



Recruitment and retention of the social care workforce: longstanding and emerging challenges during the COVID-19 pandemic

A research brief

Written by Dr Agnes Turnpenny & Professor Shereen Hussein

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Project team:

Dr Stephen Allan
Professor Alex Bryson
Grace Collins
Dr John Forth
Dr Katerina Gousia

Professor Shereen Hussein
Dr Eirini Saloniki
Lisa Richardson
Ann-Marie Towers
Dr Agnes Turnpenny
Dr Florin Vadean

About the RESSCW project

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The RESSCW project is a collaboration between the University of Kent, London School of Hygiene and Tropical Medicine, University College London, City University of London, and Skills for Care. It aims to help social care providers, commissioners, regulators and policy-makers understand the specific organisational and individual drivers of staff retention and wellbeing as well as the impact of Covid-19 on the social care sector. It runs between 2019 and 2022.

Key messages

High vacancy levels and high staff turnover have characterised the social care sector for a long time in England. Before the COVID-19 pandemic, there were over 120,000 vacancies in social care. Most turnover happens within the first few years from starting a care job; the turnover rate sharply falls from 43.8% in the first year to less than 27% after four years of tenure.¹ There is emerging evidence that better staffing leads to better quality services.² This research brief sets out the findings of a review of international literature on retention and turnover in social care.

Enhancing pay and reward in the social care sector is essential to attract and retain workers. However, these alone are unlikely to offset the impact of poor quality jobs and unfavourable working conditions.

There is no single measure that will improve recruitment and retention problems; efforts can be made to value the workforce and acknowledge that their work is essential and [“makes a real difference to the lives of some of the most vulnerable people in society”](#).

Better recruitment practices, such as values-based recruitment, can contribute to stability and reduced turnover by ensuring better person-job and person-environment fit. To date, the evidence is limited on the effectiveness of different approaches and interventions. Achieving better recruitment can be more difficult in a tight labour market and a sector with high vacancies, like social care.

Several factors associated with turnover identified in this review can be controlled or influenced by care providers. These include managerial support, organisational culture, work organisation, and adequate equipment to ensure health and safety at work.

Therefore, one of the critical findings of this review is the need for the sector to be able to offer ‘quality jobs’ in order to improve recruitment and retention; this includes, but not exclusive to, ensuring decent pay and terms of employment, job security, and quality of the working environment.^{3 4}

Another important message of the review is that social care needs better systems to support care providers in creating and offering quality jobs. In particular, there is a need to reconsider how services are commissioned and

funded by local authorities, acknowledging the employment implications of funding constraints and commissioning practices.⁵

The current situation of significant job losses in some industries (particularly hospitality and retail) during COVID-19 might offer a unique opportunity to redistribute the workforce. For the sector to attract and retain available workers due to such redistributions, social care urgently needs both a financial and image boost. The impact of the COVID-19 pandemic on the social care workforce is still unfolding. It will need to be analysed in the ever-changing context of government policies and local implementation in the coming months.

Background

High vacancy levels and high staff turnover have characterised the social care sector for a long time in England. Before the COVID-19 pandemic, there were over 120,000 vacancies in social care, corresponding to 7.8% of all jobs in the sector compared to a vacancy rate of 2.7 per 100 employee jobs across the economy.⁶ Nearly a third of workers had left their job in the previous 12 months, although the majority (67%) of leavers stayed in social care.⁷ While this is broadly comparable to employee turnover across the whole economy⁸, there are reasons why this might be a problem for social care.⁹ First, recruitment, induction, and training for new staff can be costly. Second, staff turnover can also have negative organisational consequences. Adverse implications include increased burden on long-term workers, weakening of social support and informal networks in the workplace, and a disruption in the continuity and quality of care, especially when vacancies specific to certain job roles are difficult to fill.¹⁰

These longstanding challenges are not observed in the UK alone, but in many other countries with diverse social care or long-term care (LTC) systems and welfare state models. For example, in the United States, less than one in five care workers stay in the sector for at least two consecutive years.¹¹ In Europe, LTC workers remain with their employer two years less than the overall working population.¹²

[Care workers are among the lowest-paid workers in the economy](#), not just in the UK but also across the OECD, where they earn less than their counterparts in the health care sector.¹³ Recruitment and retention difficulties are often associated with low pay; however, these are not the only factors.¹⁴ High turnover and low retention are complex challenges and call for a detailed understanding of nuances for effective policy responses. The COVID-19 pandemic created a new situation with the closure of large parts of retail, hospitality, and tourism industries: millions of employees and workers were furloughed.¹⁵ Volunteering and community initiatives were springing up across the country. In April, the Government launched [an action plan that set out a target of recruiting 20,000 people](#) into the social care sector. Meanwhile, social care employers in the UK have reported record interest and numbers of applications for jobs.

This situation presents a unique, yet likely short-term, opportunity for the social care sector to attract new workers, stabilise and diversify the existing workforce. The latter could be very beneficial ahead of other challenges on the horizon, especially the introduction of the [new immigration system](#) in January 2021, that will end free movement of EU nationals while still restricting direct recruitment of migrant workers into the social care sector, with potentially [severe implications](#). At the same time, due to the impact of COVID-19, [care workers are facing immense pressures, increased workload and stress](#), with risks of burnout and adverse health and wellbeing outcomes.¹⁶

In this context, workforce's stability, particularly retention, comes to centre stage, and we must understand the factors that shape people's decision to stay or leave their job or the sector altogether. This research brief sets out the findings of a review of international literature on retention and turnover in social care.

Review questions and methods

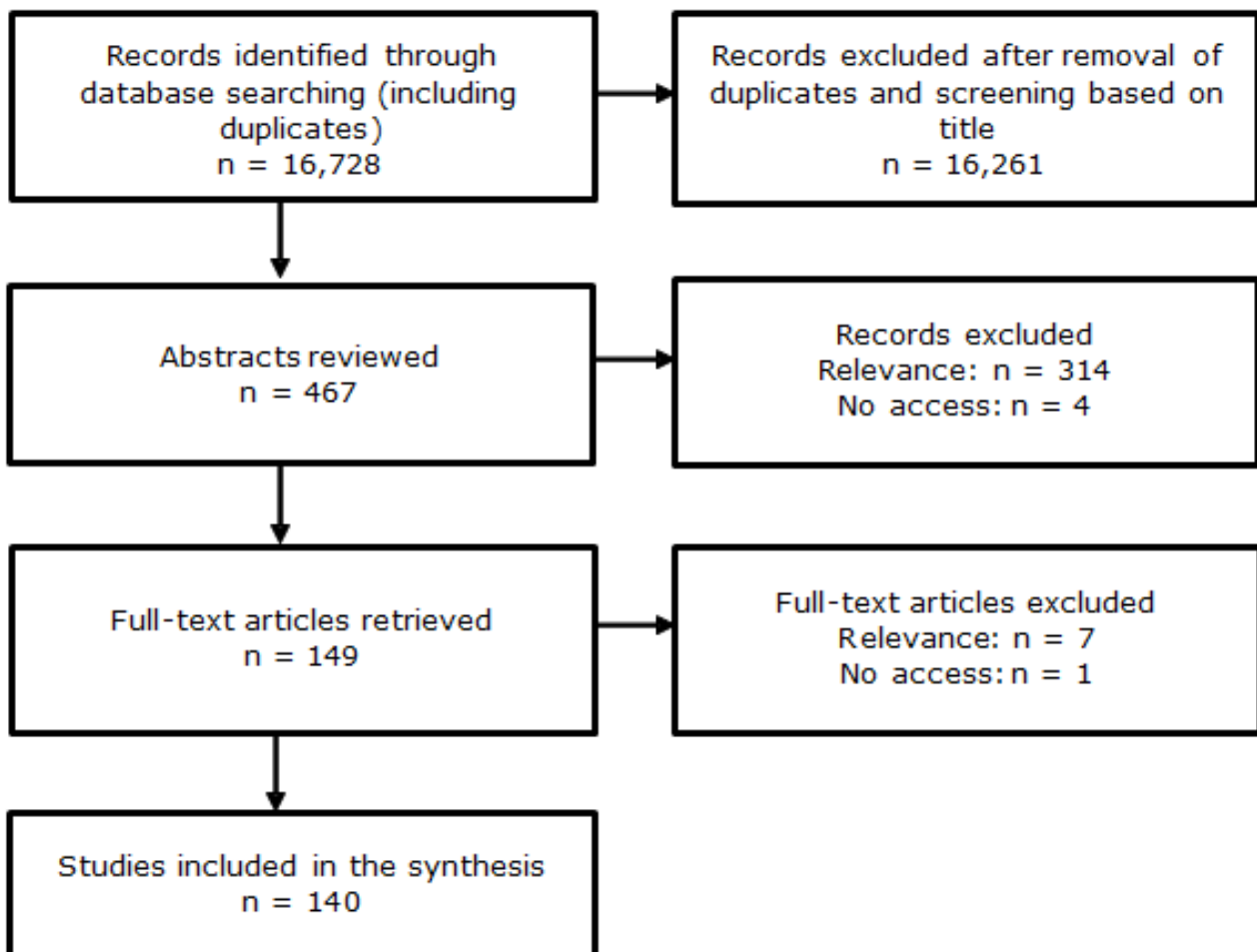
Our review sought to answer two main questions:

1. What are the main factors associated with retention and turnover in social care?

2. How do these factors shape retention and turnover? What are the main causes and relationships?

We have searched and reviewed the international literature published in English in the last 15 years to answer these questions. We searched for studies that examined the recruitment and retention of the adult social care workforce. Our workforce definition included care workers and registered professionals (e.g. nurses, health care assistants) working in mainly adult social care settings (care homes, assisted living facilities, nursing homes, service users' homes in the community). We also took into account various definitions and terms used in different countries. We identified 140 studies that met our inclusion criteria (see Figure 1).

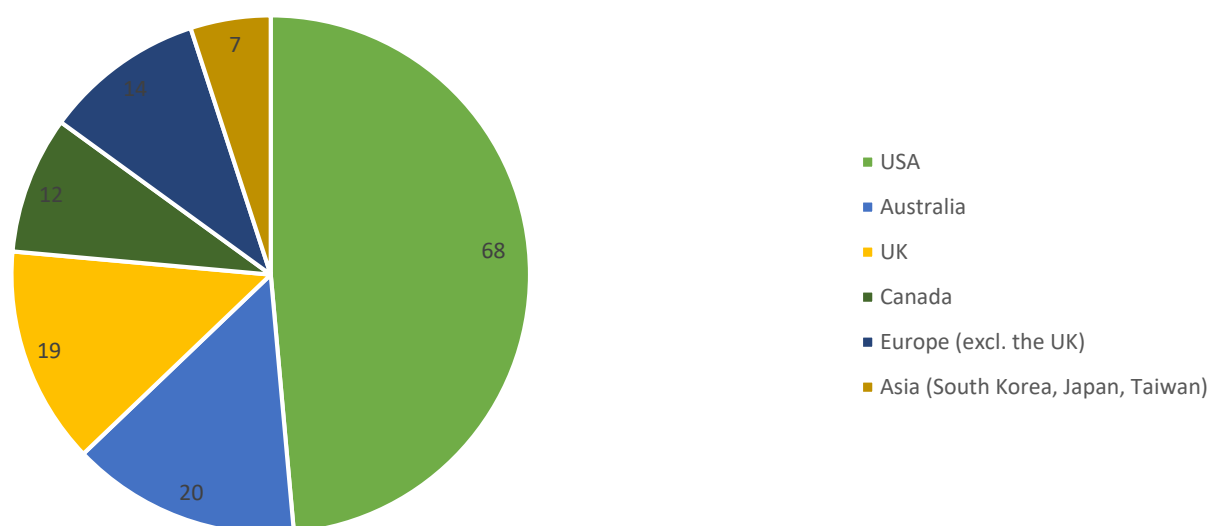
Figure 1: The literature search



The literature

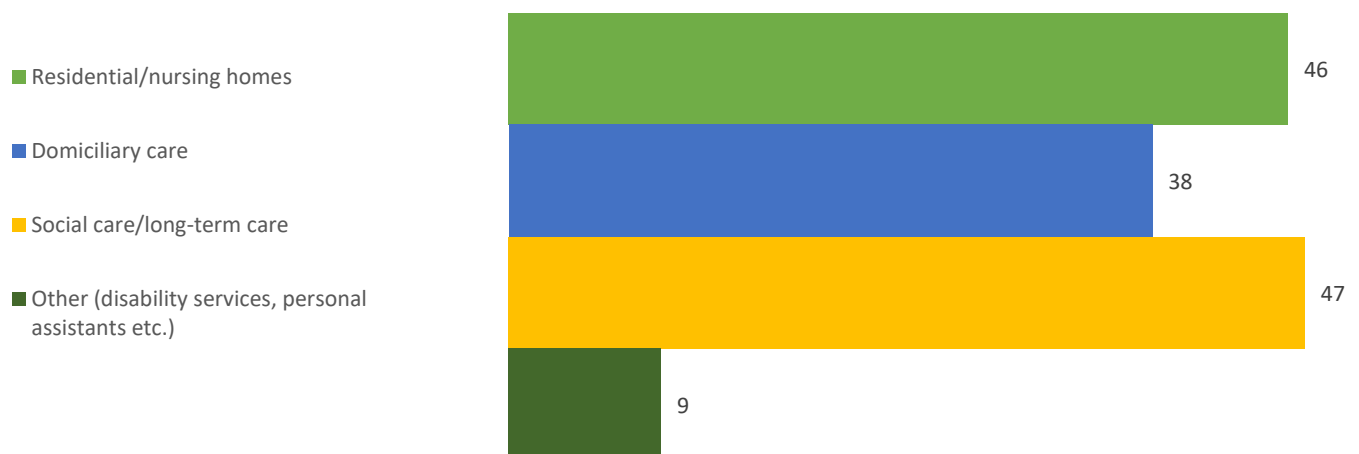
Figure 2 shows the countries of studies included in the review: nearly half of them were from the United States, with a substantial contribution from the UK, Australia, and Canada. In total, 16 countries were represented in the review.

Figure 2: Countries covered by the studies in the review



Studies were evenly spread across residential care (incl. nursing homes), domiciliary care, and those looking at the social care workforce in general (see Figure 3). Few papers focused explicitly on disability services or personal assistants.

Figure 3: Number of studies focusing on different social care services



The research we reviewed was varied in their methods and included qualitative and quantitative and mixed methods designs (see Figure 4). The different approaches have different strengths and limitations (risk of bias). These differences need to be taken into account when drawing any conclusions from the review.

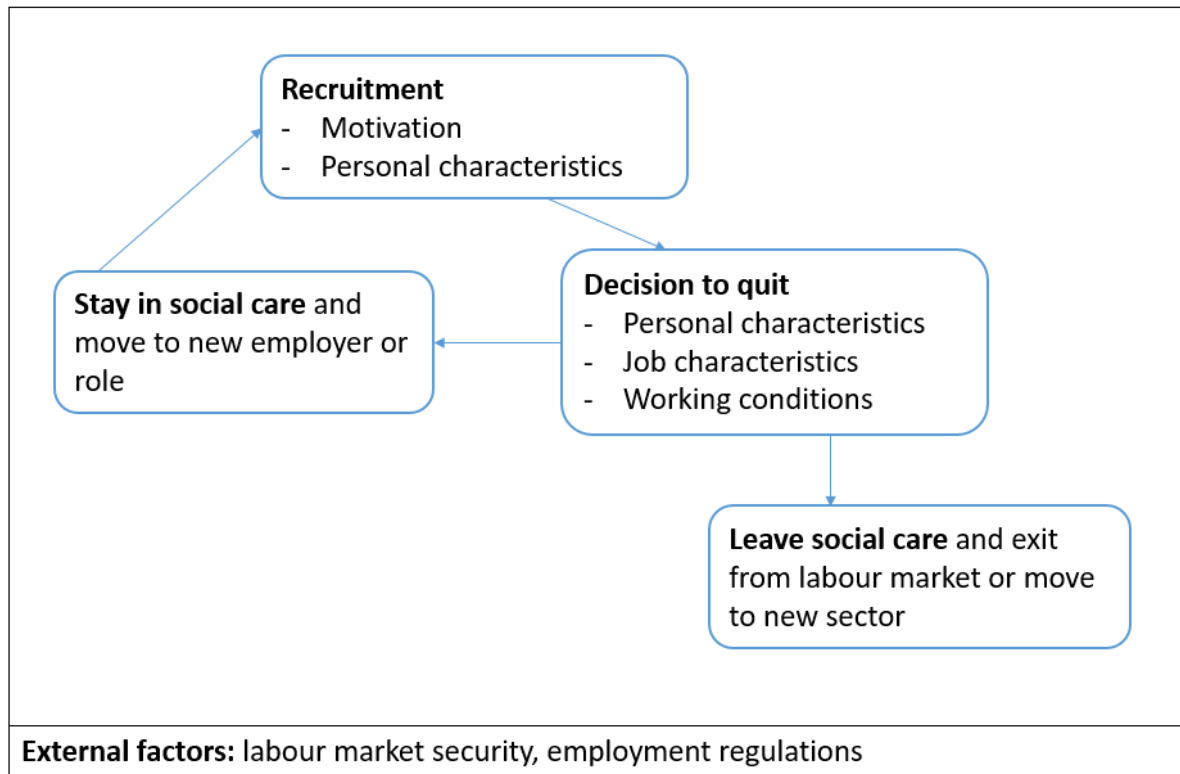
Figure 4: Overview of research methods



What factors shape retention and turnover?

The reviewed research identified a broad range of factors associated with turnover and retention in social care (see Figure 5). This section discusses four categories in more detail: personal characteristics, job characteristics, working conditions, and external factors.

Figure 5: Factors associated with recruitment and retention in social care



Personal characteristics

Some personal characteristics and dispositional or individual traits (e.g. how a person responds to stress, self-esteem) are associated with higher turnover. Some of these are:

- Musculoskeletal complaints and the effect of previous occupational injuries (arising from to the physical nature of the job, particularly lifting and handling);
- Younger age;
- Higher education.

Evidence on other personal characteristics is less prominent and appears to be moderated by various factors, including working conditions, structural disadvantage, and systems. For example, one US study found that non-citizen nursing assistants in care homes were twice as likely to quit within one year as US-born or naturalised citizens working in the same role.¹⁷ However, it is unclear to what extent this might be explained by personal characteristics (e.g. language skills), working conditions, or visa problems.

Another US study found that the experience of racism or ethnic discrimination has significantly increased turnover intent among black and minority ethnic home health aides.¹⁸

The impact of family and informal caring responsibilities is mediated by perceived 'family time adequacy', work-life balance, and work-family conflict.^{19,20} There is evidence on the impact of low work-life balance and high work-family conflict – when job demands interfere with family life – on turnover.²¹

Work-life balance is particularly crucial for a predominantly female care workforce – in England, 82% of the social care workforce are female²² – with many facing double- or triple caregiving duties.

The other well-evidenced mechanism is person-job fit or self-efficacy. Self-efficacy refers to the individual's self-perceived ability to do the job. This attribute, alongside other personal resources (e.g. coping strategies, self-esteem) and organisational support (e.g. training and mentoring, recognition by supervisor) are important determinants of job satisfaction and intention to stay or quit.^{23, 24}

Job characteristics

Various aspects of care are associated with turnover and retention, including:

- Emotional labour: working with people at the end of their life or whose condition is rapidly deteriorating can produce emotional fatigue and burnout, and lead to increased intention to leave.²⁵
- Job-related stress, resulting from heavy workloads, time pressures, the inflexibility of schedules and tasks, role conflict and ambiguity.²⁶

On the other hand, job autonomy, task flexibility, and organisational practices that allow staff to perform what they consider meaningful and relational aspects of their job were associated with reduced intention to quit.²⁷

Working conditions

The review indicated that working conditions could be grouped into material and non-material aspects. The most often discussed material aspects are pay and reward. There is some evidence in the international literature that better pay (and economic returns) is associated with reduced turnover. However, the evidence base is mixed, and UK-specific data is scarce.^{28, 29} The economic-return on experience tends to be minimal for social care occupations. For some workers, this might act as a push factor to switch to social care employers who pay slightly better wages or move to other jobs outside of the sector that are perceived as less demanding.³⁰ Some attribute the mixed evidence of pay in predicting intention to leave³¹ to workers 'benchmarking' their pay to opportunities in other (low-pay) sectors that they perceive as less or more satisfying, or comparable jobs in the health sector.^{32, 33, 34, 35} However, UK-specific evidence is lacking, which we will explore further in other work packages of the project.

Type of employment, work organisation and scheduling also have a demonstrated impact on turnover and retention. Permanent contract and salaried pay are negatively associated with turnover intention. In contrast, those with casual hours, involuntary hours, or hourly pay with variable hours are more likely to report higher intention to leave.³⁶ The use of temporary (agency) staff may – indirectly – influence the retention of permanent staff in the long term. While reliance on agency staff might reduce workforce shortages in the short run, its extended use can negatively influence job satisfaction within the organisation, particularly in roles where building strong team-relations is essential.

Aspects of safety are another significant component of working conditions. Many direct care jobs are physically demanding. Thus, the availability of (lifting and handling) equipment and training to safely carry out one's job can reduce the occurrence of occupational injuries and improve retention; injuries and physical health are significant factors in decisions to quit (see *Personal characteristics* above). Other aspects of personal safety and perceived risks, such as those associated with lone working in people's homes, unsafe neighbourhoods, exposure to hazardous or toxic materials,

transportation difficulties, or working with challenging clients are essential considerations for care workers and associated with increased turnover.^{37, 38}

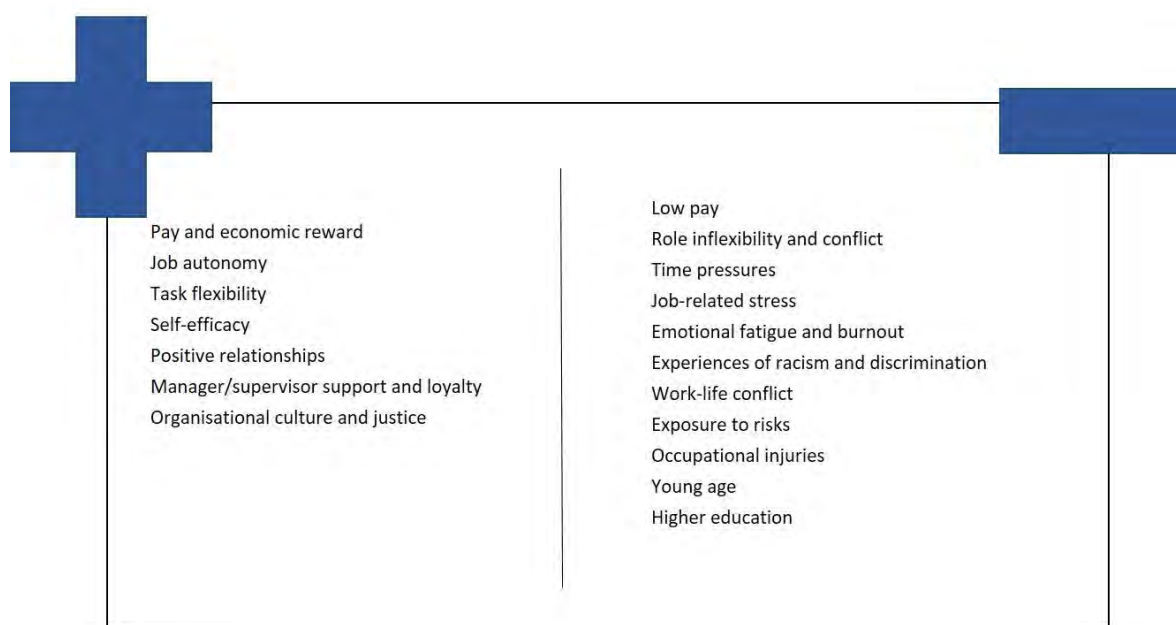
There is a sizeable body of research looking at the impact of relationships at work on turnover and intention to quit. Generally, positive relationships with clients, co-workers, and particularly management and supervisors are associated with job satisfaction and increased retention. Supervisor support and loyalty and perceived organisational justice, fairness and culture are associated with lower intention to quit. Similarly, respect and acknowledgement fostered positive attitudes among staff reduce turnover.^{39, 40}

External factors

Unemployment and the perception of the labour market have been associated with turnover and intention to leave. Research in the United States found that higher local unemployment is associated with lower turnover.⁴¹ Some studies also noted higher retention in rural areas.⁴²

However, a Canadian study of home care workers highlighted the various ways rurality can influence individual employment and turnover decisions (e.g. fewer clients, scheduling difficulties and unpredictable hours, loss of clients associated with job insecurity).⁴³

Figure 6: Summary of individual and job-related factors influencing retention in social care



Challenges

It is important to consider some limitations of the review findings. Firstly, most observed associations are not likely to be causal effects. They only show potential dynamics. There are too many factors to draw very definitive conclusions on what the key elements are. Secondly, there are also questions about the extent these findings apply to the current situation in the UK nations. A lot of the reviewed research comes from the US and Australia with very different social care systems. This brief tries to highlight factors that are likely to be applicable in the UK. However, there are areas where evidence is likely to be country-specific. For example, it can depend on the relative level of care staff wages in the overall wage distribution, the structure of the local labour market and workers' access to other jobs, the social benefits systems, the rights of migrant workers and other factors.

Next steps

As part of the Retention and Sustainability of Social Care Workforce (RESSCW) project, an extended version of this research brief will be

produced, detailing methods and references. We also plan a series of research papers analysing factors influencing starting a job in social care; career trajectories; the determinants of leaving social care jobs; and decisions to move between social care providers and between social care and other sectors. The project will also investigate the impact of COVID-19 on the wellbeing and retention of the social care workforce. To share our research findings and discuss innovation and best practice in recruitment and retention, we will organise a series of “what works” events in 2021-22.

If you are an employer in social care – a provider organisation or an individual using personal budgets to employ their personal assistants – and would like to find out more about the study or ways of contributing to the research or hear about our events, please get in touch.

About the RESSCW project

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Contact:

If you would like to find out more about the project, please contact Professor Shereen Hussein (shereen.hussein@LSHTM.ac.uk) or Dr Florin Vadean (f.vadean@kent.ac.uk).

For more information on the policy brief, email Dr Agnes Turnpenny (a.v.turnpenny@kent.ac.uk).

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- ¹ Skills for Care, 2020. *The State of the Adult Social Care Sector and Workforce in England*. Chapter 8.1.6. <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2020.pdf>
- ² Allan, S. and Vadean, F., 2021. The association between staff retention and English care home quality. *Journal of Aging & Social Policy*, pp.1-17.
- ³ Cazes, S., A. Hijzen and A. Saint-Martin (2015), "Measuring and Assessing Job Quality: The OECD Job Quality Framework", *OECD Social, Employment and Migration Working Papers*, No. 174, OECD Publishing, Paris, <https://doi.org/10.1787/5jrp02kqw1mr-en>.
- ⁴ Chartered Institute of Personnel and Development, 2017. *Understanding and measuring job quality. Research report*. <https://www.cipd.co.uk/knowledge/work/job-quality-value-creation/measuring-job-quality-report>
- ⁵ UKHCA, 2012. <https://www.ukhca.co.uk/pdfs/UKHCACommissioningSurvey2012.pdf>
- ⁶ Office for National Statistics, 2020. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/jobsandvacanciesintheuk/february2020>
- ⁷ Skills for Care, 2020. *The State of the Adult Social Care Sector and Workforce in England*.
- ⁸ Office for National Statistics, 2019. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/adhoc/10685employeeturnoverlevelsandratesbyindustrysectionukjanuary2017todecember2018>
- ⁹ Chartered Institute of Personnel and Development, 2020. Employee turnover and retention. Factsheet. <https://www.cipd.co.uk/knowledge/strategy/resourcing/turnover-retention-factsheet>
- ¹⁰ From the perspective of individual workers, changing jobs, especially if this is involuntary, can be associated with increased stress and extra costs. The distinction between voluntary and involuntary turnover is an important one, especially from the employee perspective; however, we do not discuss it further, as a distinction is not always made in the empirical literature or data. It can be noted that “job lock”, where an employee feels bound to remain with their employer because of the absence of good alternatives, might also have a detrimental impact on both employees, service users, and care providers.
- ¹¹ Eurofound (2020), Long-term care workforce: Employment and working conditions, Publications Office of the European Union, Luxembourg [Public services - Long-term care workforce: Employment and working conditions \(europa.eu\)](https://publications.europa.eu/publication/10.2760/64090/20201111)
- ¹² OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/92c0ef68-en>. pp. 99-100
- ¹³ Ibid. p. 102
- ¹⁴ Skills for Care, 2020, State of the adult social care sector. <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2020.pdf>, Table 11. p.111
- ¹⁵ Office for National Statistics, 2020. <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/article/earlyinsightsofhowthecoronaviruscovid19pandemicimpactedthelabourmarket/july2020>
- ¹⁶ The Health Foundation, 2021. <https://www.health.org.uk/news-and-comment/blogs/how-is-covid-19-impacting-people-working-in-adult-social-care>
- ¹⁷ Sloane, P.D., Williams, C.S. and Zimmerman, S., 2010. Immigrant status and intention to leave of nursing assistants in US nursing homes. *Journal of the American Geriatrics Society*, 58(4), pp.731-737.
- ¹⁸ Jang, Y., Lee, A.A., Zdrozny, M., Bae, S.H., Kim, M.T. and Marti, N.C., 2017. Determinants of job satisfaction and turnover intent in home health workers: The role of job demands and resources. *Journal of Applied Gerontology*, 36(1), pp.56-70.
- ¹⁹ DePasquale, N., Mogle, J., Zarit, S.H., Okechukwu, C., Kossek, E.E. and Almeida, D.M., 2018. The family time squeeze: Perceived family time adequacy buffers work strain in certified nursing assistants with multiple caregiving roles. *The Gerontologist*, 58(3), pp.546-555.
- ²⁰ Cheng, Z., Nielsen, I. and Cutler, H., 2019. Perceived job quality, work-life interference and intention to stay. *International Journal of Manpower*.
- ²¹ Weale, V.P., Wells, Y. and Oakman, J., 2019. The relationship between workplace characteristics and work ability in residential aged care: What is the role of work–life interaction?. *Journal of advanced nursing*, 75(7), pp.1427-1438.
- ²² Skills for Care, 2020 *ibid.* p. 68.

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- ²³ Park, J., Yoon, S., Moon, S.S., Lee, K.H. and Park, J., 2017. The effects of occupational stress, work-centrality, self-efficacy, and job satisfaction on intent to quit among long-term care workers in Korea. *Home health care services quarterly*, 36(2), pp.96-111.
- ²⁴ Jang et al. 2017
- ²⁵ Butler, S.S., Simpson, N., Brennan, M. and Turner, W., 2010. Why do they leave? Factors associated with job termination among personal assistant workers in home care. *Journal of Gerontological Social Work*, 53(8), pp.665-681.
- ²⁶ Kim, Y. and Kim, C., 2017. Impact of job characteristics on turnover intention and the mediating effects of job satisfaction: experiences of home visiting geriatric care workers in Korea. *Asia Pacific Journal of Social Work and Development*, 27(2), pp.53-68.
- ²⁷ Barken, R., Denton, M., Sayin, F.K., Brookman, C., Davies, S. and Zeytinoglu, I.U., 2018. The influence of autonomy on personal support workers' job satisfaction, capacity to care, and intention to stay. *Home health care services quarterly*, 37(4), pp.294-312.
- ²⁸ Baughman, R.A. and Smith, K.E., 2012. Labor mobility of the direct care workforce: Implications for the provision of long-term care. *Health economics*, 21(12), pp.1402-1415.
- ²⁹ Vadean, F. & Saloniki, E., 2020. <https://kar.kent.ac.uk/83303/1/dp2020-01.pdf>
- ³⁰ Ribas, V., Dill, J.S. and Cohen, P.N., 2012. Mobility for care workers: job changes and wages for nurse aides. *Social science & medicine*, 75(12), pp.2183-2190.
- ³¹ See for example England, P., 2005. Emerging theories of care work. *Annu. Rev. Sociol.*, 31, pp.381-399.
- ³² Zeytinoglu, I.U. and Denton, M., 2006. *Satisfied workers, retained workers: Effects of work and work environment on homecare workers' job satisfaction, stress, physical health, and retention*. Ottawa: Research Institute for Quantitative Studies in Economics and Population, McMaster University.
- ³³ Zeytinoglu, I.U., Denton, M., Davies, S. and Plenderleith, J.M., 2009. Casualized employment and turnover intention: Home care workers in Ontario, Canada. *Health Policy*, 91(3), pp.258-268.
- ³⁴ King, D., Wei, Z. and Howe, A., 2013. Work satisfaction and intention to leave among direct care workers in community and residential aged care in Australia. *Journal of aging & social policy*, 25(4), pp.301-319.
- ³⁵ Martin, B., 2007. Good jobs, bad jobs?: Understanding the quality of aged care jobs, and why it matters. *Australian Journal of Social Issues*, 42(2), pp.183-197.
- ³⁶ e.g. Zeytinoglu et al. 2009.
- ³⁷ e.g. Weale et al. 2019.
- ³⁸ Butler, S.S., 2018. Exploring relationships among occupational safety, job turnover, and age among home care aides in Maine. *New solutions: a journal of environmental and occupational health policy*, 27(4), pp.501-523.
- ³⁹ Feldman, P.H., Ryvicker, M., Evans, L.M. and Barrón, Y., 2019. The homecare aide workforce initiative: implementation and outcomes. *Journal of Applied Gerontology*, 38(2), pp.253-276.
- ⁴⁰ Heponiemi, T., Elovainio, M., Kouvonen, A., Kuusio, H., Noro, A., Finne-Soveri, H. and Sinervo, T., 2011. The effects of ownership, staffing level and organisational justice on nurse commitment, involvement, and satisfaction: A questionnaire study. *International journal of nursing studies*, 48(12), pp.1551-1561.
- ⁴¹ Berridge, C., Tyler, D.A. and Miller, S.C., 2018. Staff empowerment practices and CNA retention: Findings from a nationally representative Nursing Home Culture Change Survey. *Journal of Applied Gerontology*, 37(4), pp.419-434.
- ⁴² Butler, S.S., Brennan-Ing, M., Wardamasky, S. and Ashley, A., 2014. Determinants of longer job tenure among home care aides: What makes some stay on the job while others leave?. *Journal of Applied Gerontology*, 33(2), pp.164-188.
- ⁴³ Sharman, Z., 2014. Recruitment and retention of home support workers in rural communities. *Home health care services quarterly*, 33(4), pp.229-243.