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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

Executive Summary

1. Research aims and objectives

1.1 The Welsh Government and the Care Council for Wales commissioned this research with the aim of exploring 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 has a particular focus on the influence of employment terms, conditions and career structures for domiciliary care workers.

1.2 The report presents an overview of the domiciliary care context. While this was not specified as within project scope, it influences the matters under consideration to such an extent that its inclusion was required to develop understanding of terms and conditions, career structures and their wider implications. Findings focus on three key areas: policy and regulation; demand, that is demography and expectations of care; and supply, that is skills and qualifications.

1.3 A literature review established the current state of knowledge and key areas for investigation. Workforce development, pay, employment security and working time were identified as key employment practices. Relationships between these and care quality at three levels were established. First at the worker level, where these practices influence job satisfaction and levels of discretionary effort. Second at organisational level, where employment practices play a vital role in workforce recruitment and retention. Third at service user level where employment practices influence key quality indicators such as continuity of care and staff attitudes. These relationships are influenced by both contextual factors and care worker motivations/occupational status. The literature review findings informed development of a conceptual framework (Figure 1) that underpinned data collection and analysis.

Figure 1: Conceptual Framework: Recruitment and Retention of Domiciliary Care Workers and Care Quality

2. Methods

2.1 The project had two phases, first, conduct of a systematic literature review and, second, data collection.

2.2 A systematic literature review established search terms to address the research aims and objectives using both university and external library databases and the research team's existing database from earlier projects.

2.3 Domiciliary care stakeholders were contacted through local authority workforce development departments. Focus groups and one-to-one interviews (both face to face and telephone) were conducted with: seven domiciliary care commissioners, 32 registered managers of domiciliary care providers and 41 domiciliary care workers. Three Care and Social Service Inspectorate Wales (CSSIW) workshops were also attended which comprised a further 17 commissioners and 16 registered managers. In total, there were 113 participants from across Wales.

3. Key findings and conclusions

3.1 Context

Inadequate funding levels were prominent in participant concerns, which, coupled with certain types of commissioning models, led to low hourly unit prices. These had negative implications for employment terms and conditions.

The Social Services and Well-being (Wales) Act, due to be enacted in April 2016, was generally positively received in terms of its outcomes focus. There were concerns around

awareness, reporting requirements and tensions between its outcomes-based approach and the task- and time-emphasis in current care plans.

Joint commissioning of health and social care provision was noted to be limited and problematic.

More detailed workforce data collection mechanisms were felt to be required, together with a clearer understanding of future labour demand, to support workforce planning in the domiciliary care sector.

Response to mandatory registration, from 2020, of domiciliary care workers was largely positive, as it was regarded as an opportunity to raise the status of care work. There were some concerns expressed as to its cost and whether it might create a barrier to entry to the sector for care workers.

3.2 Employment Terms, Conditions and Career Structures

Findings related to a number or areas, as set out below.

Workforce development: while training was theoretically widely available, in practice time and funding constraints often made it difficult to access. Uptake of qualifications was also relatively limited with little progress made towards the target of 50% of domiciliary care workers holding a relevant Level 2 diploma. Removal of funding for qualifications and apprenticeships for those aged over 25 was problematic. Career paths were poorly understood both inside and outside the sector and a Level 2 qualification is arguably too low to underpin the skilled nature of care work. Supervision was seen as important but typically happened infrequently. Management training was also suggested to be important in improving workforce management and establishing trusting and effective employment relationships.

Pay: other than those in local authority employment, care workers were usually paid the national minimum wage. Pay rates were a little higher in some voluntary sector organisations but few organisations in the independent sector paid at the level of the proposed national living wage. Pay rates were not perceived to reflect the level of responsibility inherent in the domiciliary care worker role but were constrained by funding levels. Care workers employed in the independent sector did not typically receive any benefits and were not paid for travelling time between service users.

Employment Security: most care workers in the independent sector were employed on zero-hours contracts and most expressed dissatisfaction with this. Managers also expressed concern about the difficulties zero-hours contracts created for service delivery and continuity of care. A small number of service providers had started to offer, at least some, guaranteed hours contracts.

Working time: despite lack of guaranteed hours, many domiciliary care workers worked long hours often for limited financial gain as travelling time was usually not paid. This, coupled with an increasing number of short visits to service users, created strain and fatigue and was a key source of dissatisfaction. Lone working and associated vulnerability were also raised as concerns.

Worker motivations: the most common motivation was a desire to help and make a difference to the lives of others. Some also argued that flexibility and, less positively, lack of alternative options motivated people to join care work. While some care workers wanted clearer career paths, others were motivated by caring itself and valued the conditions required to deliver good care.

Occupational status: while those in the sector recognised the skilled and responsible nature of care work, it was more generally considered as low skilled with an out of date label of 'home help'. Reputational issues arising from negative media coverage were frequently cited as problematic. The highly gendered nature of the workforce reinforced perceptions of its low status. A more diverse workforce, including those who could speak Welsh, is needed.

3.3 Implications for Recruitment and Retention

The care worker participants were largely motivated by the desire to care. Employment terms, conditions and career structures did not deter them from working in domiciliary care, although workers did express dissatisfaction with them. The report, however, reflects only the views of those currently employed as care workers. Managers argued terms, conditions and career structures both acted as a barrier to entry to the sector and had caused many care workers to leave it and that there was a crisis in recruitment and retention. Managers argued that funding constraints meant they had limited influence over terms and conditions, but some adopted innovative working practices to alleviate their negative impact on retention.

3.4 Implications for Care Quality

Employment terms, conditions and career structures and associated recruitment and retention difficulties had implications is six areas identified as important for care quality, as outlined below.

Skills and Knowledge: are important to service users leading to development of trust in care workers' abilities. Central to this is effective induction training and provision of ongoing training and qualification. Substantial problems with training and qualification provision were evidenced, which impacted on skill and knowledge levels and thus reduced care quality. Further, high levels of turnover meant a constant flow of new staff requiring induction and ongoing training. Where this was inadequate, skills and knowledge and care quality were again compromised.

Flexibility: service users may want to ask for help with tasks beyond those stated on their care plan. Training was again central to developing the skills, knowledge and confidence to support care workers in offering the required flexibility and where this was lacking, care quality could be reduced. Adequate time to deliver the required flexibility was also essential and could be compromised by poor work scheduling. Care workers needed autonomy to deliver flexibility and contextual issues which created rigidity in care plans were problematic, particularly given a shift to an outcomes-based approach to care.

Continuity: receiving care by the same care worker(s) during the whole period of care is important so both the care workers and service user establish familiarity, trust, rapport, understanding and knowledge of needs. Use of zero-hours contracts was particularly problematic for continuity of care. Care workers often did not have guaranteed hours and could be required to work a wide variety of patterns and also refuse work offered. Both created difficulties for continuity with service users. High levels of turnover also created lack of continuity as there was a constant churn of care workers working with a given service user.

Reliability: care workers should arrive on time and keep scheduled appointments. This supports service user control and enables planning for their own daily schedule appropriate to their needs. Zero hours contracts again mitigated against reliability with working patterns that changed frequently disrupting schedules. Lack of payment for travel time also contributed to scheduling difficulties. Important here also was length of commissioned visits, which derived

from contextual influences as opposed to terms and conditions of employment. Very short visits which afforded inadequate time to deliver the required care often led to disruption of care worker schedules causing them to run late. This created both strain and dissatisfaction with the quality of care delivered. Both were closely linked to turnover with its attendant difficulties for care quality.

Communication: links to both reliability and continuity and includes informing service users about planned care visits and ensuring regular communication about changes or potential changes. Where employment practice such as zero hours contracts compromised continuity, negative consequences for communication and care quality resulted.

Staff Attitudes: this one of the most important indicators of care quality to service users. Positive staff attitudes include: respect, cheerfulness, friendliness and understanding. While these derived from positive worker motivations and the intrinsic satisfaction derived from caring, they were also negatively impacted by employment practice. Low pay and insecure employment were commonly cited, for example, as making care workers feel under-valued. Lack of training undermined confidence in ability to do a job well and short visits/lack of payment for travel time created strain and fatigue. All these factors were likely to negatively impact staff attitudes and consequent care quality.

3.5 Summary

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 outside of local authority employment in the domiciliary care workforce. Changes to current commissioning processes and higher levels of funding are required and positioning of domiciliary care jobs as good quality is essential. Regulation of employment terms and conditions is likely to be necessary to achieve the required changes.

4. Further research and policy options

4.1 The report suggests further research and outlines policy options for the Welsh Government to improve the quality of domiciliary care by positively influencing the recruitment and retention of domiciliary care workers.

4.2 Context

Further research is required in respect of a number of contextual issues that have arisen during the course of, but are beyond the scope of, this project. These include:

- Funding levels and commissioning models that underpin high quality domiciliary care
- The introduction of the Social Services and Well-being (Wales) Act in April 2016, particularly how to:
    - resolve tensions between outcome-based care delivery and commissioning and monitoring processes that are focused on time and task
    - educate service users and families on an outcomes-based care approach
    - create greater autonomy for care workers in delivery of outcomes, particularly in relation to greater flexibility in care plans

- The potential for joint commissioning of health and social care services and how to create a more 'joined up' approach across social care agencies
- The delivery of more detailed workforce data and modelling of future labour supply and demand, together with understanding of the (potentially) changing motivations and aspirations of new entrants to the sector
- Position mandatory registration so that it enhances the status of care work, rather than being perceived as costly and a barrier to entry to the sector.

4.3 Employment Terms, Conditions and Career Structures

The report explores employment terms, conditions and career structures in detail and demonstrates their key role in recruitment, retention and care quality. It outlines policy options for the Welsh Government policy in a number of areas:

- Creation of more robust regulation to ensure delivery and uptake of induction and specialist training, Qualification and Curriculum Framework qualifications, supervision and apprenticeships, ensuring that these are available to all age groups
- Identification of an appropriate qualification level, which may be above QCF2, to underpin skilled care work
- Enhanced management training for service providers to cover both business/financial and leadership matters
- Development and communication of clearer career paths to create recognition of care as a skilled and viable career option
- Development of pay structures (and supporting regulation) that reflect the skilled and demanding nature of care work and underpin a career structure. Further research is required to benchmark pay against appropriate comparator occupations
- Regulation or commissioning practice to ensure adoption of secure contracts of employment, with zero-hours contracts offered to create flexibility at the margins rather than routinely used
- Regulation or commissioning practice to ensure that all working time, including travel time, is paid
- Regulation or commissioning practice to ensure that care workers have sufficient time during service user visits to deliver good quality care and are not placed under undue strain
- Creation of a more diverse workforce, particularly across characteristics including gender, age and speaking the Welsh language.

4.4 Implications for Recruitment and Retention

Welsh Government policy could address recruitment and retention to create a larger labour pool. In addition to the policy options above, this could be achieved in the following ways:

- Campaigns to enhance perceptions of the status of care work, emphasising the skilled nature of care work and countering the negative media image of both care work and care quality
- Positive communication and promotion of mandatory registration
- Engagement with schools and colleges to attract younger people to a career in care and also engagement with those retiring from other caring professions, e.g. nursing, who are seeking a bridge to full retirement.

The above actions are also essential to achieve improved retention. These could be supported by management training that develops understanding of how to create employment relationships based on mutual trust, respect and value.

4.5 Many of these policy options are aspirational and have substantial cost implications. Some will be more quickly achieved than others; a more diverse workforce is, for example, likely to be longer term in nature. However, the report reflects participant voices in arguing that delivery of high quality domiciliary care risks being compromised and that required changes will not be achieved without addressing current funding levels for domiciliary care provision. Regulation to ensure that any funding increases flow to improvement of terms and conditions is also required.

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This document is also available in Welsh.

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