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Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care:

Interim findings summary

Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care: interim findings summary

Carol Atkinson, Sarah Crozier and Liz Lewis

Professor Carol Atkinson
Professor of HRM
MMU Business School
All Saints
Oxford Road, Manchester
M15 6BH, UK
c.d.atkinson@mmu.ac.uk

Dr Sarah Crozier
Senior Lecturer in Organisational Behaviour
MMU Business School
All Saints
Oxford Road, Manchester
M15 6BH, UK
s.crozier@mmu.ac.uk

Liz Lewis
Research Associate
MMU Business School
All Saints
Oxford Road, Manchester
M15 6BH, UK
Elizabeth.lewis2@stu.mmu.ac.uk

For further information please contact:
Name: Rebecca Cox
Department: Knowledge and Analytical Services
Welsh Government
Cathays Park
Cardiff
CF10 3NQ
Tel: 029 2083 5378
Email: Rebecca.Cox@wales.gsi.gov.uk

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1. Introduction

This research aimed to explore the factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care. The research objectives were to identify:

- factors which both positively and negatively influence individuals to choose to become and remain working as domiciliary care workers
- the extent to which these factors impact on the quality of domiciliary care.

The research consisted of a literature review and qualitative data collection through focus groups and interviews with domiciliary care workers, registered managers and commissioners. It was undertaken to inform a public consultation on policy interventions to improve the quality of domiciliary care through positively impacting on the recruitment and retention of domiciliary care workers. This report describes the interim findings of research conducted in October and November 2015.

The research consisted of a literature review and qualitative data collected from seven local authority commissioners, 32 registered domiciliary care managers and 41 domiciliary care workers using telephone interviews and focus groups, which were conducted in October and November 2015.

Interim findings

2. Factors having a negative impact on recruiting and retaining domiciliary care workers

Recruitment and retention

Domiciliary care managers who took part in the research suggested there was a ‘crisis’ in recruitment and retention and that pay, working hours, working environment and career structures were central to this. Resulting staffing shortages and capacity deficits were widely evidenced. Other occupations, such as retail, were argued to offer higher rates of pay, less onerous working hours and more pleasant working conditions. Health care settings were also often seen as preferable to working in domiciliary care. These difficulties were compounded by the perceived low status of domiciliary care work and negative media portrayal of care quality.

Difficulties in recruiting domiciliary care workers and high staff turnover meant existing care workers were often required to work long hours and suffered from stress and fatigue. Managers felt there was a need to create a larger and more diverse pool of care workers, including recruiting more male domiciliary care workers and those able to speak Welsh. Recognition of the skilled, responsible and complex nature of domiciliary care work was also argued to be essential.

Terms and conditions

Care workers employed in the independent sector consistently expressed dissatisfaction with low pay and felt it did not reflect the responsibility of the role. Service providers recognised and regretted this but argued commissioning rates did not allow them to pay more. Low pay rates were connected to the low status given to domiciliary care work.

Other than those employed by local authorities, care workers rarely received payment for travel time, although some commissioners argued their unit prices should support its payment.

Zero-hours contracts dominated in the independent sector, with only those care workers employed by local authorities routinely having set contracted hours. While it has been argued that care workers favour zero-hours contracts, limited evidence was found to support this, although some care workers did refer to flexibility as beneficial. Most care workers were unhappy with the insecurity zero hours contracts created (for example difficulties with obtaining mortgages) as, despite often working long hours, these hours were not guaranteed.

Low pay and zero-hours contracts were argued to result from insecure contracting arrangements with extremely tight margins. A small number of service providers were, however, increasingly offering at least some regular contracted hours. This was largely to counter difficulties created by zero-hours contract workers turning down work offered, which then led to problems with service delivery. Employment insecurity was, however, typically experienced by those working in the independent sector.

Although domiciliary care workers were dissatisfied with training and development, pay and employment security, they suggested employment terms and conditions had a relatively limited role to play in their decision to join and stay working in domiciliary care. Their acceptance of poor terms and conditions is related to the motivation domiciliary care workers have to make sure their clients receive good quality care.

Terms and conditions may, however, have caused some care workers to leave the sector or prevented others from entering it. The research does not incorporate their views as data was only collected from domiciliary care workers who remained working in the sector.

Training, development and career

Training and development

While commissioners and service providers suggested training was widely available, many care workers suggested otherwise. Despite evidence of some good training practice, induction training was argued to be variable and some other training inadequate. Attendance at training was often problematic due to staff shortages and difficulties with service providers finding the time for care

workers to be released from their rotas. A lack of funding for training was perceived as problematic by both providers and care workers. There was a recognised need to promote and commit to the development of established career paths for progression. It was also argued that current qualification levels are too low and do not adequately reflect the skills and complexity of domiciliary care work.

Working time

The greatest concern expressed by domiciliary care workers was over working time. This was partly related to the negative impact on them, but more so to the detrimental impact on the quality of care they were able to give their clients.

The long hours worked by domiciliary care workers in the independent sector was a common theme. Care workers talked about only being paid for the time they were with clients and that failure to pay for travelling time meant they often worked full time hours for part time wages. Opt out of the Working Time Regulations maximum weekly hours was common. Long hours were mitigated to a certain extent in some service providers by the organisation of rotas for mutual benefit. Long working hours, however, led to fatigue and strain and this was exacerbated by the practice of short visits (such as 15 minute visits) to service users. Here care workers were under pressure to work quickly which was stressful and they also expressed substantial dissatisfaction over the impact of this on care quality. Many domiciliary care workers also expressed concern over lone working and the associated vulnerability.

While managers felt they had limited control over many of the issues that created recruitment and retention difficulties, they adopted a number of practices which aimed to alleviate retention difficulties by enhancing care worker satisfaction, for example, recognition schemes and social events.

3. Factors having a positive influence recruitment and retention of domiciliary care workers

Participants felt decisions to become and remain working in domiciliary care were largely related to individual motivations about care work. Domiciliary care workers are motivated by the considerable satisfaction they gain from caring for their clients and from the relationships they build with them. Some also argued that flexibility and, less positively, lack of alternative options motivated people to become care workers.

A small number of participants argued the profile of care workers was changing, with younger workers joining the workforce, and there was a lack of understanding of the motivations of those who had more recently entered the sector. The need to attract those with caring motivations was prominent and this was linked to promoting care as an attractive career. It was also argued that not all care workers wanted a career but were motivated by caring itself and valued the conditions required to deliver good care.

Care workers saw trust and feeling valued by service providers as critical to their retention, particularly in the face of many of the difficult working conditions they experienced.

4. The extent to which the factors affecting recruitment and retention impact on the quality of domiciliary care

Care quality is defined as comprising: reliability, continuity, flexibility, communication, staff attitudes and skills and knowledge. The findings shed light on how the factors which affect recruitment and retention impact on these criteria.

Reliability: care workers could find it difficult to arrive on time and to keep to scheduled visits, often due to problems with the planning and estimation of travel time. Working time was raised by domiciliary care workers as having a negative impact on the care they provided to their clients especially in terms of rushing, making mistakes and impacting the dignity of personal care.

Continuity: care workers noted the importance of continuity for their clients in terms of developing trusting relationships and, for example, building up the confidence and trust essential to personal care. Domiciliary care workers also noted the importance of continuity of care workers for clients with dementia. Zero hours contracts and difficulties in recruitment and retention both had a negative impact on continuity. Managers suggested the high prevalence of zero hours contracts created problems with continuity for a number of reasons including workers leaving domiciliary care due to the insecurity of zero hour contracts and care workers turning down work that was offered to them making it difficult for managers to ensure continuity of care workers when rostering. Staff turnover has a negative impact on continuity as service users have to get used to new, possibly inexperienced, workers.

Flexibility: a number of factors prevented domiciliary care workers from being able to work flexibly, despite care workers often wanting to go beyond the requirements of the care plan to address service user needs. Care workers expressed frustration about the rigidity of care plans and potential negative impact on service users. They cited examples of wanting to do a range of additional tasks not part of the care plan, in order to contribute to the service users' satisfaction but this was often not part of the care plan.

Care workers also talked about having time to spend with a client being important to the extent to which they were able to respond to a client's needs. Whilst undertaking tasks to respond to a client's needs was seen as important, being able to sit down with a client and not having to rush off was also seen as important. Lack of time to respond to service users' needs sometimes resulted in care workers working much longer hours than paid for as a result of dedication to service users. Care workers often described themselves as being tired and managers described care workers as suffering from physical and psychological exhaustion.

Managers acknowledged the challenges in promoting good quality care in relation to the constraints of challenging employment terms and conditions. In particular, they argued that care workers working long hours and taking on additional calls impacted on the quality of care provided. This did not result from neglect but rather from fatigue and strain. Managers also expressed concern about the sustainability of current models of care delivery due to the detrimental impacts on the physical and psychological well-being of care workers.

Staff attitudes: it is difficult to monitor care workers attitudes, since they largely work unsupervised. Monitoring attitudes relies heavily on feedback from clients. Some providers talked about the importance of making sure recruitment procedures and induction training thoroughly and rigorously addressed care worker attitudes.

Domiciliary care workers suggested they are motivated by establishing good relationships with their clients and knowing they have made a positive impact. Care workers also recognised that poor terms and conditions had negative impacts on how they felt about their work, which could ultimately impact on the level of care they provided to their clients. Care workers suggested that call length, travelling time, pay and feeling valued had an impact on them having the right attitude to give quality care.

Skills and knowledge: are important to service users leading to development of trust in care workers' abilities. Despite evidence of some good training practice, a number of care workers reported they started working with service users following inadequate induction training. Many also noted a lack of ongoing training opportunities, particularly in specialist areas such as dementia.

5. Recommendations

A well-trained, well-paid and secure workforce with appropriate working patterns is required to recruit and retain care workers and to deliver high quality care. The research findings suggest these are not conditions widely experienced in the domiciliary care workforce outside of local authority employment.

In relation to domiciliary care workers' terms and conditions, it is recommended the Welsh Government:

1. Create more robust regulation to ensure delivery and uptake of induction and specialist training, QCF qualifications, supervision and apprenticeships
2. Identify an appropriate qualification level, which may be above QCF2, to underpin skilled care work
3. Develop and communicate clearer career paths to create recognition of domiciliary care as a skilled and viable career option
4. Develop pay structures (and supporting regulation) that reflects the skilled and demanding nature of care work and which underpins a career structure.

5. Introduce regulation or commissioning practice to ensure the adoption of secure contracts of employment, with zero-hours contracts offered to create flexibility at the margins rather than being routinely used
6. Introduce regulation or commissioning practice to ensure that all working time, including travel time, is paid
7. Introduce regulation or commissioning practice to ensure care workers have sufficient time during service user visits to deliver good quality care
8. Support the creation of a larger, more diverse workforce, particularly across characteristics including gender, age and speaking the Welsh language.