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Review of Evidence of Variation in Terms and Conditions for Social Care Employment Contracts in Wales

Summary Report

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Title: Review of Evidence of Variation in Terms and Conditions
for Social Care Employment Contracts in Wales
Summary Report

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Views expressed in this report are those of the researchers and not
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Glossary

The terms used in this report are in the context of their application to employers and employees. Therefore:

Adult social care refers to the provision of care and support to individuals aged 18 years and over, such as personal and practical support to retain their independence and quality of life.

Basic pay refers to the amount of pay a worker receives before being enhanced by the value of additional benefits, such as reimbursements of certain costs, or allowances for additional factors such as shift working or working with complex cases.

Contract refers to the legal agreement between employer and employee that lays out the terms and conditions of employment.

Pay refers to the total amount of remuneration a worker receives.

Recruitment refers to the process undertaken by employers to attract staff to become employed.

Retention refers to the ability of employers to retain staff in their employ.

Selection is the process following recruitment that employers use to choose people to be appointed.

Stability refers to the degree to which jobs and employment contracts change.

Terms and conditions refer to the requirements associated with the job, e.g. working hours, and the allowances and benefits associated with undertaking the job.

The **local authority sector** refers to the 22 local authorities in Wales, who are employers of social care workers.

The **National Minimum Wage (NMW)** is what the government sets as a minimum amount people must be paid on average for the hours they work. This is called the **National Living Wage (NLW)** if you are aged 25 or over. The NMW and NLW are statutory requirements.

The **NHS** refers to the local health boards and trusts that employ health care support workers in Wales.

The **independent sector** refers to employers who deliver social care services, which are outside the local authority sector and the third sector.

The **Real Living Wage** is a rate of pay calculated by the Living Wage Foundation according to an assessment of what employees and their families need to live on. The real living wage is paid voluntarily by employers.

The **third sector** refers to charities, co-operatives, social value organisations and other not for profit employers who deliver social care services, outside the local authority sector and independent sector.

The **social care workforce** refers to all workers in the scope of this research employed by organisations within one of the three sectors within social care – the local authority sector, the independent sector and the third sector.

Variation **within** one of the four sectors in the scope of this research – the local authority sector, the independent sector, the third sector and the NHS – means that an element of pay, terms and conditions was different from at least one employer in that sector to another within the same sector.

Variation **between or amongst** one of the four sectors in the scope of this research – the local authority sector, the independent sector, the third sector and the NHS – means that an element of pay, terms and conditions was different from at least one employer within one sector to an employer in at least one other sector.

Working in social care means working for employers who deliver different forms of personal and practical care and support for adults.

1. Introduction/Background

1.1 The Welsh Government (WG) commissioned The Welsh Institute of Health and Social Care (WIHSC), University of South Wales, to deliver this *Review of Evidence of Variation in Terms and Conditions for Social Care Employment Contracts in Wales*.

1.2 This review was commissioned and the research undertaken prior to the COVID-19 pandemic.

Aims and objectives of the research

1.3 The aim of this research was to review disparities in pay and conditions across the social care workforce in Wales and assess the extent to which this may have influenced recruitment and retention of care workers. The primary focus was ‘the lowest paid/entry-level’ care workers who deliver care and support. For example, domiciliary care workers, care support workers, housing support workers (supported living), health care assistants/ health care support workers and residential care workers. The review included health care support workers undertaking similar roles in the NHS employed on [Agenda for Change pay scales](#). Senior carers and supervisors employed within social care were included if their role involved the delivery of care and support¹.

The specific objectives of the research as set out in the specification from WG were:

- To identify the extent to which employment terms and conditions for social care workers vary (or not) across different types of employers including the local authority (LA), independent and third social care sectors, and the NHS. This included:
 - A comparison of health care assistants/health care support workers employed in the NHS on Agenda for Change pay scales who undertake similar roles;
 - Monetary benefits such as pay rates, pay scales/increments and access to holiday pay, sick pay and maternity/paternity pay and non-

¹ Two employer typologies were delivered specifically for this study and are provided in section two

monetary benefits such as training and development, stability (contract type) and career progression.

- To explore the extent to which disparities in terms and conditions are geographical across Wales (e.g. urban/rural) and potential reasons for such disparities.
- Where disparity in terms and conditions exists (either by provider type or geographically) to assess the extent to which this influences;
 - Employers: for example, their ability to recruit and retain staff, quality of staff, costs (training, recruitment), and the continuity and quality of care provided;
 - Employees: for example, staff morale, parity of esteem, desire to stay within the sector and perceptions of any impact on quality or continuity of care provided.
- To identify examples of good practice, such as innovative approaches employers have taken to improve staff retention where they are not able to offer better/more competitive rates of pay or approaches commissioners have taken to promote more harmonious terms and conditions within a local area.

1.4 WIHSC worked in partnership with Data Cymru, developing and managing the Wales-wide online employer survey, which is a substantive element of this review. Data Cymru is part of the Welsh LA statistical community and has significant experience in collecting and managing workforce data, including information on the social care workforce.

1.5 The research was supported by a number of key stakeholders who had agreed to act as a reference group for the duration of the project. Conversations were held with each of the following:

- Welsh Local Government Association (WLGA)
- Care Forum Wales
- Wales Council for Voluntary Action (WCVA)

- Senior NHS Workforce and Organisational Development Manager
- Former LA HR Manager
- Social Care Wales
- ADSS Cymru
- UNISON Cymru
- Health Education and Improvement Wales
- Welsh NHS Confederation
- WIHSC's standing Expert Reference Group (ERG), which comprises experienced senior academics and professionals from across the health and care sector

2. Methodology

Overview of the methodology

Data Collection

2.1 The data collection for this research used mixed methods and included:

- A desk-based review of literature and policy guidance documentation.
- A Wales-wide survey of employers of social care staff working in adults' services and children's residential homes.
- A Wales-wide survey of NHS employers.
- Interviews and focus groups with managers and staff in adults' social care services and children's residential homes.

Workforce typology

2.2 The main focus of the research was on the adult social care workforce, and the children's residential workforce in Wales (including health care support workers who undertake similar roles within the NHS), across all social care sectors (LA, third, and independent). These roles are categorised below using two employee typologies developed specifically for this study and are not part of any nationally agreed framework.

Table 1: Adult social care workforce typology

Type of worker	Titles	Setting/environment care provided	Role/duties
Care worker <i>Grade 1: Entry level</i>	Domiciliary care worker, care assistant, care worker, home care worker, frontline care worker, home care assistant, home carer, support worker, community support worker, domiciliary support worker Day care assistant, day care support worker Residential care worker, supporting living worker, care home worker, night care assistant	In the individual's home or family home Day care settings Care home services (without nursing) Care home services (with nursing) Supported housing Community care services	Frontline care workers provide care and support to individuals (e.g. adults, older people)
Senior care worker <i>Grade 2</i>	Senior care assistant, senior care worker, senior care home worker, senior support worker, team leader	All of the above	Senior care workers oversee and monitor care workers. They also provide care and support to individuals (e.g. adults, older people)
Supervisor <i>Grade 3</i>	Team leader, field care supervisor, care supervisor, home care supervisor	All of the above	Supervisors are responsible for a small group or team of care workers and/or senior care workers. They may also provide care and support to individuals (e.g. adults, older people)
Health care support worker <i>Grade 2/3</i>	Health care assistant, healthcare support worker, nursing assistant,	Hospitals (NHS) Community Nursing homes	Health care support workers primarily provide help with personal care, meals and mobility as well as performing basic medical checks (e.g. monitoring vitals) within hospitals, homes, clinics and the wider community. Tasks associated with the role are primarily health support needs that may require appropriate training.

Table 2: Children's residential workforce typology

Job title	Other titles	Setting/environment care provided	Role/duties
Residential childcare worker	Children's residential support worker, residential children's worker, Children's residential care worker	Children's residential care settings	Residential childcare workers provide ongoing care and support to children and young people, helping them feel safe and secure. It also involves liaising with other agencies (e.g. social services, health and education) in order to ensure that they get proper access to other services
Senior residential childcare worker	Children's senior residential support worker, senior residential children's worker, Senior children's residential care worker	As above	Senior residential childcare workers oversee residential childcare workers, take responsibility of the day-to-day running of the home, and liaise with other agencies (e.g. social services). They also provide care and support to children and young people
Residential children's health care worker	Children's residential health care worker, residential children's health assistant/healthcare support worker/nursing assistant	As above	Residential children's health care worker may provide basic medical checks or advice and support. Tasks associated with the role are primarily health support needs that may require appropriate training

2.3 Prior to data collection commencing, ethical approval was secured from the Faculty of Life Science and Education (LSE), at the University of South Wales. All potential participants received an information sheet providing details of what their participation would entail. To access the online survey, participants were asked to confirm they understood that completion implied consent. For qualitative data collection, written or verbal consent was confirmed before interviews and focus groups commenced.

3. Findings

- 3.1 The following tables summarise findings on the key issues from the different methods used in the research relating to pay, contracts, enhancements, recruitment and retention.
- 3.2 Findings of the Wales-wide employer survey are limited to the adults' survey as only a small number of responses (11) were received for the children's residential survey, 10 from LAs and one from the private sector. This meant analysis amongst sectors was not meaningful, and that analysis within the LAs that had responded was similarly limited.

Table 3: Summary of findings: Pay

Subject	Literature review	Wales-wide employer survey	Interviews and focus groups
Variation of pay amongst the social care and NHS workforce	<p>No evidence of variation of pay for employer types across the social care workforce.</p> <p>However, some evidence of NHS offering better terms and conditions than independent and third sectors.</p>	<p>The median minimum basic pay value in the independent sector was £8.25; NHS health care support workers £9.03; and the LA £9.74.</p> <p>The NHS pays more enhancements to basic pay, and statutory bodies offer more enhancements than others.</p>	<p>NHS employers cited good pay, pensions, conditions.</p> <p>Example provided by LA of employees leaving to work in the NHS citing better pay and opportunities.</p>
Competition amongst social care employers, the NHS and others	<p>Social care organisations face competition from the NHS and outside social care e.g. hospitality and retail.</p>	<p>For care workers, the median basic minimum value was lower for the independent sector (£8.25) than for the LA sector (£9.74).</p> <p>For senior carers, the median basic minimum value was lower for the independent sector (£8.80) than for LAs (£11.08).</p> <p>For supervisors, the median minimum value was lower for the independent sector (£10.10) than for LAs (£13.37).</p>	<p>Competition for social care workers amongst employers highlighted as an issue.</p> <p>General agreement that compared to independent and third sector, LAs can offer more competitive pay, terms and conditions.</p> <p>Roles outside social care considered to have less responsibility and similar or better pay.</p>

<p>Social care as a low pay sector</p>	<p>Social care regarded as a low pay sector.</p> <p>In 2018 in the UK, the median pay for a care worker was £9.14 per hour and for senior care workers, the average pay was £9.62. Some 517,000 jobs in social care paid below the real living wage.</p> <p>Half of all respondents to a Longitudinal Care Study received some form of welfare benefits and 28% of care workers advised managing finances was 'difficult' or 'very difficult'.</p>	<p>See rows above.</p>	<p>Effects of pay levels on staff (poverty issues) referenced by independent sector with staff being unable to pay for vehicle repairs, arranging food bank vouchers, providing food hampers and needing an advancement on pay.</p> <p>Similar issues not reported by the LA sector or NHS.</p> <p>General agreement (particularly from the third and independent sectors) about the pay levels and poorer terms and conditions.</p>
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3.3 Table 3 indicates:

- There is variation in pay *between* the three social care sectors.
- That LA social care employers and the NHS appear to pay more and offer more favourable terms and conditions compared to independent and third sector providers.
- Basic pay is enhanced by more factors in the NHS and LAs.
- There is competition from employers outside the three social care sectors (e.g. retail) from roles considered to have similar or better pay but with less responsibility.
- Social care has a low paid workforce that can result in care workers facing financial difficulties.

Table 4: Summary of findings: Contracts

Subject	Literature review	Wales-wide employer survey	Interviews and focus groups
<p>Employment contracts and non-guaranteed working hours</p>	<p>The social care workforce is characterised by high levels of job insecurity such as insecure working arrangements (e.g. zero hours contracts, short-term temporary contracts).</p> <p>The use of zero hour contracts is associated with multiple unpaid gaps of time in care employees' working day.</p> <p>Irregular working, or working above contractual hours, can result in lost benefit entitlement (e.g. Universal Credit).</p> <p>In 2017, 82% of commissioned care provider staff in Wales were on permanent contracts and for LA regulated services, 79% of staff were on permanent contracts.</p>	<p>LA providers employ roughly twice as many part-time permanent staff as full-time permanent staff, whereas the other two social care sectors and the NHS employ roughly twice as many full-time permanent staff as part-time permanent staff.</p> <p>The proportion of care workers employed on a non-guaranteed working/zero hour contracts is remarkably similar at 22% for LA employers, 22% for independent employers, and 21% for the NHS. Third sector social care employees, however, are far less likely to be employed on non-guaranteed working/zero hour contracts (4%).</p> <p>Fewer than 10% of contracts offered to senior care workers and supervisors by LA and independent employers are non-guaranteed/zero hours.</p>	<p>Little or no reference was made to variation in employment contracts.</p> <p>Independent sector employers highlighted benefits of non-guaranteed contracts; flexibility and choice for staff and those they care for.</p> <p>Only one LA employer referred to the use of non-guaranteed contracts as contributing to recruitment problems.</p> <p>Findings indicate stability of contracts was not a key contributory issue in recruitment.</p>

3.4 Table 4 indicates there are advantages and disadvantages with the use of non-guaranteed working hours:

- Whilst the literature review referred to the problematic issues associated with non-guaranteed working hours, stability of contracts was not raised as a contributory issue affecting recruitment within interviews and focus groups.
- Independent sector providers highlighted that non-guaranteed working hours provided choice and flexibility to their staff and the individuals they cared for.

3.5 Furthermore, regarding the proportion of care workers employed on non-guaranteed working hour contracts:

- There is little variation amongst the LA and independent sectors
- There is little variation between the LA, independent and third sectors and the NHS
- Third sector social care providers are less likely to offer this type of contract
- In the context of part-time and full-time permanent contracts ratio, there is variation amongst the social care workforce and the NHS.

Table 5: Summary of findings: Enhancements

Subject	Literature review	Wales-wide employer survey	Interviews and focus groups
Variation of enhancements amongst the social care and NHS workforce	<p>No evidence of variation of enhancements for employer types across the social care workforce.</p> <p>Limited enhancements are available for unsocial hours or level of experience for those receiving the National Living Wage.</p> <p>The NHS Agenda for Change system harmonises terms and conditions of services such as annual leave, hours and sick pay, and work undertaken during unsocial hours.</p>	<p>Variation amongst and within LA, independent and third sector social care employers.</p> <p>Greater incidence of enhancing pay evident in the NHS than other sectors.</p>	<p>General agreement that compared to the independent and third sectors, LAs can offer more competitive pay, terms and conditions.</p>

3.6 The literature review (table 5) highlighted no evidence to determine variation of enhancements amongst the social care workforce but did refer to the consistency in pay amongst health care workers employed in the NHS (Agenda for Change). However, the survey demonstrates variation of enhancements to basic pay amongst and within LA, independent and third sector social care employers, a finding that

was supported by interviews and focus groups. Basic pay is enhanced by more factors in the NHS and LAs.

Table 6: Summary of findings: Recruitment

Subject	Literature review	Wales-wide employer survey	Interviews and focus groups
Pay as an issue affecting recruitment within the social care workforce	Independent and voluntary social care employers struggle to compete with NHS terms and conditions of service.	‘Pay’ cited as significant for recruitment difficulties by LA, independent and third sector employers. Similar jobs being available in the NHS reported as significant by LA and independent employers.	Pay and conditions regularly cited as problematic to recruitment by independent sector, third sector and some LA social care employers.
High vacancy and turnover rate in social care workforce	High turnover and vacancy rates in the social care workforce.	NHS reported no difficulty with recruitment of health care support workers and therefore less than similar workers (care workers) in LA, independent and third sectors. Variable reported difficulties in social care - 54% of LA, 71% of independent and 83% of third sector employers reported difficulty recruiting care workers. Less difficulty recruiting senior care workers and supervisors. Alternative jobs outside the care sector (e.g. retail) cited as significant by LA and independent employers.	NHS reported no issues. LA, independent and third sector social care employers reported recruitment difficulties. Better or similar paid roles available outside social care.
Low status of social care	Social care seen as being of low employment status.	Similar jobs being available in the NHS reported as significant by LA and independent employers.	General perception that working in the NHS carries higher status than working in social care.

Working hours and shift patterns	Onerous working hours and shift patterns.	'Shift work/unsocial hours' cited as significant factor in recruitment difficulties by LA and independent employers.	Employment contracts and job stability are factors affecting recruitment.
Rurality	Challenges for domiciliary care providers in rural areas to recruit care workers. Issue is hampered by the cost of travel and public transport for care workers who do not have access to their own vehicles.	It was not possible to report meaningfully on geographical variation given sample limitations.	Rurality and the geography of Wales raised by LA and third sector social care managers as affecting recruitment.

Table 7: Summary of findings: Retention

Subject	Literature review	Wales-wide employer survey	Interviews and focus groups
High vacancy and turnover rates amongst social care workforce	High turnover and vacancy rates amongst the social care workforce.	<p>NHS reported virtually no difficulty (except one respondent) with the retention of health care support workers.</p> <p>Variable reported difficulties in social care - 46% LA and 39% of independent employers reported difficulty retaining care workers but third sector employers reported no difficulties.</p> <p>Alternative jobs within and outside the social care workforce were reported as causing difficulty for retention.</p> <p>Less difficulty reported to retain senior care workers and supervisors.</p>	<p>NHS reported no issues.</p> <p>LA, independent and third sector social care managers reported retention difficulties.</p> <p>Better or similar paid roles available outside social care.</p>
Pay, terms and conditions	Variation in terms and conditions offered by the NHS contributes to difficulties retaining social care workers	'Pay' reported as reason for retention difficulties by LA and independent employers.	Competition for care workers amongst social care employers and the NHS.

	Despite high turnover, the majority of the workforce leave to work for other providers and do not leave social care	'Similar jobs in care sector' reported as significant reason for difficulties retaining care workers by independent employers.	
Low status of social care	Social care seen as of low employment status	Virtually no reference to 'low status of the role' as reason for retention difficulties.	General perception is that working in the NHS carries higher status than working in social care.
Working hours and shift patterns	Onerous working hours and shift patterns	'Shift work/unsocial hours' cited as significant reason for retention difficulties by LA and independent employers.	Employment contracts and job stability are factors affecting retention.

3.7 Tables 6 and 7 above show that there are similar issues contributing to difficulties recruiting and retaining employees in social care. These include:

Pay

- All social care employers cited 'Pay' as a reason for recruitment and retention difficulties.
- Pay, as an issue affecting recruitment and retention was not highlighted by the NHS.
- Social care employers within interviews and focus groups regularly referred to pay and conditions as being problematic.
- Competition from similar jobs in the NHS was reported as significant by LA and independent social care employers as affecting recruitment.
- Competition within and amongst social care employers and the NHS contribute to retention problems for the social care workforce.

High vacancy and turnover of care staff

- The social care workforce is affected by high turnover and vacancy rates.
- Unlike the NHS, LA, independent and third sector employers reported variable difficulties in the recruitment and retention of care workers.

- Similarly, problems associated with competition amongst the social care employers and from the NHS were reported; however, less difficulty was reported in the recruitment and retention of senior care workers and supervisors.
- Difficulties to recruitment and retention were also attributed to roles outside social care (e.g. retail).

The low status of social care work

- Recruitment and retention difficulties within the social care workforce have also been attributed to the low status of social care as a valued career option particularly in comparison to similar roles in the NHS which carry a higher status.

Working hours and shift patterns

- Working hours and shift patterns are additional reasons attributed to recruitment and retention difficulties within the social care workforce.
- LA and independent employers reported 'shift work/unsocial hours' as reasons for problems recruiting and retaining staff.

3.8 In addition to the factors above, the issue of rurality (which included transport difficulties i.e. access to public transport and own vehicles, and a shortage of people from the area to recruit from) was also cited as problematic to recruitment and retention.

Other factors associated with recruitment and retention of the social care workforce

3.9 Beyond pay, and terms and conditions of employment contracts, additional factors deemed important to recruitment and retention include:

- The values and motivations of staff
- Recruiting the right person with the right values
- For staff to feel valued, appreciated, supported, and included.

- The importance and value of 'job satisfaction' and the relationships staff have with those they care for, knowing they are making a difference and having an impact

3.10 Providing a supportive environment including the provision of regular supervision, training and opportunities for personal and professional progression.

- For staff to feel part of a team
- Open communication channels with supervisors and managers

4. Discussion: Implications for the workforce and employers

Remit and context

- 4.1 The context for this research was confirmed by findings from the literature review, focus groups and interviews which confirmed social care as having:
- high turnover and vacancy rates
 - increasing demand for care workers
 - costly recruitment and training of new staff
 - increasing use of agency staff, and
 - competition from the NHS and temporary employment agencies
- 4.2 In contrast, the NHS is seen as having a more stable comparable workforce (health care support workers), experiencing very few problems with recruiting and retaining comparable staff, and generally a more highly valued place of employment.
- 4.3 The findings illustrate that variations were evident within each of the social care sectors and between them and the NHS. Drawing definitive conclusions from the research about the impact of these variations is difficult. These are complex systems, with a variety of forces operating on them at any one time. Offering a definitive view on the factors in play is complex, not least because of the number of variables the research explored. Therefore, it is more useful perhaps to reflect on the findings and provide some reflections on the implications of the variations in pay and conditions observed within the wider context of the challenges of recruiting and retaining social care workers and healthcare support workers.
- 4.4 Being a 'good employer' is critically important to running good quality health and social care services. The message here is that reducing variation in employment practices overall, particularly around valuing staff and including approaches to recruitment, helps mitigate against the negative effects of any unavoidable variations in pay.

Pay

- 4.5 Pay is undoubtedly an issue which impacts employers' ability to recruit and retain social care workers. It manifests itself in a number of ways:
- As a reflection of the low value felt within social care and by social care workers
 - the level of basic pay across social care is around the national minimum wage or national living wage, in some cases being around the real living wage.
 - As an instrument to incentivise recruitment and retention
 - the variation in pay amongst the social care workforce and between social care and the NHS has been identified as a reason for people switching jobs.
 - As a means of illustrating the fragmentation of the social care industry whereby provision is now located within different sectors and by individual employers
 - the variation in pay levels accentuates the perception that there is not a level playing field between LA employers and others in respect of their ability to pay staff.
 - As an over-simplified means of demonstrating a complex set of issues affecting recruitment and retention.
 - headline basic pay levels are often used to make comparisons; however, the real remuneration package is much more difficult to identify because of enhancements and other benefits.
 - As a way of reinforcing the gap between responsibility and remuneration, particularly when work pressures are acute
 - the relative importance of the job is seen to be a considerable distance from the pay level it engenders.
- 4.6 Comparing pay levels accurately is fraught with difficulty. Different agencies operate different pay systems, e.g. some with fixed points and others pay ranges. These differences apply within sectors (e.g. different LAs pay different rates) and amongst sectors. Enhancements to basic pay are also adopted differently, both in terms of the range of enhancements applied and the degree to which they are absorbed into

the basic pay rate. However, there is sufficient evidence to conclude that pay levels for social care workers in the LA sector and NHS are generally higher than in other sectors, recognising the variation in pay levels within these sectors.

- 4.7 In considering potential reasons for this variation in pay and enhancements, it should be noted that LAs have outsourced many of their care services but many have retained the reablement service in house, which may be regarded as needing a higher skill level and therefore attract more pay. The survey questions did not differentiate different forms of domiciliary care to verify this. Secondly, it is understood that some independent sector care providers have felt it necessary to reduce costs associated with the implementation of the national minimum and living wage and this has impacted their ability to pay enhancements.
- 4.8 There are numerous factors affecting recruitment and retention but pay is reported to be the most significant issue. Even when other issues associated with being a good employer are addressed, such as having training and development opportunities, low pay remains a potentially demotivating factor for employees.
- 4.9 The variation in pay between sectors is generally perceived to be a factor in creating unhelpful turnover within social care whereby staff consider pay and conditions to be better elsewhere. This is seen as particularly prevalent by independent and third sector employers who see the better terms for comparable jobs in LAS and the NHS providing multiple incentives for their staff to move. LAs also identify alternative jobs in the NHS as a factor in this regard and the relatively high number of authorities reporting recruitment and retention difficulties, compared to virtually no difficulties reported by NHS employers, tends to support this view. Interestingly, however, the employer surveys indicate a lower level of difficulty in independent sector employers being able to retain staff than LAs, which would suggest the apparent attractiveness of jobs in LAs at least is not as great as it may first appear. Similarly, the lower basic rate paid by the NHS compared with LAs raises questions about whether pay is the main factor motivating staff to leave for similar posts with the health service. The research suggests there may be numerous alternative explanations for staff turnover.

Contracts and other employment conditions

- 4.10 It is likely that other factors are in play. The NHS focus group confirmed a range of attractive in-house benefits of being an NHS employee, such as training and development and career progression opportunities. The benefits of ‘growing your own’ by all sectors can possibly be detected in the relatively low number of reported recruitment and retention difficulties in respect of senior care workers and supervisors. The NHS also continues to pay enhancements for shift, weekend and unsocial hours working, which the social care sectors generally do not. Enhancements to pay in general, however, appear to be greater in the NHS and LAs than in other sectors. Jobs in the NHS may also benefit from being regarded as highly valued and the NHS itself being a good and stable employer.
- 4.11 Overall, there is merit in the conclusion from the literature review that without empirical evidence, it is not possible to determine the extent to which the variation of pay and conditions is a factor in employees leaving to work for other providers. A robust system of tracking staff movement coupled with cross sector exit interviews would be needed to be more certain with regard to the precise reasons for staff changing jobs. Indications from the focus groups suggest a range of personal circumstances feature in people’s motivations, alongside recognised factors such as pay and conditions. That is not to deny the relevance of the latter, as they are clearly important factors. It is merely to point out that pinpointing precise reasons for staff movement within, and between, sectors is a complex process.
- 4.12 It is equally difficult to assess the extent to which jobs outside social care, particularly in the retail sector, attract people to move. All three elements of the research suggest such alternative employment is a factor, but people also reported the feeling of worth they experienced whilst undertaking caring duties and how this outweighed the benefits of working in a lower pressure environment. Directly comparing remuneration packages between social care and others is also difficult as issues like levels of responsibility, working hours and benefits such as shopping discounts, must also be taken into account.
- 4.13 One concerning feature identified from the research was that numerous social care workers found themselves in a precarious financial position and needed to

supplement earnings with state and other benefits, and sometimes rely on short term loans from employers. This has potential implications for the quality and continuity of care because of its effect on the stability of the workforce.

- 4.14 The brief for this study referred specifically to the 'harmful use of zero hours contracts', alternatively referred to as non-guaranteed working hours contracts or casual work contracts. This harm is associated with multiple unpaid gaps of time in care employees' working day and lost benefit entitlement (e.g. universal credit, due to irregular working hours). The research indicates minimal variation in the proportion of these contracts to permanent contracts amongst the different social care sectors, just over three in every four contracts being permanent. Whilst some independent sector employers consider the insecurity of contracts to be a significant factor affecting retention, the overriding conclusion from that sector was that it was inappropriate to view 'zero hours' contracts in a purely negative light. Any negativity must be balanced with the benefits they provide for many staff in terms of flexible working, and for recipients of services in respect of being able to guarantee continuity of service in the absence of permanent staff. For the third sector, however, the insecurity of contracts is problematic as it is heavily dependent on external funding and not being able to have stability in either funding or the workforce is particularly challenging.
- 4.15 There is, however, variation in the ratio of part-time to full-time contracts and this is interesting in that it illustrates that there are different workforce configurations used to run social care services. Greater use of part-time contracts is reported in the LA sector and it could be argued having a predominantly part-time workforce enables flexible use of those workers to work additional hours and maintain continuity of service. On the other hand, employing more individual workers may have some potentially negative implications for vulnerable people in terms of continuity of relationships. It also means that more staff need to be employed at a time when recruitment is difficult. This is a possible factor in independent sector employers, who reported higher levels of difficulty in recruiting but fewer in retaining, choosing to employ more full-time workers.

4.16 When considering the impact on the quality and continuity of care, there is a consensus that high vacancy and turnover rates make it more difficult to achieve and maintain good standards of care. Other impacts include increased pressure and demand on existing staff, lower staff morale and damage to job satisfaction, a lack of which can affect work colleagues and the quality of care provided. The impact of a shortage of skilled people seeking roles in care has meant recruiting staff who may not have the appropriate skills and abilities.

Recruitment and retention

4.17 The terms recruitment and retention have possibly been used too synonymously when describing workforce challenges. They are different and present distinct problems for employers. The strategies for dealing with each must also, therefore, vary. The research suggests it is possible to identify different pullers (recruitment factors) and pushers (retention factors) in social care from the perspective of employees, recognising that some affect both recruitment and retention. These may operate in isolation or in combination.

4.18 Taking the research in its entirety, the pull factors include:

- being allowed empowerment and autonomy
- having contact/relationships with users of service
- the nature of the job
- opportunity for learning and advancement
- flexible working and availability of jobs close to home
- feeling valued for the role performed
- job satisfaction (including the diversity and challenge of their role)
- having a positive impact on people's lives
- opportunities for personal and professional development
- good working conditions (e.g. guaranteed working hours, fair wages)
- good pay
- good employer/staff relationships
- a supportive work environment

4.19 The push factors include:

- the challenges of the role (e.g. lone working, pay levels and level of support provided)
- the stress of appointments being too close together
- lack of a full-time job
- shift working
- lack of input into work schedules and last minute changes
- seeing agency workers being paid more
- terms and conditions of employment (especially pay)
- working time and staff shortages
- the low value status of social care, especially when compared to the NHS
- less stressful alternative jobs

4.20 From the employer perspective, the key to meeting these challenges appears to rest with being a good employer and demonstrating skills such as those listed below:

- a positive culture that supports, respects and values staff
- access to ongoing training and development
- honesty about the reality of the role
- good working conditions (particularly flexible working)
- communication (listening to staff)
- supporting staff in their roles (and increasingly in their personal lives)
- appropriate benefits and incentives
- having a robust recruitment process
- care workers who are seen as 'coaches' who undertake positive and motivational work
- reducing hierarchy within teams which can enable organisations to offer training and more competitive rates of pay to make a career in care more attractive
- autonomous teams
- regular team meetings to avoid isolated working conditions

- more training and flexibility to work autonomously
- financial incentives e.g. a finding fee; gainsharing, employee engagement

4.21 Being a good employer is partly dependent, of course, on being able to operate within a supportive economic and policy climate. Some factors within this context exemplify the challenges of providing incentives for staff to be attracted to work and stay in social care whilst ensuring employers can sustain business continuity. These largely relate to the momentum towards paying a national living wage and providers having to work under financial pressures linked to ‘tight’ contracts with LA commissioners. Other factors relate to a lack of time and capacity within senior management to invest in workforce and service planning and some confusion persisting amongst employers about what a values-based approach to workforce management ‘looks like’, how to develop it, and what represents good practice.

4.22 Government plays its part through leadership, legislation and finance, and by sponsoring and supporting national initiatives like media campaigns to promote the status of social care and the benefits of working in it, such as WeCare Wales. Commissioning this research can be seen as an illustration by government to better understand and act upon issues affecting the social care workforce and its impact on the quality of care. Two issues are also particularly important currently in this context:

- developments to improve the professional status of social care via registration, and
- the new national workforce strategy for health and social care, currently in draft.

4.23 The latter is important in that it provides an opportunity to create a climate and framework for employers to address the issues referred to in this report. As the strategy is still in draft form, it is not appropriate to critique it in respect of its relevance to variation in pay and conditions but it is notable that its reference to the importance of valuing staff and using values-based recruitment chimes with the findings of this research. Members of the expert reference group confirmed the relevance of this research to finalising the content of the strategy.

4.24 In respect of registration, whilst there was general agreement that professionalising the workforce would improve its status and potentially assist recruitment, some warnings were given about unintended consequences. For example, costs to employers and employees associated with the initiative could be disproportionate relative to realising the benefits. Striking the right balance is crucial, therefore, and good communication will obviously play a key role in achieving this.

Innovation and good practice

4.25 Encouragingly, the research identified examples of innovative and successful practice in respect of recruitment and retention, including within Wales. These were highlighted in the findings from the interviews and focus groups. However, initiatives would benefit from research into, and evaluation of, what works, why, and in what context. Opportunities to share and promote practice, provide guidance for social care to enable learning from one another and to continue the development of innovative approaches are vitally important.

4.26 It is likely there are more examples of good practice unreported which, if shared more widely, could contribute to improvements in recruitment and selection methods. For example, the roll out of a common understanding of what constitutes a values-based approach to recruitment and retention. This would involve establishing that prospective new employees have the right personal attributes, motivation and values (e.g. empathy, respect, and compassion), which in turn could promote greater consistency in approach and potentially a reduction in the turnover of workers.

4.27 To conclude, determining the extent to which variation in pay, terms, conditions and contracts affects recruitment, retention and the quality and continuity of care is a complex process, not least because of the nature of different motivations of workers. In some cases, perceived higher pay rates affect people's desire to move to other health and social care employers or even out of social care altogether. In others, different factors influence decisions. This research, limited in its nature, does not arrive at definitive conclusions but instead provides considerable learning about the issues requiring further research. What is clear, however, is that reducing variation in employment practices overall, particularly around valuing staff, and

including approaches to recruitment, helps mitigate against the negative effects of any unavoidable variations in pay.