

# WORKFORCE RECRUITMENT & RETENTION SURVEY FINDINGS

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## INTERIM REPORT



SEPTEMBER 2021

The social care workforce provides support and care to those who require it in a way that places the individual, their rights and their independence at the forefront of all decisions. They are essential contributors to the health, social and wellbeing needs and aspirations of our communities and population. However, the sector is not without its challenges and many longstanding issues have been brought to the forefront and worsened over the course of the pandemic, with key problems around recruitment and retention.

There have been innumerable challenges faced by the social care workforce. Scottish Care and wider sector efforts have advocated and pushed for ways to improve recruitment and retention in social care, as evidenced through improved terms and conditions, rates of pay through Fair Work principles, better career pathways, employability efforts and working to highlight the sector as a rewarding career choice that has real value and equips people with skills and expertise.

In order to better understand the severity of the issues facing the social care workforce amidst the largest staffing crisis the sector has seen in recent years, Scottish Care issued a survey between July 26 - August 9, 2021. The survey was open to Scottish Care members and non-members, circulated as widely as possible so that all who operate or provide care and support in Care Homes (CH), Care at Home and Housing Support (CAH/HS), and Day Services for Adults would provide their insight and allow us to gain clarity on the following issues:

- Recruitment and retention are key to providing, sustaining and growing resilience within the whole social care sector. With increased reports of concern regarding tried and tested approaches to advertisement by the sector, the sourcing and recruiting of staff is no longer meeting the needs to grow and sustain the workforce to deliver person-centred, quality care that every individual has the right to.
- Anecdotally, we have heard that there was a period during the pandemic where recruitment was reported to have improved as unemployment levels rose in other sectors. However, as restrictions ease and businesses re-open, there is evidence emerging that staff are leaving care to return to previous jobs and or new sectors. This leads us to believe the recruitment and retention of staff for many organisations is proving problematic, and organisations are concerned that they will not be able to sustain the same levels of current delivery. Some Care at Home organisations are reporting that they are not able to scale up their workforce to meet the increased demand for their services.

The results of this survey have provided an up-to-date picture of these issues and give an insight of both the national scale as well as comparing CH and CAH/HS sectors to highlight notable differences.

Whilst this survey exercise doesn't provide a comprehensive picture of all independent sector care organisations across Scotland, respondents do represent a significant proportion of services and staff across Scotland. The resulting findings therefore provide a degree of insight into and confirmation of the general trends in the sector at present. The survey data and statistics produced offer a starting point for further collaborative work to understand and support the sector to offer a positive, sustainable, attractive and rewarding career within what is a complex, challenging and changing landscape.



# BACKGROUND INFORMATION

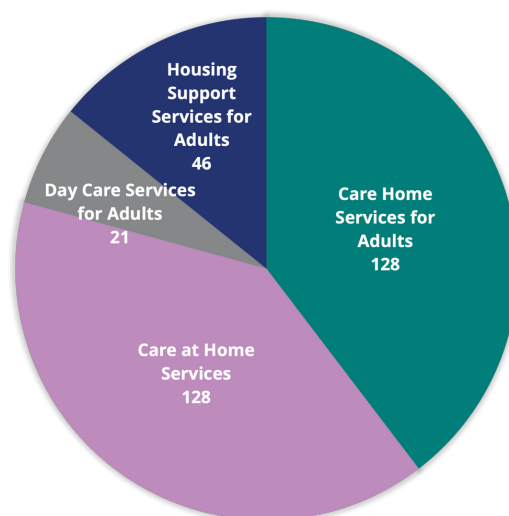
We received a high level of engagement to the survey, with 251 providers and organisations from the private, third and voluntary sectors responding. This high uptake indicates a real urgency surrounding these issues as we also received significant response from non-members of Scottish Care.

To provide more context to the current situation, the adult social care workforce in Scotland employs a considerable number of individuals; according to data from the SSSC Workforce Data Report 2020, the sector is comprised of 134,440 individuals (combining those working in adult day care, care homes for adults, housing support/care at home), and two of the three largest subsectors of the social sector workforce are housing support/care at home, and care homes for adults. Within the report, there is a sizeable increase in the number of workers in the housing support/care at home sector, evidencing that it is a growing sector and the need for support at home is increasing. However, this earlier report does not consider the consequential increased number of people that require care and support which we know has grown over the past 18 months.

A breakdown of the sector represented in the survey is as follows:

78.1% of respondents were a member of Scottish Care. 66.4% of all respondents represented the private sector, 27.2% the third sector and 6.4% were 'other' which meant they may operate through the NHS or a Health and Social Care Partnership (HSCP).

- **128** respondents indicated they operate Care at Home Services. Options for this included Older People, Learning Disabilities, Mental Health, Substance Misuse, Care at Home with Housing Support Combined
- **46** respondents operate Housing Support Services for Adults. Many of these respondents indicate they also operate other types of services, including Care at Home and Care Homes
- **21** respondents operate Day Care Services for Adults
- **128** of respondents operate Care Home Services for Adults. An additional ~2-10% also operate Care at Home Services



Individuals could select all options as applicable, therefore the above numbers do not add up perfectly to 251.

When reviewing results by sector we categorised results by 'Care Home,' 'Care at Home and Housing Support' and 'Day Care Services for Adults'. The breakdown is summarised as follows:

- **Care Home Service for Adults – 51%**
- **Care at Home, Older People – 36.3%**
- **Care at Home with Housing Support – 20.7%**
- Care at Home, Learning Disabilities – 19.1%
- Housing Support Services for Adults – 18.3%
- Care at Home, Mental Health – 15.1%
- Day Care Services for Adults – 8.4%
- Care at Home, Substance Misuse – 6%

Just over half of respondents operated CH services, followed by CAH for older people and CAH with housing support. 58.2% of respondents operate just one service, while 41.8% operate more than one service, meaning that the percentages include overlap.

In terms of local authority representation, all areas of Scottish Care membership were included, with highest response from Glasgow City, Dumfries and Galloway, Falkirk, Fife, Highland and South Lanarkshire. We might attribute high response rate in less populous areas to the outreach efforts of Scottish Care independent sector leads, as well as a recognition of the severity of workforce issues in local areas.

## Local authority representation





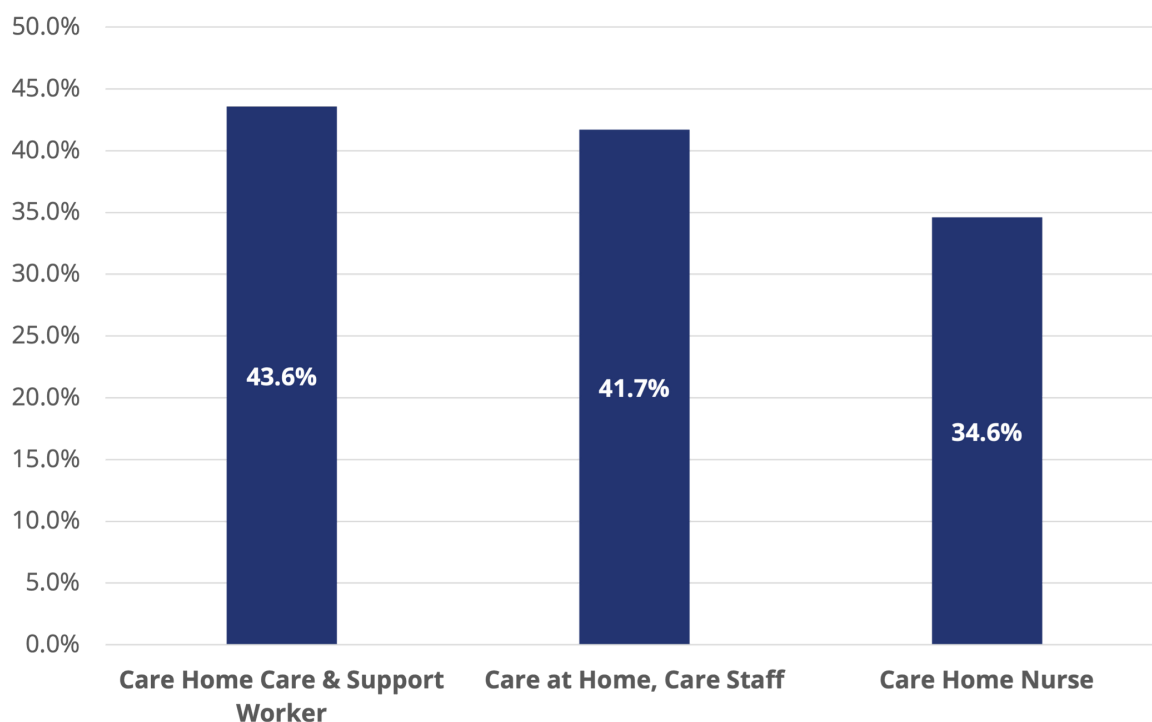
# RECRUITMENT AND RETENTION

We asked questions specific to recruitment and retention to understand the severity of problems, given anecdotal information and evidence that this is an increasing challenge not least due to the impact of the pandemic on the workforce, as well as terms and conditions, rate of pay, perception of social care and the undervaluation of the sector.

When asked whether recruitment and retention was problematic; **87.8% responded 'Yes,' 10.5% responded 'No' and 1.7% were unsure.** This proportion was nearly identical when separating responses by CH and CAH/HS. Greater variation was seen when comparing across local authority areas.

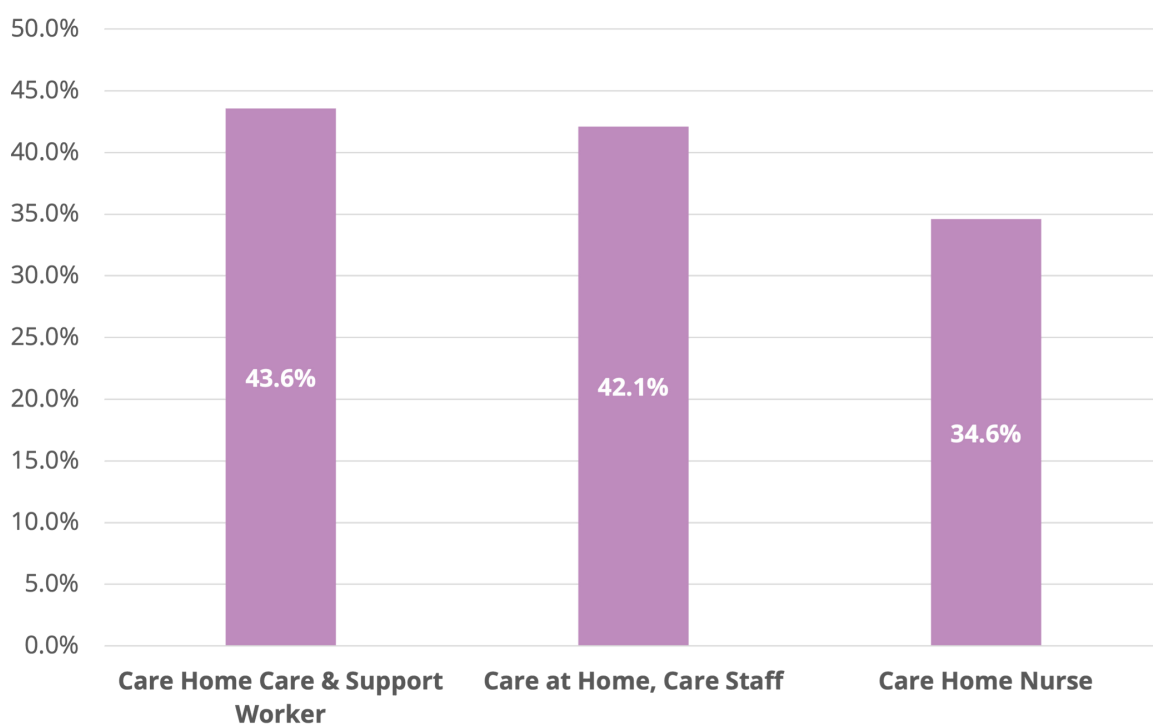
When asking about the roles that providers are struggling most to recruit, the top three selected were **Care Home Care and Support Worker (43.6%), Care at Home, Care Staff (41.7%) Care Home Nurse (34.6%).** There is almost equal challenge for Care Home and Care at Home support workers/staff to recruit, and a general overall need for staff and support workers in CH and CAH/HS. Other options available were Care at Home Supervisor, Care Coordinator/Admin, Care Home Supervisor, Care Home Practitioners, Care Home Chef, Care Home Domestic Worker, Care Home Deputy Manager, Care at Home Service manager, Care at Home Manager.

## Top three roles that providers are struggling to recruit



The top roles that providers are struggling most to retain are **Care Home Care and Support Worker (43.6%)**, **Care at Home, Care Staff (42.1%)** and **Care Home Nurse (34.6%)**. When separating results by CH and CAH/HS, there was a **significantly higher challenge in retaining CAH staff** (72.5%, respective to CH's 60%). There may be numerous reasons for this such as salaries being not competitive enough with other industries; poor perception of care; more contract benefits available with the NHS; challenges with transport; delays with SVQ progression; fewer opportunities for development due to stagnation of salaries. Overall results also suggest it is slightly more challenging to recruit than to retain candidates.

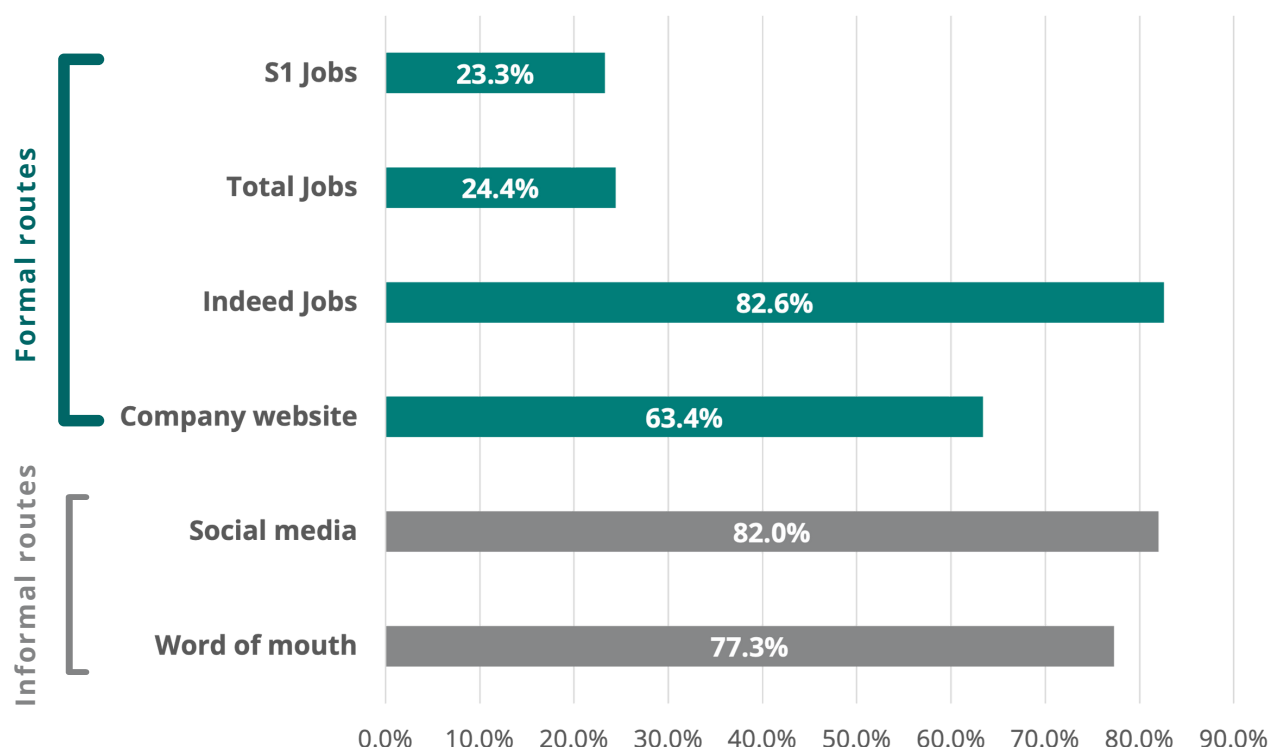
### Top three roles that providers are struggling to retain



Respondents stated that they recruit very frequently: More than a third of respondents recruit weekly (34.1%) while an additional third (34.3%) selected 'Other' with the overwhelming majority of comments stating they stated that they recruited 'as needed/required,' 'daily,' and 'ongoing.' Ongoing recruitment is a massive cost to the sector as providers are advertising for openings on a rolling basis. This is unsustainable. Figures were higher in CAH/HS services (almost 75% recruit on a daily and weekly basis), but the problem is overall significant across the sector. The remaining breakdown was 17.9% monthly, 0% quarterly, 3.4% twice a year and 0% once a year.

The most common option to advertise jobs is via Indeed jobs, used by 82.6% of providers and is closely followed by social media (82%), word of mouth (77.3%), company website (63.4%), total jobs (24.4%) and S1 jobs (23.3%). Other jobs are advertised through local authorities, libraries, job agencies, government websites, recruitment agencies, posters in village shops, community and local newspapers, and websites (such as carehome.co.uk).

## Most common job advertising options



**When looking at sectors individually, the CAH/HS sector mostly advertises through social media (90.2%) and CH through word of mouth (79.8%).** All

mechanisms are used to varying degrees. When asked about which of these routes work best, there was less consensus: most said 'word of mouth' (52.8%), however comments state that despite using many methods including recruitment websites, none are working well as providers are struggling to attract people to the sector. These findings suggest providers do use formal routes to recruit new staff but have more success with informal routes which is unsustainable for many providers as this provides inconsistent routes into the sector.



Staff are mostly interviewed face to face – 84.9%, followed by Zoom/Teams, open days and other means. When comparing CAH/HS to CH, CAH/HS use all methods more broadly than CH, perhaps suggesting they are more accommodating though this flexibility aligns with the nature of travel with the job.

There is a concerning high non-attendance rate of those invited to interview - **almost 40% of those invited to interview simply do not show**, which stretches provider resource. There is a wide range of non-attendance across both the CH and CAH/HS sectors, suggesting the problem varies greatly. When asking about the rationale for non-attendance, respondents selected 'Other' – 51.2%; their absence is unknown as they are simply no-shows and it is near impossible to ascertain why despite follow-up attempts.

Almost a quarter of staff (24%) leave within the first 3 months of joining an organisation, rising to 31% of those originally recruited by the end of the year. This drop-off rate is slightly higher in the CAH/HS sector, suggesting greater work is needed to support individuals coming into the sector. This is further evidenced by the recruitment rate following initial interview: while approximately 51% of individuals are recruited following interview nationally, this rises to 57% in CAH/HS (against 45% in CH). This may indicate that need is greater in this sector and less choice can be exercised over who is hired (as the demand to fill roles is incredibly demanding at present), though does align with the findings from the 2020 SSSC Workforce Report.

**The extent that low attrition rates have impacted on organisations is significant; almost 70% of organisations state there is moderate to considerable impact and impact is more considerable in CAH/HS.** This impact may be felt through increased pressures on organisations to deliver and meet demand as well as the requirements of regulatory organisations, increased costs outwith PPE and protective measures, increased workloads on staff. This leads us to consider how we can continue to best support the workforce and providers and exercise influence over decision-makers.

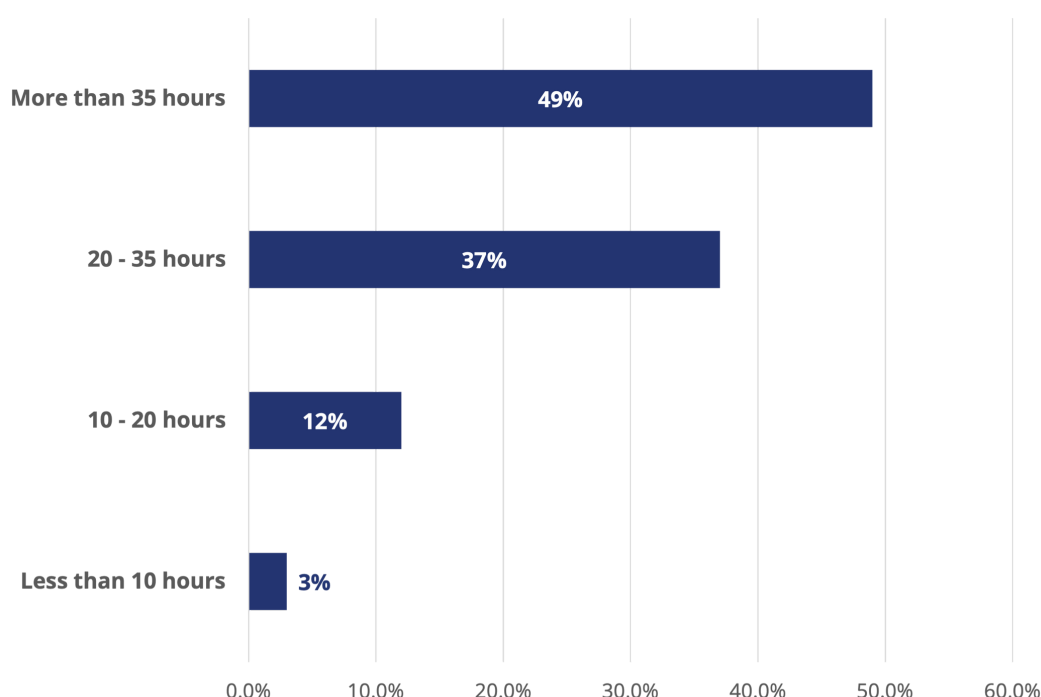
# CONTRACTS

There are several types of contracts generally available to employees. The most common is Permanent (fixed hours, 88.3%), followed by Temporary (fixed hours, 3.4%) and Permanent (no fixed hours, 30.4%). Other contract types and ubiquity include Temporary (no fixed hours) – 12.9%, Zero-hour contracts (no fixed hours, 39.8%), Flexible hours (47.4%) and Other (6.4%). It is relevant to note that while there are many contract types available, not all may be appealing to employees nor is there incentive to select a contract where they do not get paid beyond their contracted hours if they do pass the total time they are employed to work.

There is greater use of zero-hour and permanent (not fixed) hour contracts with the CAH/HS sector. This is likely attributable to the variable nature of working across homes. It should be noted that the hours to be worked are not always necessarily defined which can infringe upon work/life balance if staff are working excessive hours. This is likely to impact on an organisation's ability to maintain care hours, but the overall picture is not static and the individual impact upon organisations may range greatly.

The number of hours that people are working is markedly high at the moment with increasing pressure on staff to maintain the same quality of care while working longer hours. **Almost 50% of organisations related that their staff are working more than 35 hours per week**, which presents a complex picture. It is not clear whether more part-time hours are being done than in previous years. A further 37% work 20-35 hours, 12% work 10-20 hours and around 3% work less than 10 hours per week.

## Contract hours



# SICKNESS AND ABSENCE LEVELS

There are currently high sickness and absence levels in the sector and this requires building in better workforce policies that adapt to variable absence levels. While it is not clear from the survey to fully know the extent to which COVID has impacted some of the main reasons for absence (relative to pre-pandemic levels), we can assume that many of these absence reasons were present before the pandemic and have only worsened.

First, we asked the degree of impact (minimal, moderate, considerable) that COVID has had on the sector and 60% of providers stated *some* degree of impact was felt (when combining moderate and considerable impact).

We also wanted to know the extent to which psychological well-being or trauma have been a feature for reasons of sickness absence. A small majority of respondents (51.2%) stated that wellbeing/trauma has *not* been a feature. This was a surprising result as wellbeing is comprised of many dimensions such as emotional, physical, occupational, among others.

In order to learn what the reasons for this may be, we asked 'Where sickness absence has been of moderate to considerable concern, what are any other main reasons given for absence?' Respondents selected all as applicable. 'Other Reason' was most often selected (62%) with mixed comments: anxiety/depression, stress, exhaustion and family related (including childcare). Other reasons selected included Muscular/Skeletal (32%), Cold/Flu Symptoms (non-Covid, 30%) and Occupational Exhaustion (Covid, 27.2%).

The impact of absence levels on the social care workforce demands immediate addressing to allow for adequate recovery time given how burnt-out staff are. When comparing the CAH/HS sector to CH, both sectors commonly cited the reasons for absence was related to mental health and wellbeing.

This has had some degree of impact on provider ability to deliver care and support - almost three-quarter of providers stated they were impacted. In reality, over 40% of providers report sickness levels being higher than their pre-pandemic average. This number is greater for CAH/HS (47.8%) than CH (31.5%). **Meanwhile, the known sickness absence level known sits at 16% nationally.** Having to adjust for high sickness levels is challenging even in normal times, but the impact on the CAH/HS sector over the course of the pandemic has been undeniably disproportionate to the capacity of organisations and the workforce to meet the true demand of providing care and support.

# RECRUITMENT SUSTAINABILITY

We also asked several questions seeking to understand provider perspective and level of agreement on factors that may positively or negatively impact on the provider ability to recruit, retain, and grow the workforce.

First, when asked about offering permanent contracts with confidence to employees, 80% of respondents agreed that they could. Broken down, 54.1% strongly agreed, 25.9% agreed, 5.3% were neutral, 7.7% disagreed and 7.1% strongly disagreed.

When asked whether providers could offer full-time working hours to all safely recruited staff who request it, the majority agreed that they could: 44.4% strongly agreed, 28.7% agreed, 12.9% were neutral, 5.9% disagreed and 8.2% strongly disagreed.

These results do show hours available and the need for staff to fill them, but the way the work is commissioned means there is little stability for employees; while the hours to work are available, many hours of care and support are not necessarily feasible or sustainable for workers. Further, unsociable hours payments are not reflected in rates of pay which is further deterrent to work.

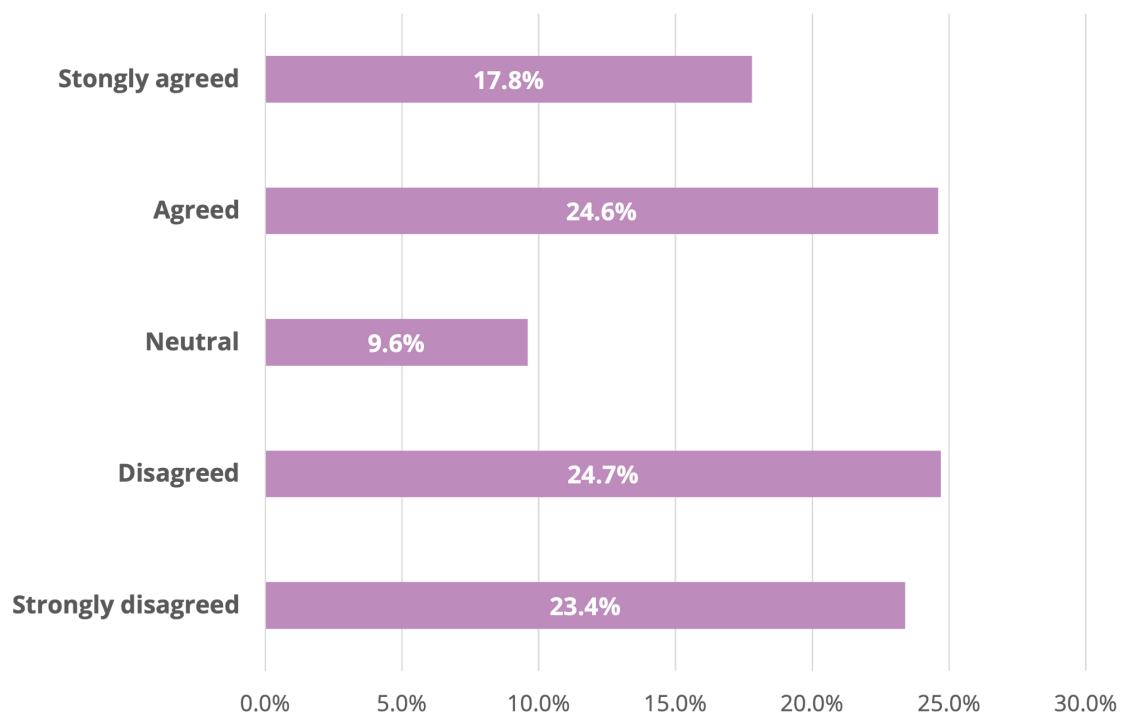
With respect to terms and conditions, providers mostly agreed that what they offered in their contract rate were competitive with other sectors in the area: 29.2% strongly agreed, 28.7% agreed, 15.2% were neutral, 14.6% disagreed and 12.3% strongly disagreed. There was more consensus when asked about confidence in sustaining existing hours of care if terms and conditions were increased for current and new employees: 36.8% strongly agreed, 27.5% agreed, 21.6% were neutral, 9.4% disagreed and 4.7% strongly disagreed. There are multiple factors that influence the ability of providers to sustain existing hours of care outside of terms and conditions, such as the impermanence of the role for workers who move between organisations if only to just slightly increase their rate of pay.

When asked whether providers would be committed to demonstrating that increased payments were passed onto frontline managers and workforce if increased hourly rates could be commissioned and contracted, the majority (57.9%) strongly agreed they would. A further 29.2% agreed, and just 7% disagreed (5.6% were neutral, 0.6% disagreed and 6.4% strongly disagreed). This may highlight the areas of need being seen across organisations and the importance of an appropriate rate for services that includes allowance for training, learning and development and quality improvement.

Significantly, when asked whether providers felt confident they could continue the same level of care over the next 12 months if nothing were to change, there was little consensus: **44.2% said they would not be able to sustain current levels of care, 22.7% were neutral and 33.2% agreed that they could sustain levels.** The specific breakdown is as follows: 10.5% strongly agreed, 22.7% agreed, 22.7% were neutral, 27.3% disagreed and 16.9% strongly disagreed.

Lastly, we asked questions specific to CAH/HS providers to get data on payment and/or reimbursement for travel costs. When asked whether providers can reimburse employees for all of their working day, including travel times, there was more disagreement than not, though results were relatively split: 17.8% strongly agreed they could reimburse employees, 24.6% agreed, 9.6% were neutral, 24.7% disagreed and 23.4% strongly disagreed.

### Can providers reimburse travel costs for full working day?



Results were similarly split when asking whether providers can pay staff for all their travel costs at a rate higher than 25p/mile: 29.7% strongly agreed, 18.9% agreed, 2.7% were neutral, 23% disagreed and 25.7% strongly disagreed. Evidently, costs and wear and tear are deterrents for individuals considering entering the CAH/HS sector.

These findings are alarming and must be addressed urgently, not least through valuing the critical role which our skilled social care staff play in supporting the people of Scotland to stay safe and well. It is a highly critical role to the functioning of our society and priority work must be done both to improve pathways into the sector and to implement the findings of the Fair Work Commission and encourage staff retention.

# CONCLUSION

These findings present a complex picture of the state of recruitment and retention. There is evidently more work that needs to be done in partnership to ensure that clear pathways into social care recruitment are established. The findings of this report echo previous research around social care recruitment and paint an even bleaker picture with an increased and startling percentage of over 87% of social care employers confirming that they are finding recruitment and retention of new staff members to be problematic. The roles that have historically been harder to recruit remain so and worryingly this survey has indicated there are now additional roles in social care that are becoming increasingly hard to recruit for.

The message is clear that working in this sector is still not an attractive option for individuals who are seeking employment. Shockingly when asked, care providers responded that the most successful routes to recruit new staff remain through social media platforms and by word of mouth. Social care as it stands is not a prominent career option; career pathways still have a great deal of work to go to become an established option for school and higher education leavers. Greater investment in school coordinators and inclusion of social care when discussing career choices with the younger workforce is vital to build the social care workforce of the future. Another concerning finding was that around half of all applicants do not show up on the day of the interview. This data needs further exploring to ascertain the reasons people do not attend and whether employability interventions could provide support to individuals and reduce non-attendance rates.

The data gathered around staff retention is nearly as concerning as that of recruitment, and the high level of attrition within the sector highlights the difficulty for employers to retain their staff. This is a direct result of being unable to compete with higher rates of pay and better terms and conditions of employment that can be found in either statutory care services or the NHS. This high level of attrition results in greater pressure on existing staff, which was seen in the responses around staff working hours where a percentage of staff members are being seen to work in excess of 35 hours per week. These longer hours impact the quality of care being provided and result in high levels of staff burnout contributing to the numbers of workers leaving the social care sector entirely. Meanwhile sickness and absence levels are being recorded at 16% which is higher than pre-pandemic levels and is significantly higher than the national average of 2% in 2020. These figures again indicate a workforce that is struggling to cope with the pressures they are facing and are underlined by the reasons for these absences with stress and anxiety, depression and exhaustion being at the top of the list.



The overall impact of these extreme recruitment challenges can be seen in the final question posed to social care employers of their ability to sustain delivery of care services: just under 45% of social care providers stated they were *not* confident that they would be able to continue to deliver services at the same level they currently providing over the next 12 months if the recruitment situation was to remain unchanged. This leaves a worrying picture of the future of social care in its current form. Unless real work is undertaken to improve the overall respect and value of social care workers and until they are paid at a rate that is appropriate for the role they do and is in line with their colleagues in statutory and health services, we will continue to be unable to recruit the skilled individuals we desperately need.

Equity between health and social care workers must be realised to reduce staff turnover where staff move between social care providers and the NHS in search of better salaries and conditions of work. The social care workforce must be shown that they are valued by being given learning opportunities and more importantly essential and realistic time during their working hours to achieve these. Individuals seeking employment should be clear how to enter the social care sector should they choose and be fully informed of their career pathways and options.

Social care has huge potential to be a thriving sector and to return to being a job that people are proud to work in, but this will only be achieved once they are respected and funded appropriately.





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