



New starters' experience

Phase 1 research report

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1. Introduction

1.1 Background and purpose

2.

		exploring how this relationship is impacted by the wider economy and other factors such as experience in role.
Experience in role	Likelihood of leaving decreased with higher levels of experience.	Not relevant for new starters.
Training	Likelihood of leaving decreased if workers had more training.	This is also the case for new starters.
Contracted hours	Likelihood of leaving decreased if workers had a higher number of contracted hours.	The data for new starters does not suggest a clear correlation between leaving rates of new starters and their contracted hours.
Number of sickness days*	Likelihood of leaving decreased if workers had fewer sickness days.	This was also true for new starters.
Social care qualification	Workers with any social care qualification were less likely to leave their posts.	This was also true for new starters.
Zero-hours contracts	Workers on zero-hours contracts were less likely to leave their posts.	This was also true for new starters.
Historic turnover rate	Likelihood of high turnover rates increased if the establishment had historically high turnover.	This effect is not as pronounced for new starters. Turnover remains high across all establishments for new starters.

Source: ASC-WDS unweighted data between March 2020 and March 2021

* Data analysed between March 2019 and March 2020.

The analysis suggests that employers who wish to retain new starters may wish to:

- avoid zero-hours contracts
- focus support particularly on young new starters

3. Evidence from the research review

Key findings

It was relatively rare for the sources covered by the review to refer specifically

Table 3.1: Sources by year of publication

Year of publication	No. sources
2022	9
2021	93
2020	1
2019	1
2018	1
2017	1
Not given	1
Total	107

Source: York Consulting (2022).

Table 3.2: Sources by geographic coverage

Year of publication	No. sources
Not specified or national	96
London	3
North West	2
Midlands	1
South East	1
East of England	3
South East, London and East of England	1
Total	107

Source: York Consulting (2022).

It was relatively rare for the sources included in the rapid evidence assessment to discuss the retention of new starters as a distinct group of staff (only 12 of the 107 sources did so). However, many of the sources made points that are equally relevant to new starters as they are to other groups of staff. The decision was therefore taken to keep all 107 sources in scope rather than concentrating only on those that made specific reference to new starters.

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reports of managerial staff having to undertake frontline care work to ensure that residents remain safe and supported (National Care Forum, 2021b). In some cases, this has meant that service developments have been put on hold and annual leave requests have been refused.

As a result of increased workloads, there is greater pressure on staff to pick up additional shifts including covering less desirable evening and weekend slots, a challenge reported by 57% of providers in the Eastern Region (Skills for Care and Eastern Region ADASS, 2022).

The effects of these factors, alongside increased stress and higher risk of burnout, include an outflow of workers from the sector.

3.2.6 Inconsistent development opportunities

Evidence (e.g.

3.3.4 Improving pay

Alongside increases in basic pay, calls are being made (e.g. DHSC, 2021a and 2021b) for the introduction and more routine use of overtime payments, bonuses and travel and/or childcare costs as potential drivers of retention:

Ekosgen (2013) found that [social care] offer financial and non-financial incentives. Skills for Care Monthly Sector Insight for December 2021 cited one provider which pays each member of staff a £300 retention bonus on completion of their initial training (although it did not state whether this had contributed to improved levels of staff retention).

The majority of staff (80%) surveyed by Skills for Care and Eastern Region ADASS (2022) suggested that increases in salary would be the most appealing change, with some specific suggestions of moving pay to be in line with the NHS.

3.3.5 Improving job security, terms and conditions

Voluntary guidelines and charters exist for improvements in terms and conditions, as does an Ethical Care Charter used in commissioning and framework agreements (Atkinson *et al*, 2019).⁵ For social care employers who want to benchmark their pay and conditions against role-specific averages, the Social Care Reward is a valuable resource and is promoted by the National Care Forum.

Atkinson *et al* (2019) also identified that domiciliary care workers. Whilst both voluntary and aspirational, this comprises a range of benefits, including:

- salaried employment, paid travel time, bank holiday uplift
- 12 weeks paid training, induction and buddying, basic skills, apprenticeship levy
- interest free loans for driving lessons
- a winter pressures uplift.

Stakeholders consulted in the February 2021 Evidence Review talked about the role of unions and their hopes for better pay and conditions. Supporting this, literature from various sources (IPPR, 2018; TUC, 2020; Health Foundation, 2020) suggests that sectoral collective bargaining could improve job quality and therefore potentially retention. IPPR (2018) suggest building on the UNISON Ethical Care Charter (UNISON 2020) to include:

Training: an entitlement to basic induction training and regular professional development, minimum qualification levels for given roles and minimum requirements for apprenticeship investment and standards.

Job security: including the right to a fixed-hour contract and protections for workers who choose zero-hour contracts (e.g. a higher minimum wage).

⁵ The Welsh Government acted on this when, in spring 2018, it introduced regulation that provided domiciliary care workers with the right to request guaranteed hours contracts after three months employment.

3.3.6 Career pathways, progression and development opportunities

Numerous commentators⁶ have called for clearer career pathways and progression to help attract and retain people in the sector, and to navigate the changes that are needed to integrate and improve care.

Although apprenticeships in social care are often used to develop existing staff, Beech *et al* (2019) found they represent a key way for some social care employers to maximise recruitment from their local areas and offer a clear career progression from support worker through to degree or postgraduate level (NHS Employers 2021b). However, Skills for Care (2021a) found that apprenticeships are not seen as sufficiently flexible (Social Care COVID-19 Taskforce Workforce Advisory Group, 2020) or affordable (Moriarty *et al*, 2018) to address

Looking at qualifications more broadly, there appears to be a correlation between the achievement of qualifications and the likelihood of remaining in the sector. Skills for Care (2021g) reported that 28.2% of care workers without a relevant qualification left their role within the first 12 months, compared with 20.5% with a relevant qualification. Marsh Commercial (2021) advocated investing in post-induction staff development as a means of improving retention, while the Health and Social Care Committee (2021b) stated that ongoing investment in workforce development will strengthen the image of social care as a sector with long-term career prospects.

Looking specifically at new starters:

Cornes and Manthorpe (2022) emphasised the importance of high-quality initial training as a potential driver of retention.

The Work Foundation (2021) gathered feedback from 1,004 adult social care workers and found that a lack of career development was a primary factor for nearly half of those that were considering leaving the sector. The Work Foundation uses this finding as the basis for advocating ongoing training opportunities.

The Public Policy Institute (2021) emphasises the role that online learning can play in workforce development, noting that the number of people accessing online training materials from Health Education England rose from 750,000 in 2019 to 1.8 million in 2020.

3.3.7 Alternative delivery models

Care models which prioritise wellbeing, autonomy, asset-based approaches, personalised care, prevention and reablement are all highlighted in the literature (see e.g. SCIE, 2018 and 2020; ADASS, 2020; Social Care COVID-19 Taskforce Self-Directed Support Ad

3.3.8 Technology as a driver of retention

The rapid evidence assessment uncovered numerous references to technology, and in particular mobile technology, having the potential to improve levels of staff retention. For example, The Access Group (2019) reported that improvements can be made to workloads, scheduling/streamlining of tasks and administrative requirements through greater adoption of mobile technology across the sector. This includes using technology to monitor patients remotely and to share information more efficiently with other services such as GPs.

3.4 Underpinning conditions

The literature points to a number of underpinning conditions, or critical success factors, that could support the development and implementation of the solutions discussed above. Whilst the solutions are action-focused and apply at employer or organisation level, the underpinning conditions relate more to sector-wide considerations or approaches.

3.4.1 Pay review

The Local Government Association (2021) has advocated an independent review of pay and the processes for setting pay across the sector, whilst UNISON and the National Care Forum (2021) survey of 340 registered managers found that two-thirds had to turn down requests for care due to staff vacancies. In March 2022, the Social Care Policy Group reiterated its call for an independent review of pay, including the implications of workforce pay increases for individual employers and direct payment holders.

Vadean and Saloniki (2021) advocate a strategy whereby pay and conditions in the independent and public sectors are aligned with one another, noting however that this would also carry a significant additional cost.

Announced in September 2021, the new Health and Social Levy is designed to provide a £5.4 billion investment in adult social care. Included within this is £500m for staff training with the aim of reducing turnover and enabling carers to achieve recognised qualifications⁷. However, Ian Trenholm and Peter Wyman of the Care Quality Commission (2021) have stated that the government would need to commit the full £5.4 billion to improving pay and training in the sector in order for it to have a demonstrable positive impact.

3.4.2 Training framework

Professor Martin Green of Care England . supported by senior colleagues from ADASS, the Care and Support Alliance and other influential stakeholders in the sector . has called for a 10-year plan, aligned with the NHS plan, which includes a sector-wide skills and competency framework. A Lancaster University study has called for a continuing professional development (CPD) framework in adult social care, whilst

⁷ In addition, the government announced a £162.5 million workforce retention and recruitment fund in October 2021.

Humphries and Timmins (2021) have also emphasised the importance of more structured CPD across the sector.

3.4.3 Status and recognition

An Alzheimers society report (2021) advocated the introduction of a national social care board, or an equivalent registered body, to help standardise and improve pay and conditions. Support for this was also apparent in the Skills for Care Monthly Sector Insight report from October 2021, which included feedback from employers suggesting that a registered body would help staff to feel valued and respected in the same way as their NHS counterparts.

The Care Quality Commission (

4. Conclusions and recommendations

The review found that, as with social care workers more generally, new starters are more likely to stay in the role if they live close to work, are paid more, trained and

Annex A: References

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