill Care Home)  
William Simpson's Care Home  
Four Seasons (Benholm Care Home)  
Meallmore (The Oaks)  
HC One (Greenfield Park)  
Crossreach (Eastwood Care Home)  
Loretto Care  
Cornerstone  
C-Change  
Highland Home Carers  
Carr Gomm  
Mears Care  
Bluebird Care  
Ballieston Community Care  
Aspen Hamilton  
The Salvation Army (Homelessness Service, Dundee)

## 13. Who we are

Scottish Care is a membership organisation and the representative body for independent social care services in Scotland. Scottish Care represents the largest group of health and social care sector independent providers across Scotland delivering residential care, day care, care at home and housing support services. 'Independent sector' in this context means both private and voluntary provider organisations. Our membership includes organisations of varying types and sizes, amongst them single providers, small and medium sized groups, national providers and not-for-profit voluntary organisations and associations. Scottish Care is committed to supporting a quality orientated, independent sector that offers real choice and value for money. Our aim is to work with key partners and stakeholders to create an environment in which care providers can continue to deliver and develop the high quality care that communities require and deserve.

Workforce Matters is managed by Scottish Care and is funded by the Scottish Government through a grant, with the aim of assisting "*social services providers in the independent sector to fully contribute to the national workforce development agenda and maximise their capacity to self-manage the development of their workforce*". The Scottish Government is funding Scottish Care, through Workforce Matters, to engage in a number of focused activities, including engagement of the front line social care workforce.