Factors associated with commitment and retention in the social care workforce: mapping and critical review

Speaker Dr Catherine Marchand

6th International Conference on Evidence-based Policy in Long-term Care will take place in Central London, UK #ILPN2022

RESSCW

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Disclaimer

This study is part of the Retention and Sustainability of Social Care Workforce (RESSCW) project, funded by the Health Foundation's Efficiency Research Programme. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. The views expressed are entirely those of the authors.

RESSCW Work package 1 summary

- *Scoping review and theoretical conceptualisation of retention and job commitment in social care*
  - The review adopts a narrative critical approach and it is intended to be an iterative
  - The conceptual framework is iterative in nature and will be revised in the light of empirical findings from other work packages process.
- Two-phase scoping review:
  - Phase 1: 2005 – 2019
  - Phase 2: 2020-2021

WP1 - Two-phase scoping review

Research questions:

1. What are the key (macro, meso and micro) factors associated with commitment, retention, and turnover in social care?
2. How do these (macro, meso, and micro) factors shape commitment and retention? In particular, is there any evidence of causal or correlational dynamics between factors?
3. What is known about the degree of commitment and turnover/quits in social care?
4. What is known about the destination of those quitting social care jobs?

WP 1 – Phase 1: Policy Brief

- For the full paper of the results of the stage 1 see https://www.pssru.ac.uk/resscw/files/2021/04/RESSCW_Policy_Brief_revised_final2.pdf
- Phase 1 results were presented to the Steerring Group meeting 27 March 2020

WP 1 – Phase 1 &2: Search terms [1]

Context	Participant	Concept 1	Concept 2	Concept 3	Concept 4
Social care Aged care	Personal assistant	Commitment	Job satisfaction	Turnover	Job quality
Elderly care	Care assistant	Absenteeism	Dissatisfaction	Retention	Pay/remuneration
Disability care	Care worker	Performance	Gratification	Intent/intention to	Contract
Long-term care	Care staff	Loyalty	Burn-out /burnout	leave	Job demand
Domiciliary care	Support worker	Motivation	Strain	Quit / Quitting	Control
Home care	Home aide			Tenure	Role clarity
Residential care	Care aide			Attrition	Reward
Care home	Nurse/nursing			Churn	Working conditions
Nursing home	assistant			Vacancy/vacancies	Stress
	Nurse/nursing aide				Career
	Home helper				
	Budget holder (as				
	PB/DP holder)				
	Physician assistant				
	Registered manager				
	Agency (staff)				
	Supplemental (staff)				
	Registered manager				

WP 1 – Phase 1 & 2: Search terms [2]

- Search terms: Setting AND/OR Participant AND Concept, also taking into account variations across countries (e.g. aged care, home aide etc.)

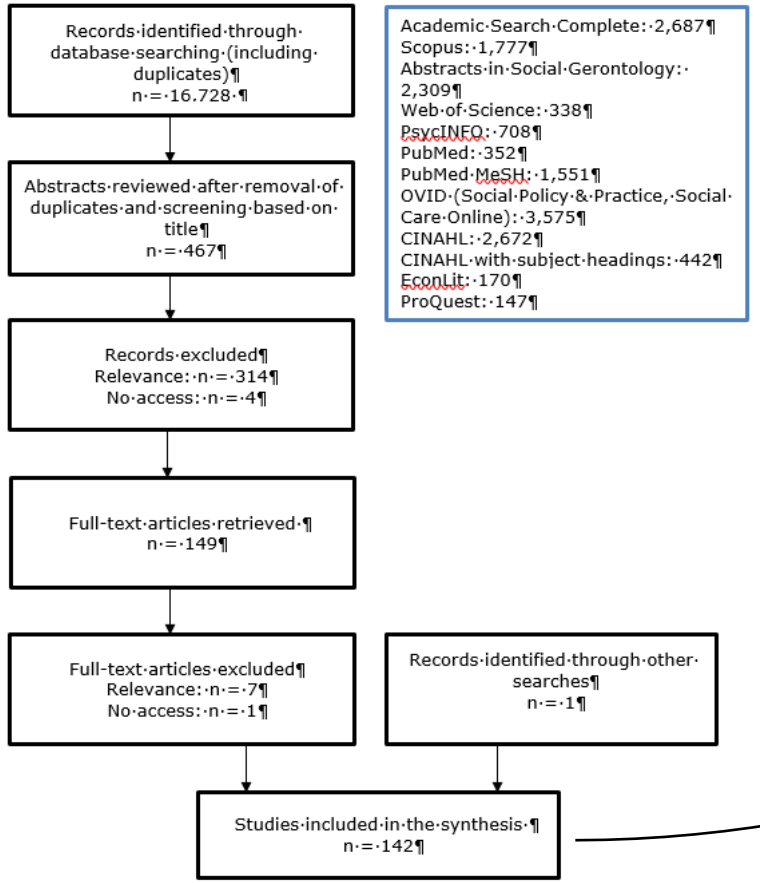
WP 1 – Phase 1: Search strategy

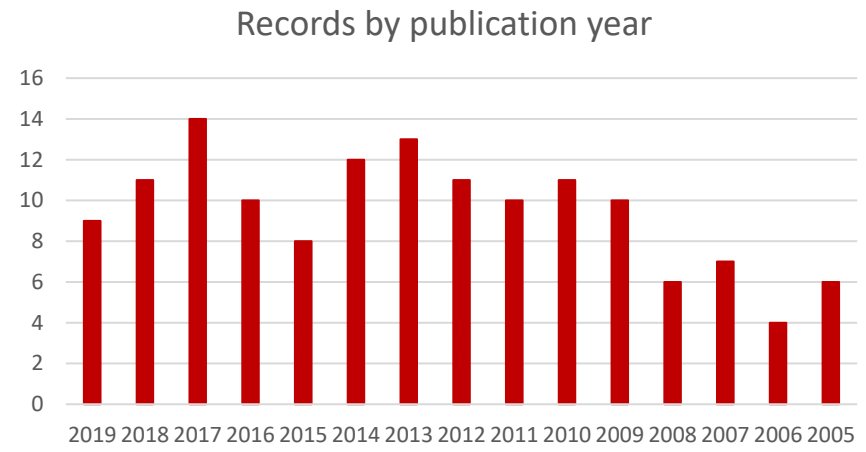
- Searches: electronic database searching
  - Abstracts in Social Gerontology, Academic Search Complete, CINAHL, EconPapers, EconLit, Open Grey, Proquest dissertations and thesis, PsycINFO, PubMed, Scopus, Social Policy and Practice, Social Care Online, Social Science Citation Index and Web of Science
  - Grey literature and unpublished reports, citation tracking in August & September 2019
- Iterations: post-2005, Title/Abstract/Full Text

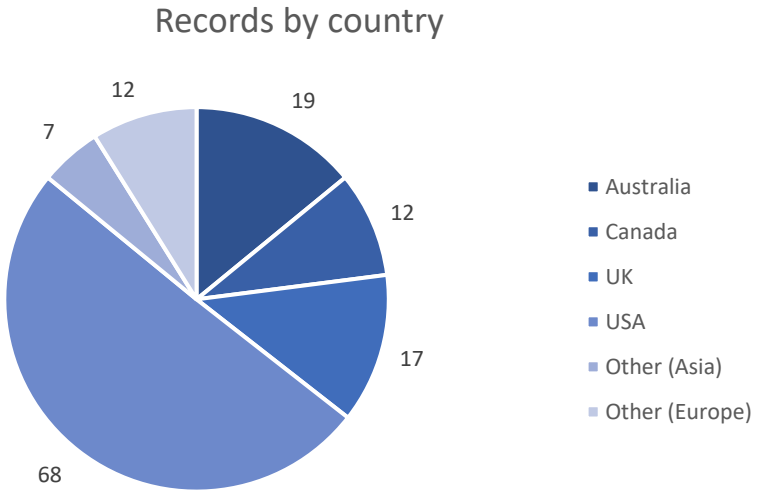
WP 1 – Phase 1 & 2: Inclusion and exclusion criteria

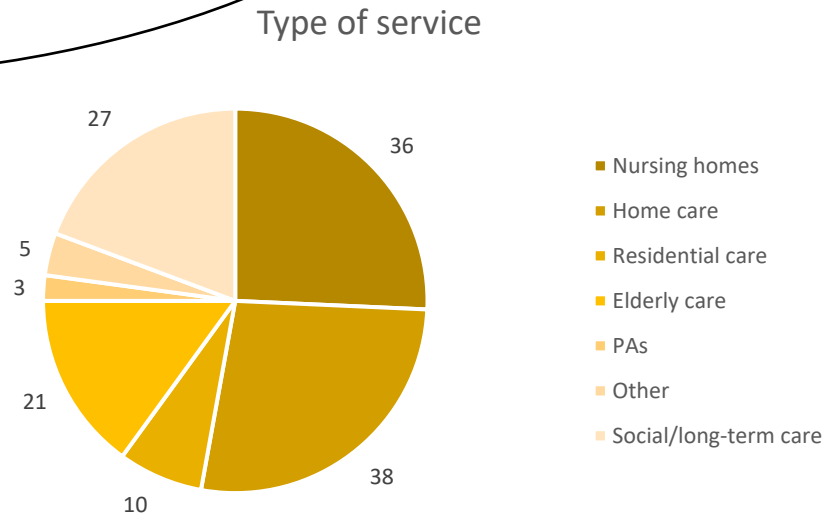
	Inclusion	Exclusion
Type of study	Any empirical study design (quant/qual) Systematic reviews including scoping reviews	Policy documents/strategies
Participants	Social care workers Registered professionals working in adult social care settings (e.g. social workers, allied health professionals, nurses in care homes).	Registered professionals working in clinical settings (e.g. registered nurses in hospital, palliative care etc.). Social care workers and registered professionals in children's services
Geographical coverage:	Any country	none
Types of social care organisations:	Any organisation providing adult social care (private, independent, non-profit, any sector) Individual employers (e.g. self-funders, PB holders etc.)	Organisations that don't provide adult social care (e.g. health care, rehabilitation, education, children's social care)
Time span:	1995 onwards (to coincide with marketization, personalisation etc. in the UK).	Pre-1995
Language:	English	Any other language

Search results Phase 1

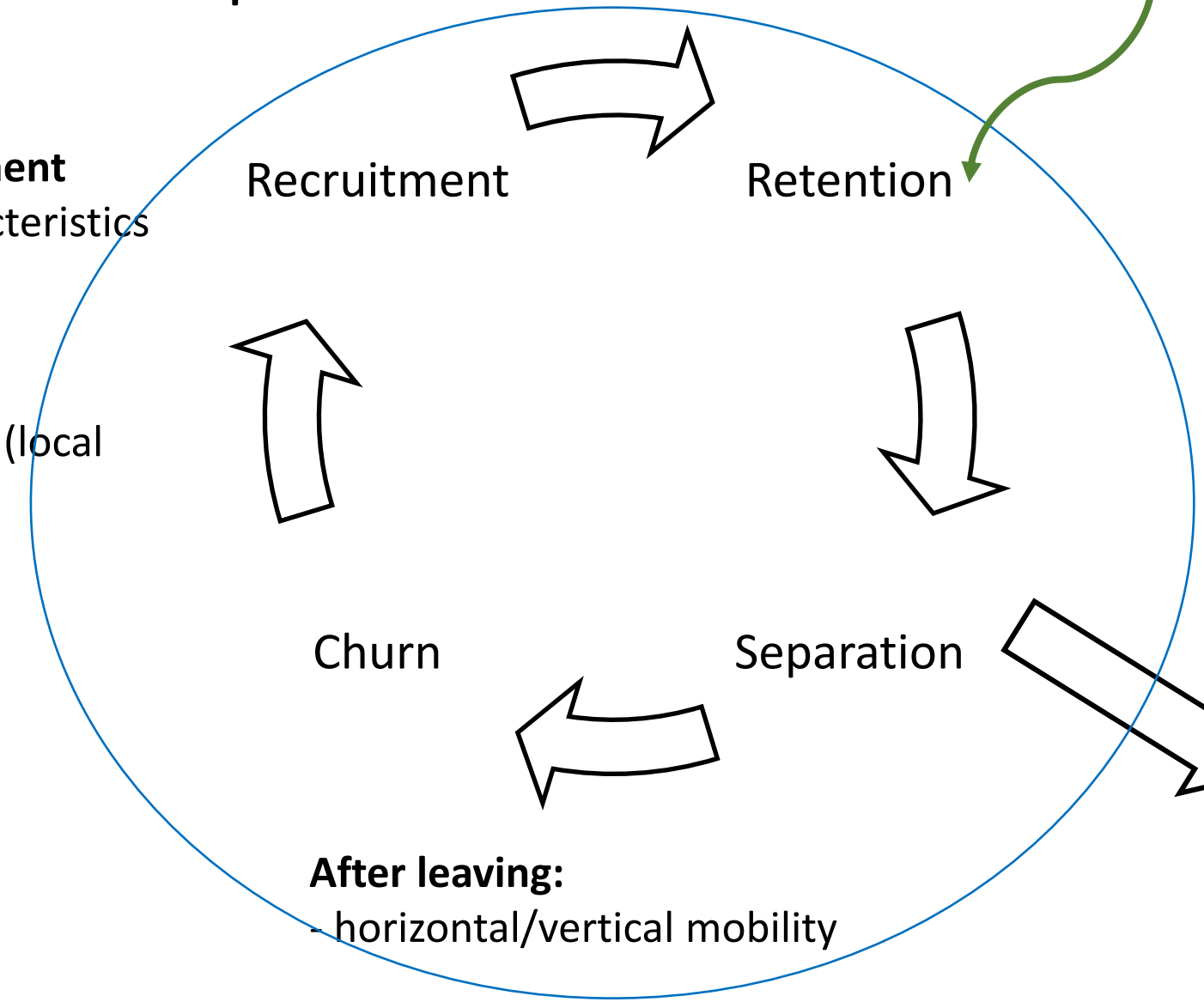








Phase 1
Initial conceptual framework



Wellbeing

Before employment
- personal characteristics and motivation
- demographic characteristics
- labour markets (local and sectoral)

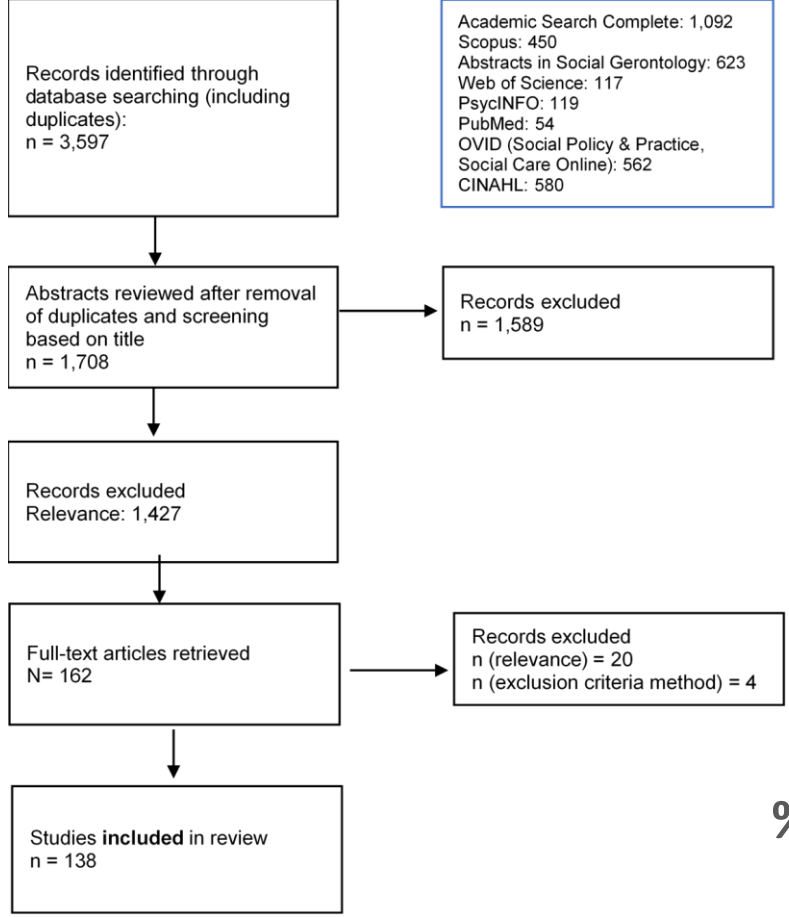
During employment:
- working conditions
- organisation and management]
- Job satisfaction
- person-job match
- work-life balance, work-family conflict
- Risks
- Organisational/role commitment

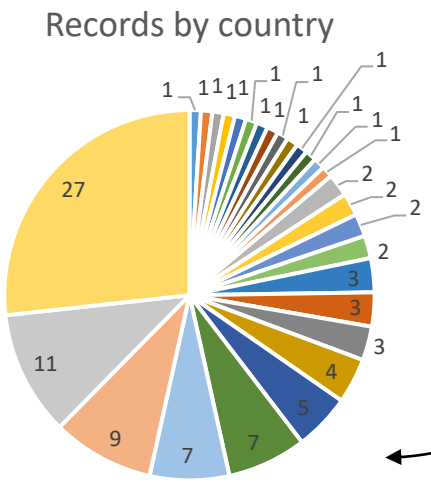
Quitting social care:
- Other sectors
- Caring responsibilities
- Migration

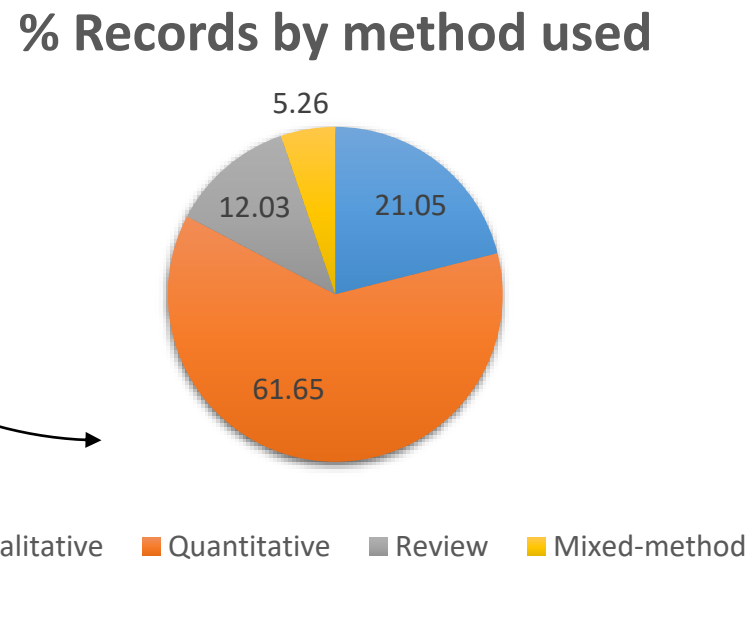
After leaving:
- horizontal/vertical mobility

Systems:
Employment
Social care
Migration
Welfare

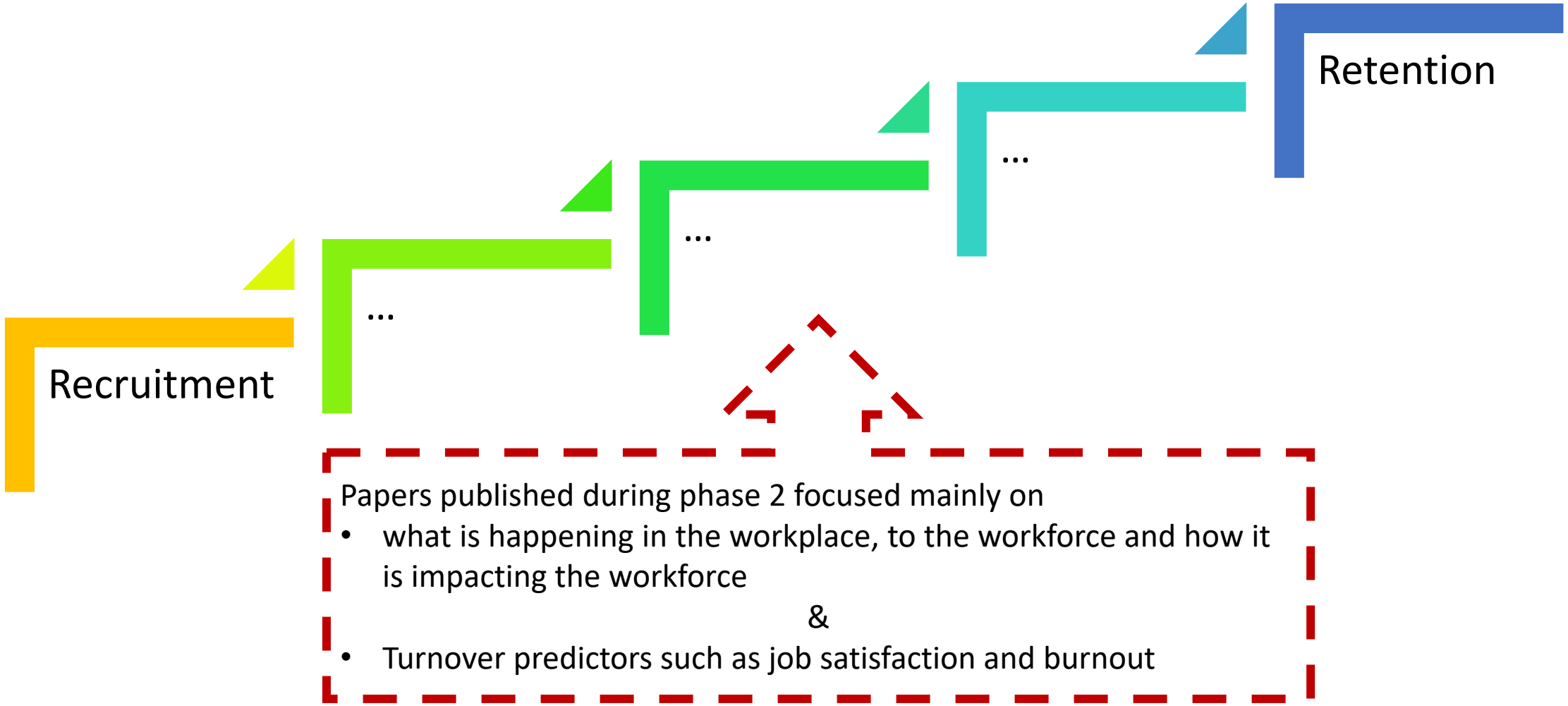
Search results Phase 2





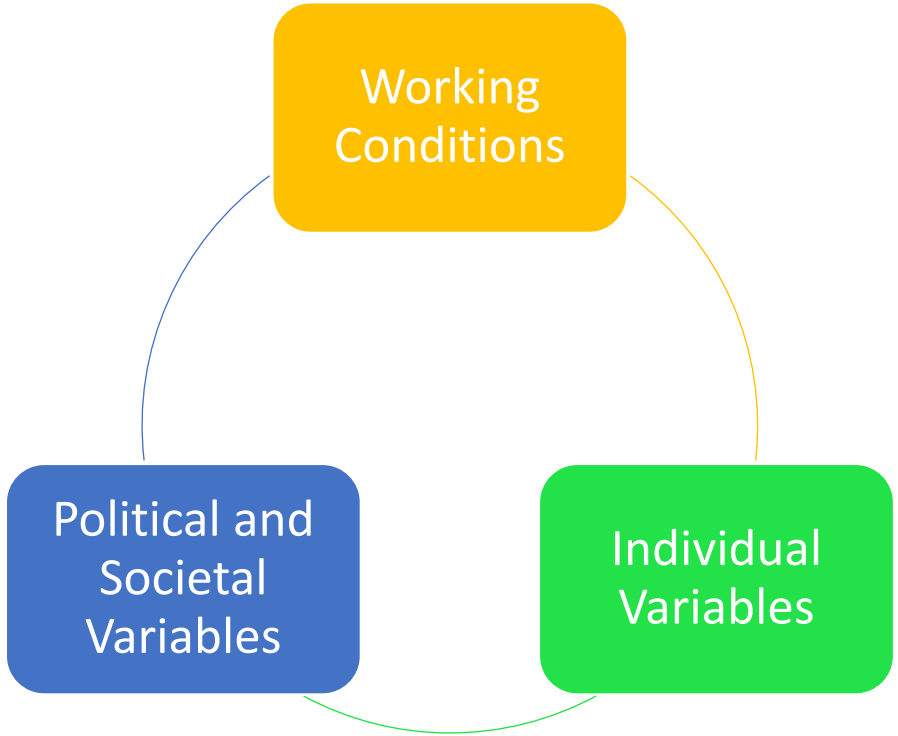


Phase 2 – Initial conceptual framework

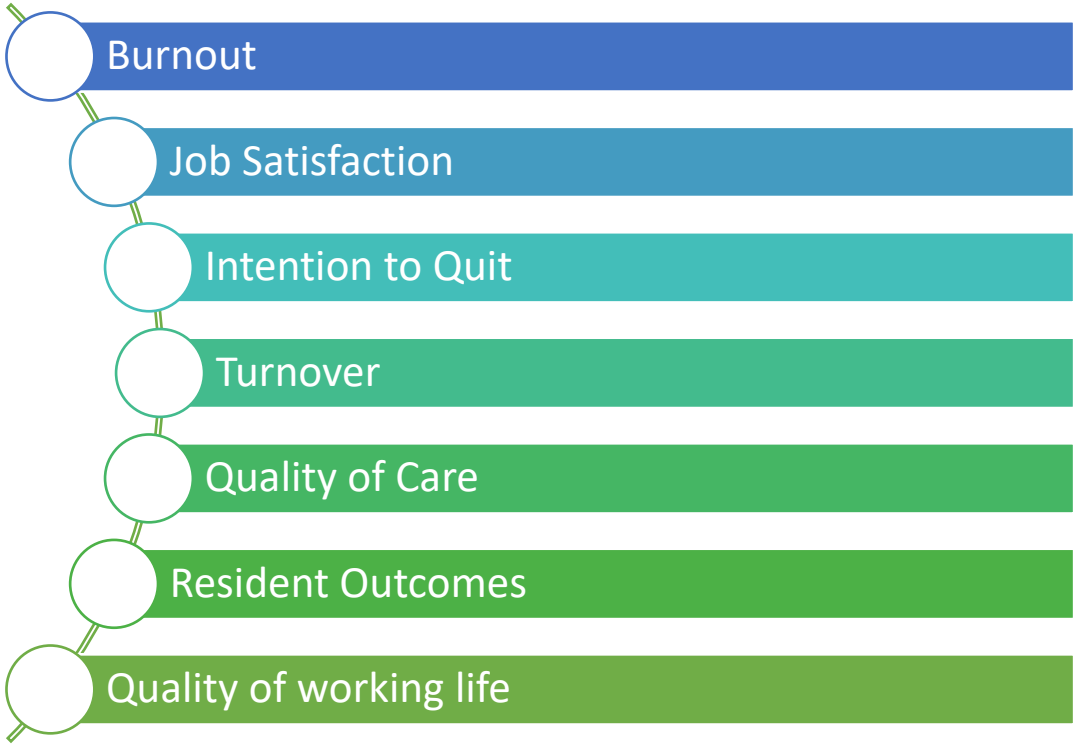


Phase 2 – Results [1]

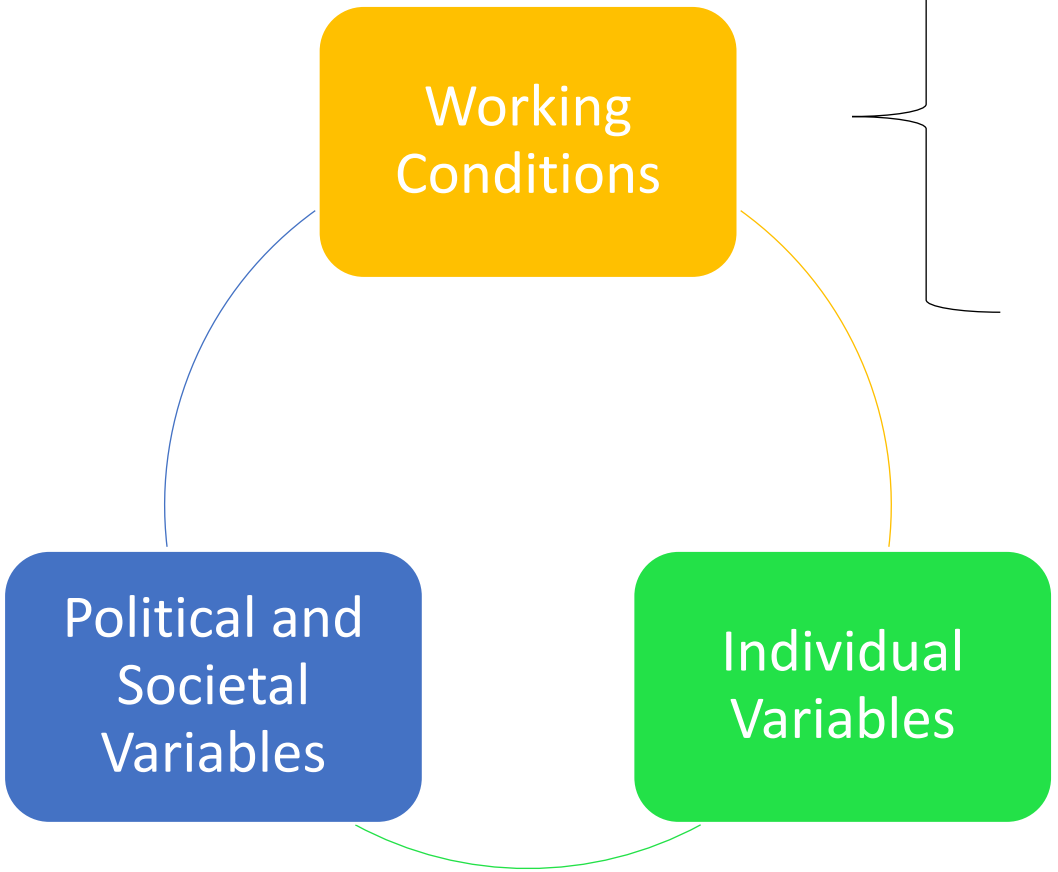
Antecedents



Outcomes



Phase 2 – Results [2]



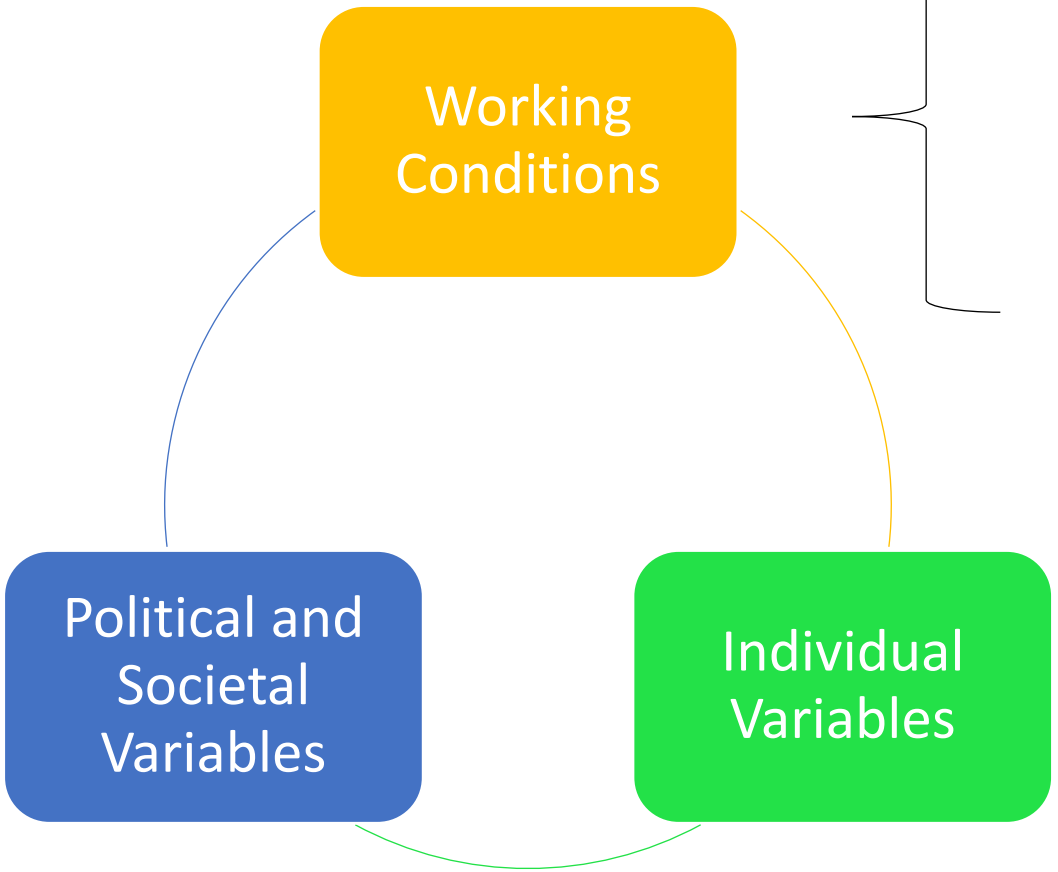
Occupational stress: emotional burden and stressors, deaths
Rate of turnover: team continuity, lack of staff
Workload: Working longer hours
Wages
Employment contracts

Views of society on social work and workforce
Trust in policy and regulation bodies

Staff stigma towards residents
Coping strategies
Ethnic background i.e. native vs immigrant
Individual resources: personal, emotional, psychological and social

Phase 2 – Results [3]

Covid-19



Occupational stress:
emotional burden and stressors, deaths
Rate of turnover: team continuity, lack of staff
Workload: Working longer hours, staff-resident ratio
Wages
Employment contracts

Views of society on social work and workforce
Trust in policy and regulation bodies

Staff stigma towards residents
Coping strategies
Ethnic background i.e. native vs immigrant
Individual resources: personal, emotional, psychological and social

Limitations

- Quality of papers: Variables, all relevant papers were included
- Many papers mentioned Covid-19, but did not use data collected during Covid-19
- Causality is difficult to demonstrate since many variables are involved in determining job satisfaction, burnout and ultimately turnover intention and turnover.

Discussion

- Many interventions were discussed to help the workforce cope better for example, but maybe only focussing on the individuals is not enough.
- The results of this review are not surprising, but the exacerbation of some of these variables during Covid-19 may help resolve the issues that the social care workforce has been facing
- The emphasis of the papers during 2020-2021 on burnout and job satisfaction shows that these are the two main outcomes to focus on if / when we want to tackle the problems of turnover and staff leaving their professions.

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Any questions or comments?

Recruitment, retention and employment growth in the long-term care sector in England

Hansel Teo, Florin Vadean, Eirini-Christina Saloniki

ILPN Conference 2022, London
9 September 2022

Acknowledgements

This study is part of the Retention and Sustainability of Social Care Workforce (RESSCW) project, funded by the Health Foundation's Efficiency Research Programme. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. The views expressed are entirely those of the authors.

We would like to thank Skills for Care for sharing with us the Adult Social Care Workforce Data Set (ASC-WDS).

Motivation and research question

- Motivation
  - Increasing demand pressure on long-term care (LTC) workforce
    - Estimates suggest that by 2035, the LTC workforce in England needs to grow by 29 per cent (490,000 jobs), up from 1.7 million currently (Skills for Care, 2021a)
  - Size of LTC workforce determined by inflows (hiring) and outflows (turnover)
    - LTC sector faces challenges in both recruitment and retention
- Research question
  - Quantify the relationship between *turnover*, *hiring* and *employment growth* of care workers at the establishment level

Data

- Adult Social Care Workforce Data Set (ASC-WDS)
  - ~20,000 establishments, ~ 700,000 workers, covers about 50 per cent of LTC sector in England
  - Sample taken from four cuts: Oct 2016, Oct 2017, Oct 2018, Oct 2019
- Analysis at establishment level, with matched worker-level information aggregated to establishments
- Analysis sample:
  - Include only establishments providing residential, nursing and domiciliary care to adults (aged 18+)
  - Include only establishments in data for at least two consecutive years
  - Focus on subset of employees in care worker job role
- Definitions:
  - Hires and separations are reported as numbers in the past 12 months
  - Employment taken as the headcount of workers in job role

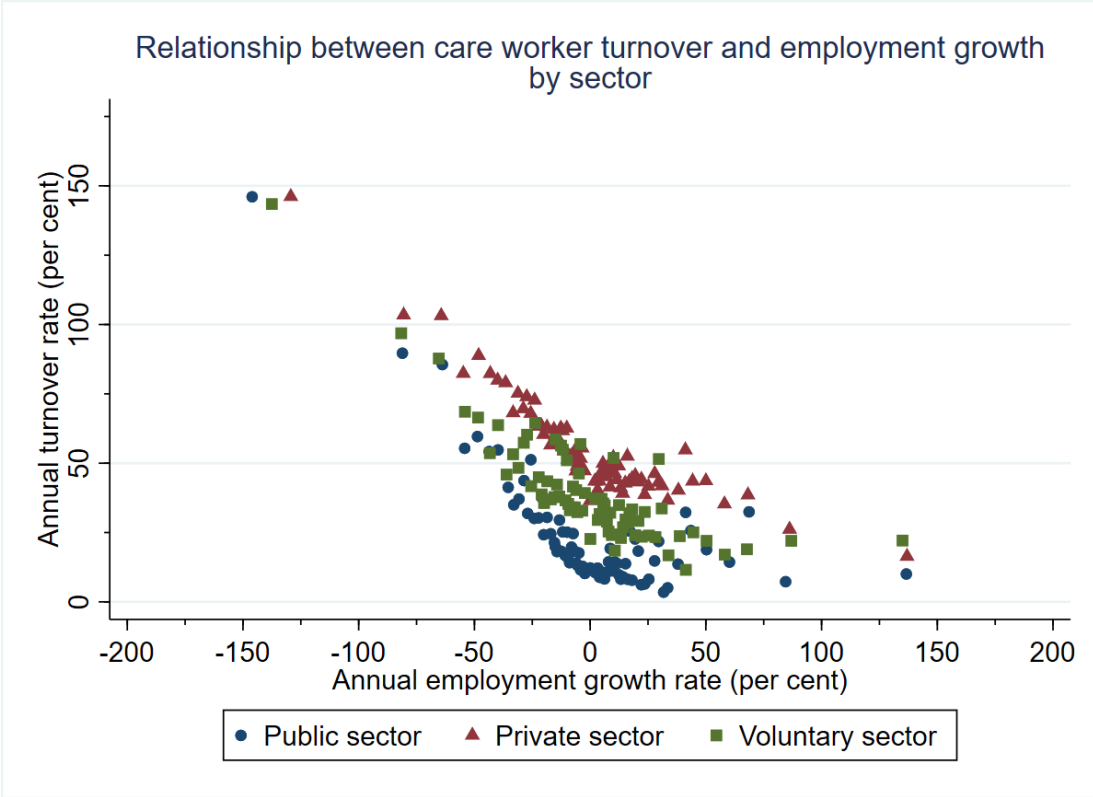
Econometric framework

$$Y_{it} = \gamma^{+} G_{it} \cdot I(G_{it} > 0) + \gamma^{-} G_{it} \cdot I(G_{it} < 0) + X_{it}'\beta + \alpha_i + \delta_t + \varepsilon_{it}$$

- Y_{it}: care worker turnover rate, care worker hiring rate
- G_{it}: growth rate of care worker employment
- α_i, δ_t: establishment and year fixed-effects
- X_{it}: time-varying covariates [Summary statistics]
  - Sector × year, Care setting × year, LA × year interactions
  - CQC quality ratings, establishment size and direct care to service user ratio
  - Type of care users
  - Mean hourly wage and share of workers on zero-hours contracts
  - Staff training

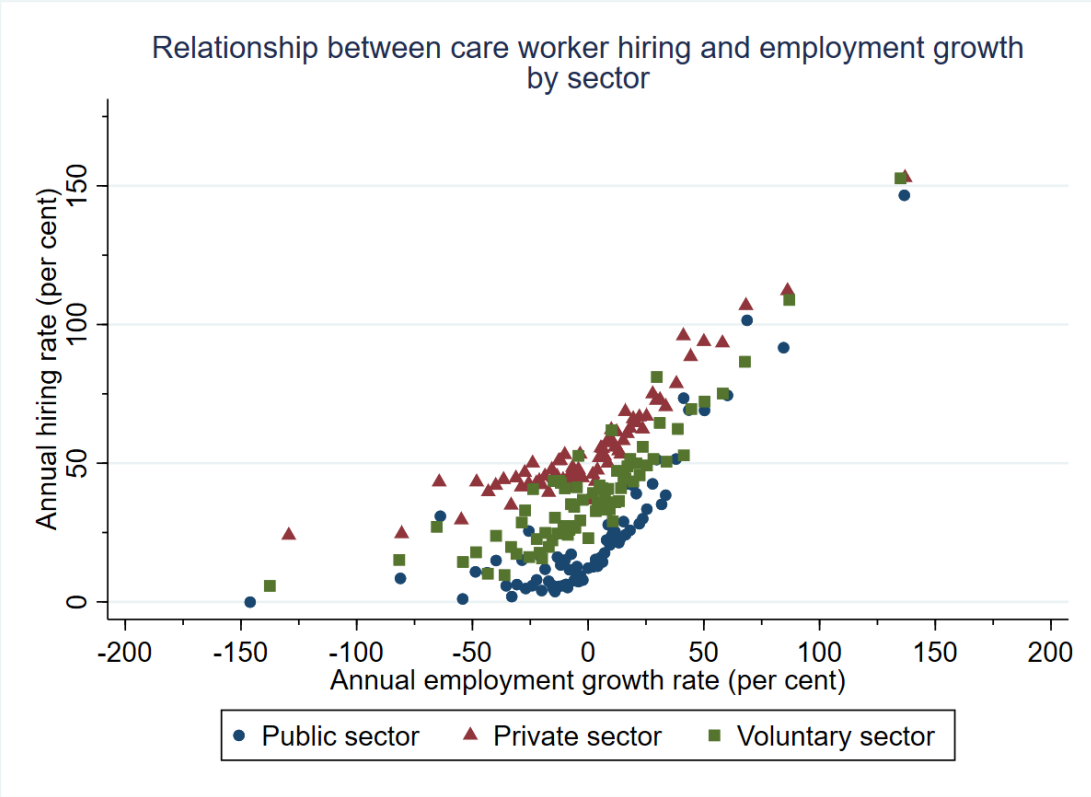
Main results: Turnover and employment growth

- Negative relationship between turnover rate and employment growth [Estimates]
  - 1 pp ↑ in *contraction* 0.71 pp ↑ in turnover
  - 1 pp ↑ in *expansion* 0.23 pp ↓ in turnover
- Implies lower turnover/better retention is important for growing workforce
- Turnover-growth relationship weaker in public compared to private and voluntary sectors [Estimates]
  - For 1 pp ↑ in *expansion,* turnover ↓ by 0.27 pp (voluntary), 0.24 pp (private), 0.15 pp (public)



Main results: Hiring and employment growth

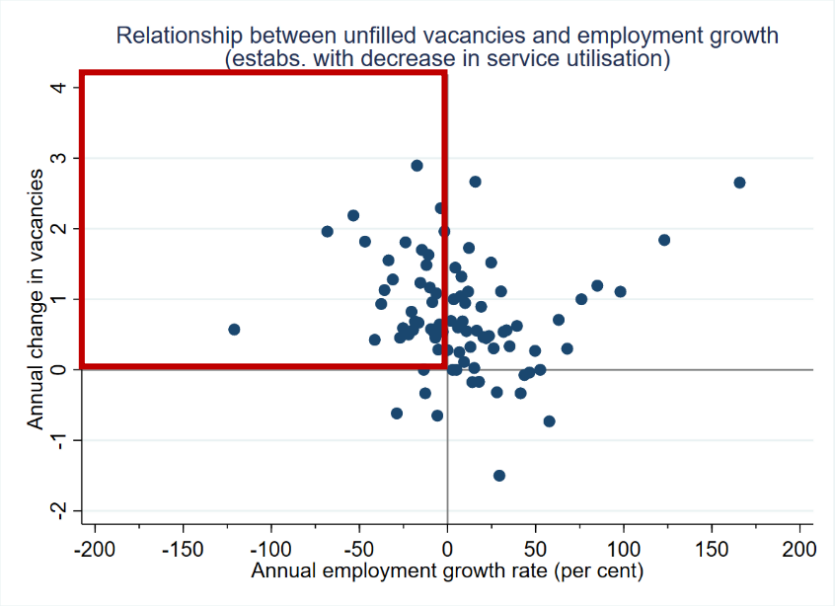
- Positive relationship between hiring rate and employment growth [Estimates]
  - 1 pp ↑ in *contraction* 0.26 pp ↓ in hiring
  - 1 pp ↑ in *expansion* 0.76 pp ↑ in hiring
- Hiring-growth relationship weaker in public compared to private and voluntary sectors [Estimates]
  - 1 pp ↑ in *contraction,* hiring ↓ by 0.29 pp (voluntary), 0.26 pp (private), 0.17 pp (public)

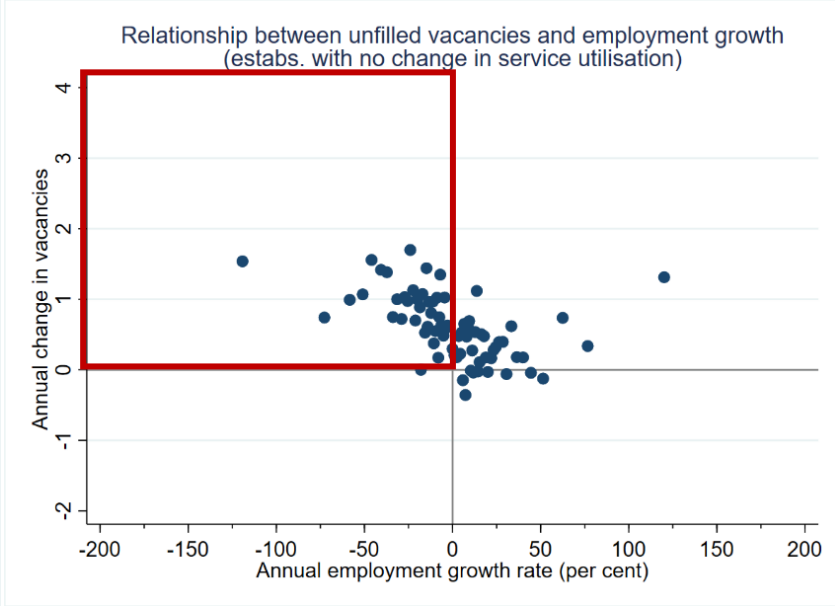


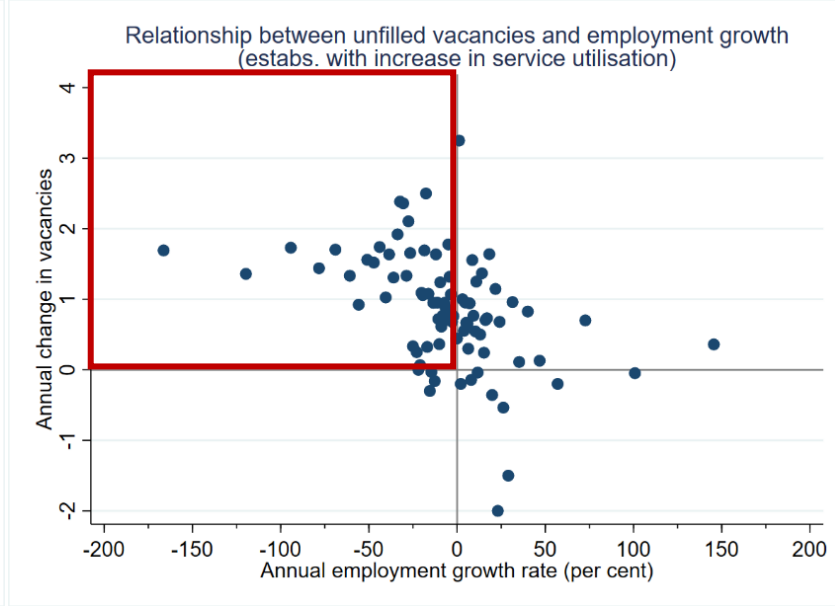
Main results: Role of recruitment frictions

- Two possibilities why contracting establishments also have decreasing hiring rates
  - Intentionally downsizing
  - Difficulty in recruitment
- Assess using data on the year-on-year change in vacancies
  - Control for new labour demand using change in service utilisation as proxy
- If contracting establishments indeed intentionally reducing hiring then should not observe rise in vacancies for this group

Main results: Role of recruitment frictions







[Estimates]

Conclusion

- Policy implications
  - Policies that reduce turnover / improve retention important for expanding workforce
    - E.g. improving the terms of employment, career progression
  - Recruitment frictions important for explaining declining employment
  - Raises question of what type of recruitment strategy is most suitable
    - Being more selective reduces rate of hiring, while increasing hiring by ‘casting a wide net’ may raise subsequent turnover
- Limitations and extensions
  - Results are descriptive, not causal
  - Hiring, separations and growth likely to be linked through complex mechanisms which require more detailed modelling

Thank you

Contact: H.Teo@kent.ac.uk

Retention and sustainability of social care workforce (RESSCW) project website: https://www.pssru.ac.uk/resscw/frontpage/

Descriptive statistics: Analysis sample

Variable	Mean	Std Dev.	Negative growth	Zero growth	Positive growth
Turnover rate of care workers	0.503	0.517	0.637	0.369	0.420
Hiring rate of care workers	0.503	0.547	0.427	0.372	0.646
Annual change in care worker vacancies	0.282	4.491	0.574	0.100	0.048
Care worker employment growth rate	-0.006	0.279	-0.220	0.000	0.223
Expanding establishment (i.e. positive employment growth)	0.391	-	0.000	0.000	1
Contracting establishment (i.e. negative employment growth)	0.426	-	1	0.000	0.000
Service utilisation growth rate	0.009	0.211	-0.010	0.009	0.031
Two-year average total employment	47.634	47.815	50.804	34.025	50.567
Direct care worker to service user ratio	1.665	4.250	1.603	1.563	1.779
Service users with dementia	0.554	-	0.565	0.488	0.573
Service users with mental infirmities (ex. MHA)	0.643	-	0.643	0.671	0.631
Share of workers completed dementia care training	0.258	-	0.261	0.265	0.252
Share of workers completed DRPC training	0.187	-	0.185	0.191	0.186
Mean age of employees	43.182	4.753	43.343	43.921	42.659
Mean years of experience of employees	8.811	3.893	8.831	9.848	8.302
Mean hourly wage of employed care workers	7.761	0.756	7.780	7.695	7.770
Share of care workers on zero-hours contracts	0.171	-	0.182	0.129	0.179
Turnover rate of managers/supervisors	0.320	0.499	0.349	0.237	0.327
CQC (Overall) rating - Inadequate/Req. improvement	0.135	-	0.139	0.109	0.141
CQC (Overall) rating - Good/Outstanding	0.827	-	0.822	0.849	0.822
CQC (Overall) rating - No rating	0.039	-	0.039	0.042	0.037
Residential care	0.741	-	0.722	0.806	0.730
Domiciliary care	0.259	-	0.278	0.194	0.270
Public sector	0.061	-	0.058	0.054	0.067
Private sector	0.770	-	0.775	0.758	0.771
Voluntary sector	0.169	-	0.167	0.188	0.162
Observations	10,773		4588	1976	4209

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Estimation results: Turnover rate

	(1) Coef	S.E.	(2) Coef	S.E.
Positive employment growth (i.e. expansion)	-0.137***	(0.030)	-0.231***	(0.023)
Negative employment growth (i.e. contraction)	-0.827***	(0.025)	-0.713***	(0.025)
CQC (Overall) rating - Inadequate/Req improv.	-0.008	(0.016)	-0.002	(0.013)
CQC (Overall) rating - No rating	0.024	(0.025)	0.012	(0.019)
Two-year average total employment	-0.001***	(0.000)	-0.004***	(0.001)
Average total employment - squared	0.000**	(0.000)	0.000**	(0.000)
Direct care worker to service user ratio	0.000	(0.001)	-0.001	(0.001)
Service users with dementia	0.073***	(0.015)	0.008	(0.055)
Service users with mental infirmities (ex. MHA)	0.023	(0.014)	0.030	(0.071)
Share of workers with dementia care training	0.088***	(0.025)	0.057	(0.040)
Share of workers with DRPC training	0.044*	(0.023)	0.024	(0.026)
Log(mean age of employees)	-0.637***	(0.076)	-0.089	(0.120)
Log(mean experience of employees)	-0.040**	(0.016)	-0.022	(0.030)
Log(mean hourly wage of care workers)	-0.082	(0.089)	-0.046	(0.113)
Top quartile share of zero-hours contracts in sector	0.037**	(0.019)	0.006	(0.020)
Manager/supervisor turnover rate (first lag)	0.280***	(0.019)	0.033***	(0.011)
Unemployment rate at LAD-level	-0.042***	(0.013)	-0.005	(0.014)
Log(mean hourly wage) of 1st quartile in LAD	-0.188	(0.183)	0.203	(0.196)
Log(mean house price) at PCD-level	0.032	(0.028)	-0.027	(0.081)
Care establishments HHI index at LAD-level	-0.991	(0.645)	-2.778	(2.978)
Constant	3.170***	(0.606)	1.004	(1.180)
Year FE, Care Setting x Year FE, Sector x Year FE, Local Area x Year FE	Yes		Yes	
Establishment FE	No		Yes	
Observations	10,773		10,773	
R-squared	0.285		0.863	

Robust standard errors clustered by Estab. ID in parentheses, *** p<0.01, ** p<0.05, * p<0.1

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Estimation results: Hiring rate

	(1) Coef	S.E.	(2) Coef	S.E.
Positive employment growth (i.e. expansion)	0.856***	(0.031)	0.760***	(0.024)
Negative employment growth (i.e. contraction)	0.141***	(0.032)	0.263***	(0.030)
CQC (Overall) rating - Inadequate/Req improv.	-0.008	(0.017)	-0.000	(0.014)
CQC (Overall) rating - No rating	0.023	(0.026)	0.013	(0.021)
Two-year average total employment	-0.001***	(0.000)	-0.004***	(0.001)
Average total employment - squared	0.000**	(0.000)	0.000**	(0.000)
Direct care worker to service user ratio	0.000	(0.001)	-0.001	(0.001)
Service users with dementia	0.076***	(0.016)	0.006	(0.056)
Service users with mental infirmities (ex. MHA)	0.022	(0.015)	0.027	(0.073)
Share of workers with dementia care training	0.083***	(0.027)	0.048	(0.044)
Share of workers with DRPC training	0.044*	(0.024)	0.021	(0.028)
Log(mean age of employees)	-0.651***	(0.080)	-0.060	(0.136)
Log(mean experience of employees)	-0.040**	(0.018)	-0.037	(0.037)
Log(mean hourly wage of care workers)	-0.083	(0.094)	-0.062	(0.121)
Top quartile share of zero-hours contracts in sector	0.035*	(0.020)	0.003	(0.020)
Manager/supervisor turnover rate (first lag)	0.300***	(0.021)	0.038***	(0.012)
Unemployment rate at LAD-level	-0.045***	(0.014)	-0.009	(0.015)
Log(mean hourly wage) of 1st quartile in LAD	-0.233	(0.199)	0.138	(0.210)
Log(mean house price) at PCD-level	0.028	(0.030)	-0.038	(0.085)
Care establishments HHI index at LAD-level	-1.155*	(0.678)	-2.698	(3.062)
Constant	3.402***	(0.661)	1.286	(1.248)
Year FE, Care Setting x Year FE, Sector x Year FE, Local Area x Year FE	Yes		Yes	
Establishment FE	No		Yes	
Observations	10,773		10,773	
R-squared	0.281		0.862	

Robust standard errors clustered by Estab. ID in parentheses, *** p<0.01, ** p<0.05, * p<0.1

[Back]

Estimation results: Differences between sectors and care settings

	(1)	(2)	(3)	(4)	(5)
	Care setting			*Sector*	
	Residential	*Domiciliary*	*Public*	*Private*	*Voluntary*
			(A) Turnover rate		
Positive employment growth (i.e. expansion)	-0.227***	-0.244***	-0.149***	-0.239***	-0.273***
	(0.028)	(0.041)	(0.036)	(0.027)	(0.084)
Negative employment growth (i.e. contraction)	-0.730***	-0.657***	-0.828***	-0.705***	-0.708***
	(0.031)	(0.047)	(0.062)	(0.031)	(0.054)
			(B) Hiring rate		
Positive employment growth (i.e. expansion)	0.767***	0.731***	0.851***	0.749***	0.723***
	(0.029)	(0.043)	(0.036)	(0.028)	(0.088)
Negative employment growth (i.e. contraction)	0.265***	0.299***	0.172***	0.264***	0.294***
	(0.033)	(0.055)	(0.062)	(0.037)	(0.055)
Full set of time-varying covariates	Yes	Yes	Yes	Yes	Yes
Year FE	Yes	Yes	Yes	Yes	Yes
Care Setting x Year FE	-	-	Yes	Yes	Yes
Sector x Year FE	Yes	Yes	-	-	-
Local Area x Year FE	Yes	Yes	Yes	Yes	Yes
Estab FE	Yes	Yes	Yes	Yes	Yes
Observations	7,958	2,751	571	8,289	1,727

Robust standard errors clustered by Estab. ID in parentheses, *** p<0.01, ** p<0.05, * p<0.1

[Back: Turnover] [Back: Hiring]

Estimation results: Annual change in vacancies

	(1)	(2)	(3)
Positive employment growth (i.e. expansion)	-0.503**	-0.583**	-0.852**
	(0.238)	(0.250)	(0.401)
Negative employment growth (i.e. contraction)	-1.072***	-0.840***	-1.145***
	(0.271)	(0.300)	(0.384)
Positive utilisation growth	1.818***	1.694***	1.411**
	(0.442)	(0.417)	(0.595)
Negative utilisation growth	-0.016	0.157	0.166
	(0.415)	(0.428)	(0.612)
Constant	0.154***	-6.201*	-31.151
	(0.049)	(3.240)	(20.728)
Full set of time-varying covariates	No	Yes	Yes
Year FE	No	Yes	Yes
Care Setting x Year FE	No	Yes	Yes
Sector x Year FE	No	Yes	Yes
Local Area x Year FE	No	Yes	Yes
Establishment FE	No	No	Yes
Observations	10,693	10,693	10,693
R-squared	0.006	0.099	0.360

Robust standard errors clustered by Estab. ID in parentheses, *** p<0.01, ** p<0.05, * p<0.1

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Job separation of long-term care frontline staff in England

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6th International Conference on Evidence-based Policy in Long-term Care
London, 7-10 September 2022

Acknowledgements

This study is part of the Retention and Sustainability of Social Care Workforce (RESSCW) project, funded by the Health Foundation's Efficiency Research Programme. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. We thank Skills for Care for their very helpful support with using the Adult Social Care Workforce Data Set (ASC-WDS). The views expressed are entirely those of the authors.

Motivation

- High staff turnover rates – over 30%; care workers 38% (Skills for Care 2020)
- 66% of leavers move to other LTC employers (Skills for Care 2020)
- Potential negative impact on:
  - Service users – continuity and quality of care (Netten et al. 2007, Allan and Vadean 2021)
  - Providers – recruitment and training costs; closures (Netten et al. 2003)
  - Staff – workload, motivation (Royal College of Nursing 2012)
- What drives LTC staff turnover?
  - Previous studies (mainly US) – job (part-time work), management style (support and control), employer (for-profit, home care), local market (unemployment, competition)
  - England – potential role of low pay, limited career progression and employment without guaranteed hours (NAO 2018; HEE 2017; Taylor 2018; Moriarty, Manthorpe and Harris 2018)

Aims

- Quantitative evidence on factors under the control of care providers and/or policymakers related to LTC staff turnover in England
- Importance of job quality (e.g. wages and guaranteed working hours) in driving staff retention
- Extend previous studies by controlling for unobserved worker and employer heterogeneity –> reducing potential bias in the estimated effects

Data

Adult Social Care Workforce Data Set (ASC-WDS)

- >700k LTC staff, >20k establishments; ~50% of LTC market
- Four cuts - Oct 2016, Oct 2017, Oct 2018, Oct 2019
- Identification of care establishments and workers - unique/permanent IDs
- Inclusion criteria
  - Establishments – records updated in last 6 months; unique IDs for >75% of workers; statutory LA (i.e. public), private (i.e. for-profit), and voluntary (i.e. not-for-profit) establishments; care home services with nursing, care home services without nursing and domiciliary care (i.e. home care)
  - Workers – unique ID; no multiple entries per year; employed under a permanent or temporary contract; aged 16 to 64; direct care role (i.e. 86% care workers, 10% senior care workers, 4% other care providing roles [e.g. community support & outreach and activity workers])

Sample and main variable

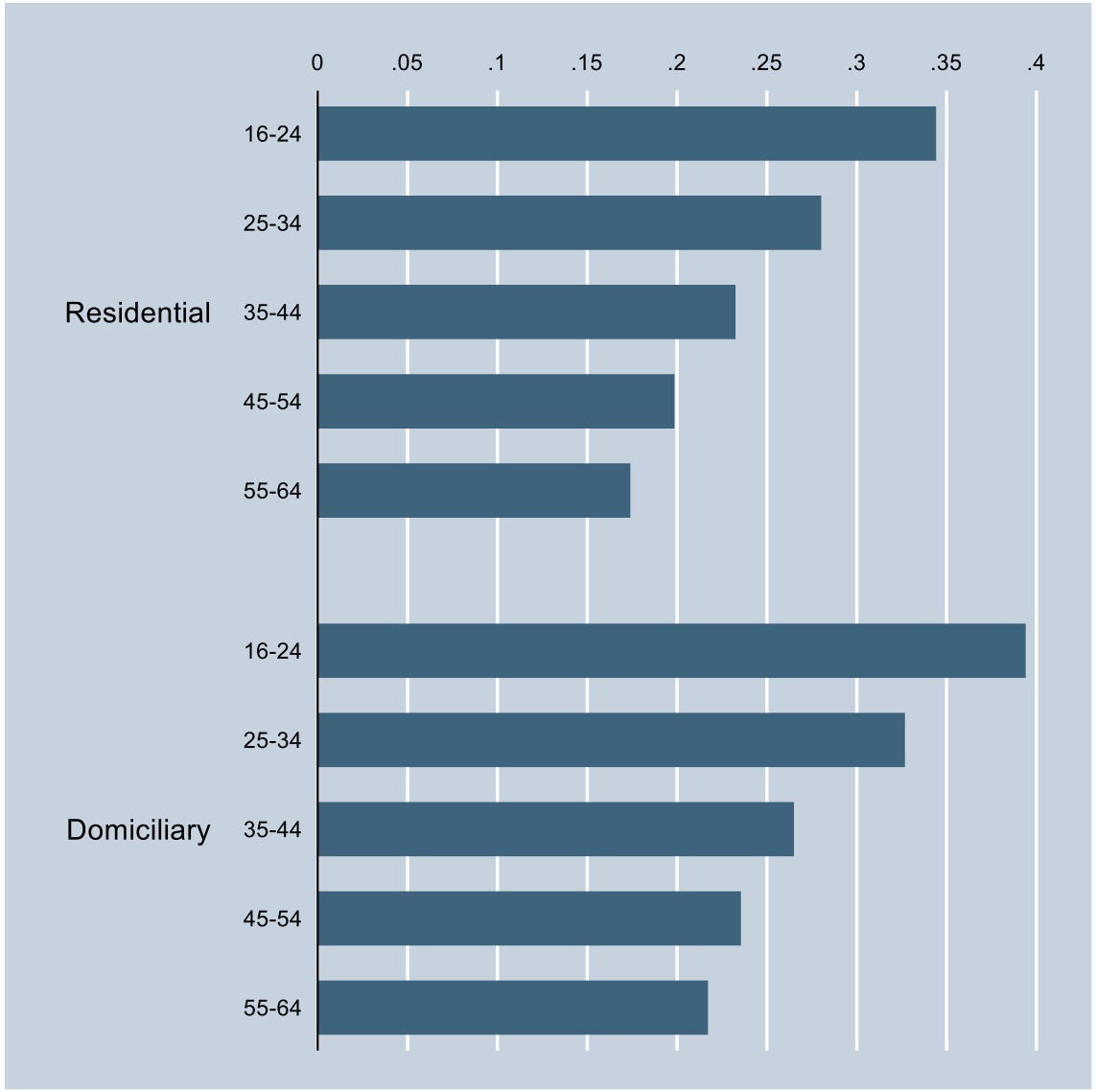
Main variable

- Job separation – binary variable
  - = 0, if worker still with same employer 12 months later (61%);
  - = 1, if employee
    - employed 12 months later by other LTC employer in the sample (5.5%);
    - not in sample 12 months later, but employer still in the sample (19.5%);
  - = missing, if job separation status not identified (14%)

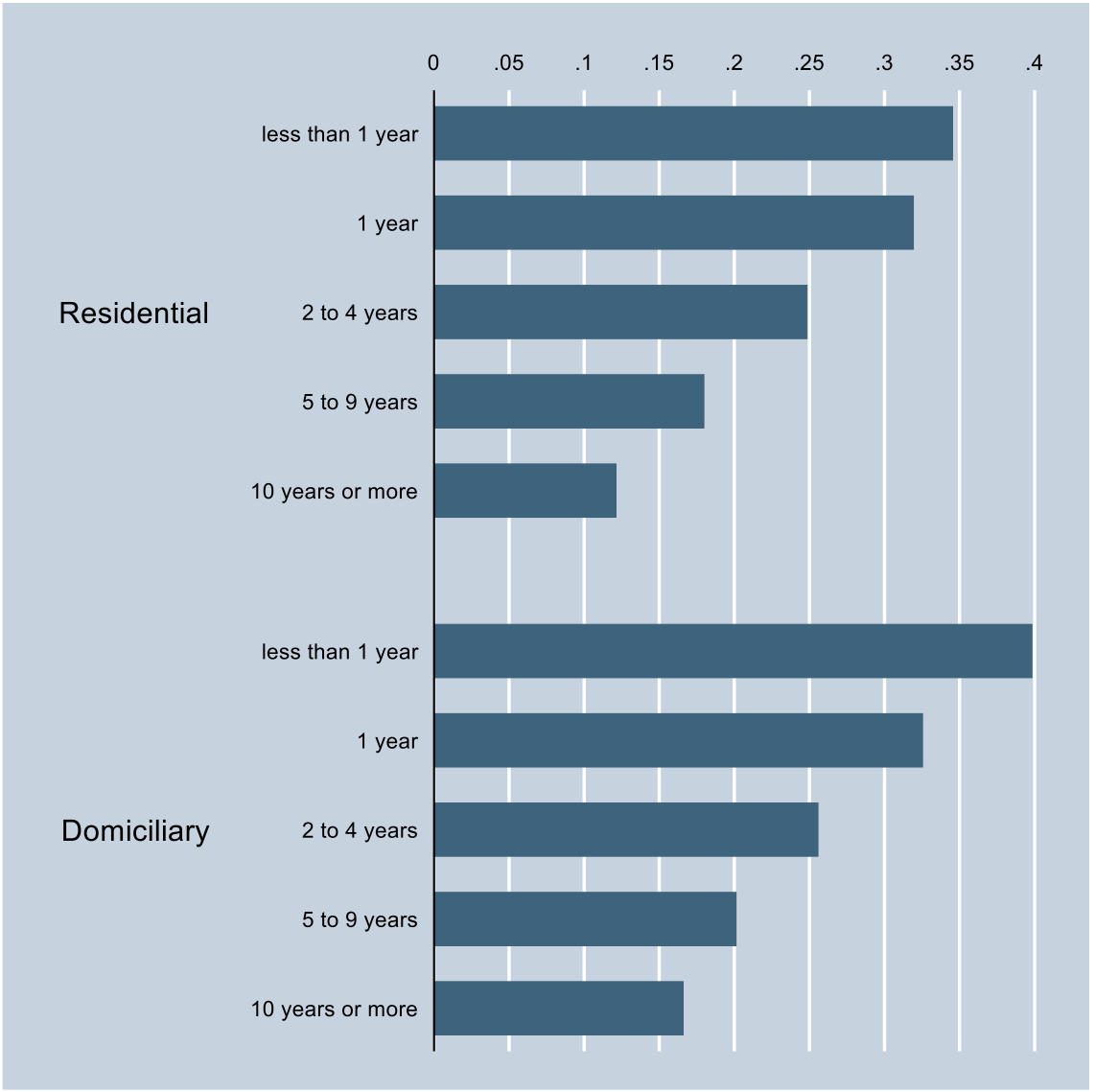
Final sample

- 355,155 observations of 211,283 job-spells in 8,312 care establishments
  - Sector – statutory LA (6%), private (79%), voluntary (15%)
  - Care setting – CH w/ nursing (23%), CH w/o nursing (33%), domiciliary care (44%)

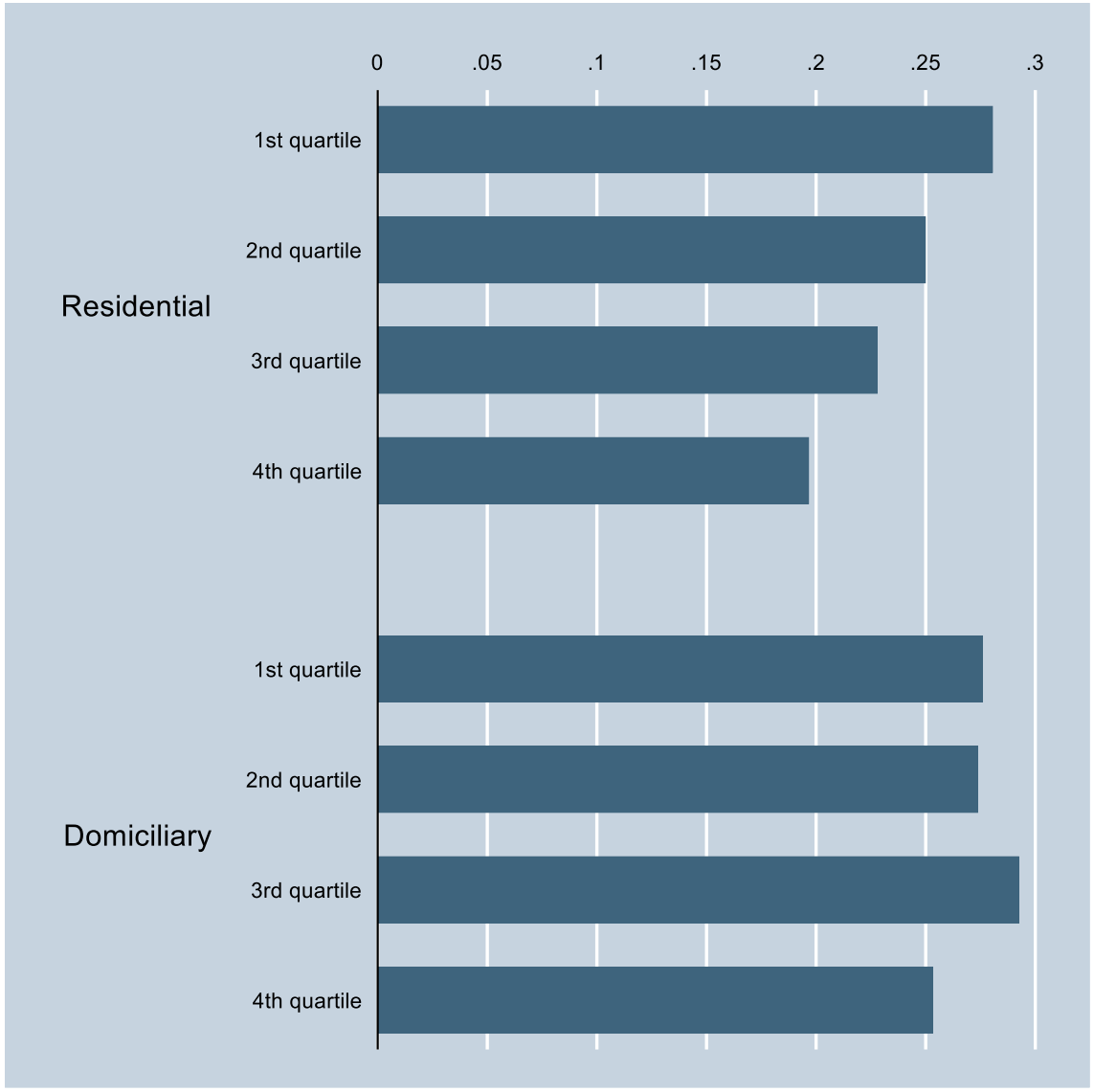
Employer separation rate by age group and care setting
(direct care staff)



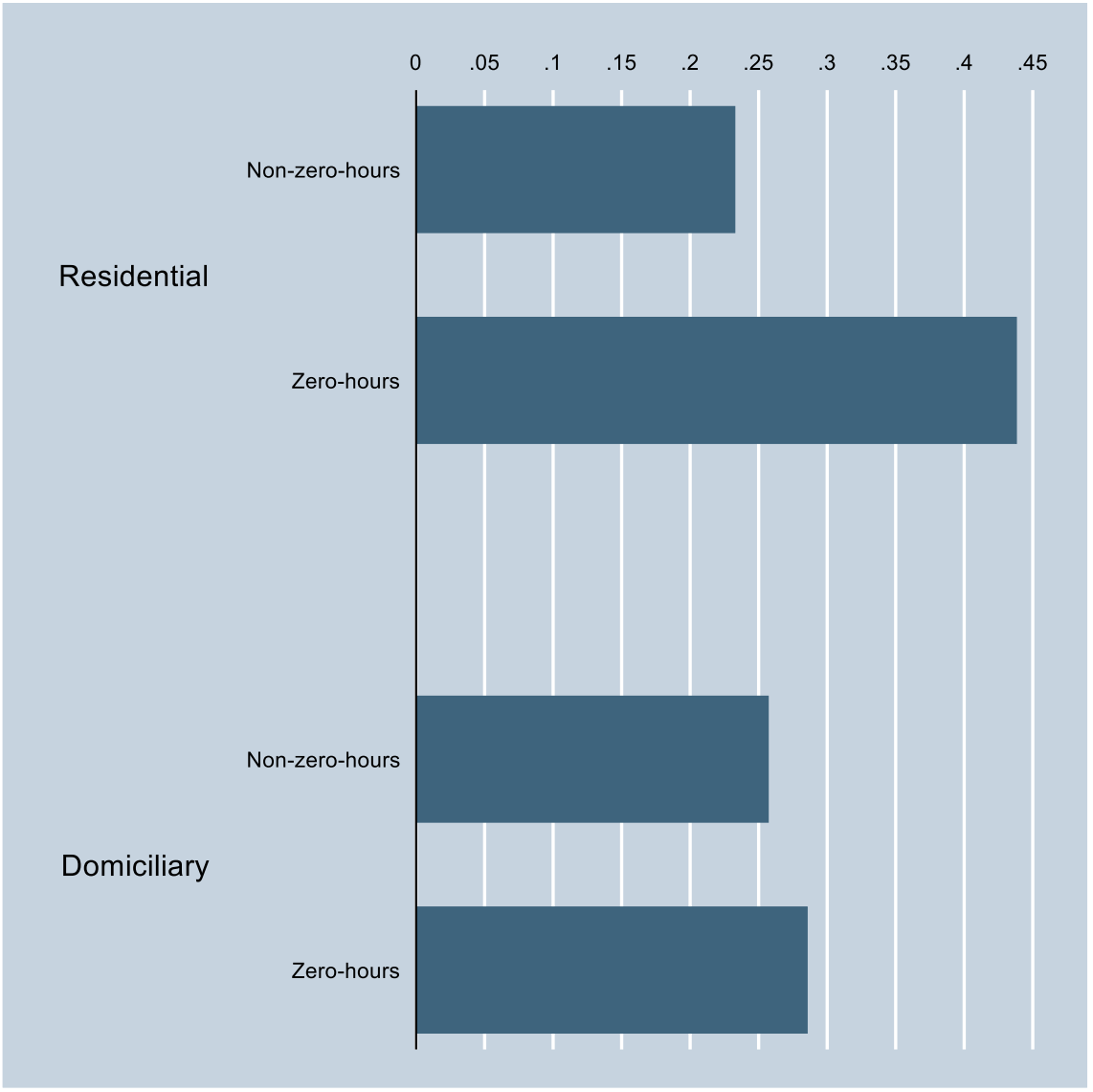
Employer separation rate by job tenure and care setting
(direct care staff)



Job separation rate by hourly wage and care setting
(direct care staff)



Job separation rate by contract type and care setting
(direct care staff)



Econometric analysis

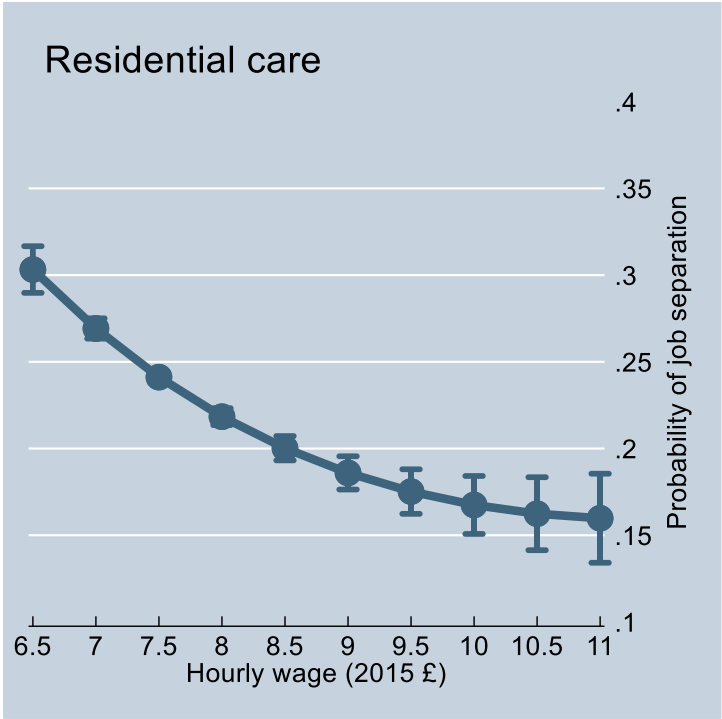
- Logit – Castle et al. 2007; Morris 2009; Rosen et al. 2011
- Control for unobserved hererogeneity
  - FE LPM – not always good approximation; CRE probit - Mundlak type FE model (Wooldridge 2010); allows estimation of marginal effects

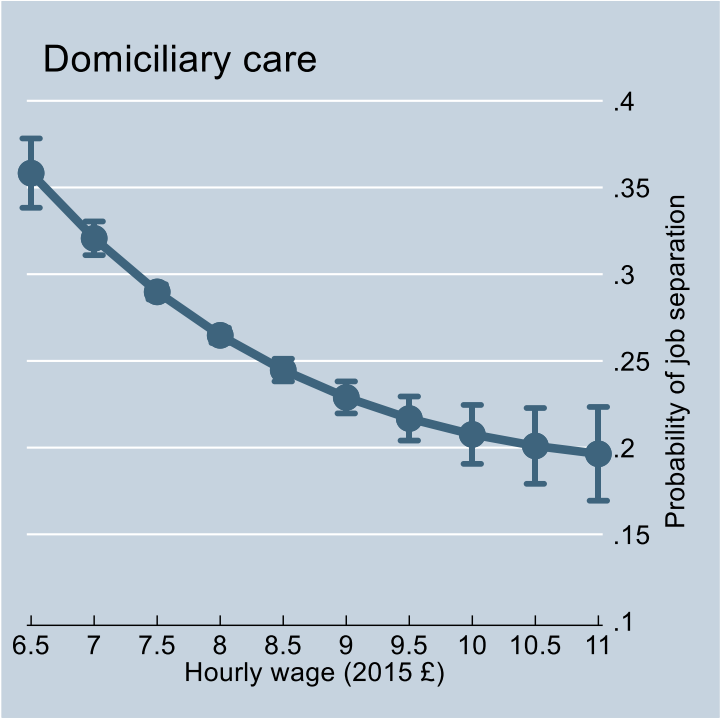
$$P(y_{ijt} = 1|x_{ijt}, c_{ij}) = \Phi(x_{ijt}\beta + c_{ij}) = \Phi(x_{ijt}\beta_{CREprobit} + \bar{z}_{ij}\xi_{CREprobit} + a_{ij})$$

    - y_{ijt} - binary response equal to one if worker i separated from employer j between t and $t+1$
    - x_{ijt} - explanatory variables at worker, job, employer, and local area level
    - $\bar{z}_{ij}$ - average over time of subset of time-varying variables included in x_{ijt}
    - a_{ij} − unobserved heterogeneity assumed independent from x_{ijt}

Regression analysis – main findings

- unobserved worker and employer characteristics -> underestimation of the wage effect on job separations
- wage effect has diminishing marginal magnitudes
- 30% increase in wages –> reduction in job separations by 8 ppt (~30%)
- positive relationship between job separations and part-time (+2.6 ppt res. care, +4.3 ppt dom. care) as well as zero-hours contracts (+12.5 ppt res. care, +3 ppt dom. care)
- good leadership (CQC rating on 'Well-led') – small negative effect on job separation (-2 ppt);
- training likely to encourage job separation
  - training received more than 12 months before: +6.5 ppt (res. care), +13 ppt (dom. care)
  - higher returns to skills outside LTC (e.g. NHS)





Policy implications

- LTC staff retention can be improved by increasing wages
- combined with full-time contracts with guaranteed working hours staff turnover could be reduce even more
- Potential solution – align pay and conditions in independent LTC sector to public LTC and the NHS (Agenda for Change)
  - 40% pay gap between independent and public sector LTC and NHS (CIC 2021)
  - staff turnover in independent LTC – 34%; public sector LTC and healthcare assistants in NHS – 14% (SfC 2020; Forth and Bryson, 2021)
  - increased public expenditure – tariffs paid by LAs need to increase
  - Sep 2021 reforms & Fair Price for Care

Thank you!

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Retention and sustainability of social care workforce (RESSCW) project website: https://www.pssru.ac.uk/resscw/frontpage/

Determinants of turnover and vacancies of personal assistants in England

ILPN Conference 2022, LSE

9th September

Katerina Gousia and Stephen Allan

University of Kent

Disclaimer

This presentation is based on a research output as part of the Retention and Sustainability of Social Care Workforce (RESSCW) project, funded by the Health Foundation's Efficiency Research Programme. The 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. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. The views expressed are those of the authors and may not reflect those of the funders.

Background

- Shift towards greater personalization of care and care at home
  - Peoples preferences, efficiencies, prime policy goal (White Paper DHSC 2021)
- Funding side
  - Cash for care policies – Direct payments (DPs) (1996) for social care and Personal Health Budgets (PHB) (2013) for healthcare
- Workforce side
  - People can spend budgets to directly employ staff to support their needs
  - Increasing demand for personal assistants (PAs) – over 100,000 PAs in 135,000 jobs, 7% of jobs in adult social care in England (Skills for Care 2020)

The role of PAs

- PAs – anyone employed directly by a person/ individual employer (IE) who needs support and works in a person-centred way to enable IE live their life according to their wishes and interests
- Variation in job role and intensity depending on IE needs: leisure, shopping, driving, cleaning, admin tasks, personal care, etc.
- Low paid – estimated average wage £9.53/hr vs. £8.94/hr in domiciliary care
- Overlap with other job roles: ~30% of PAs have additional jobs with independent sector or local authority providers
- Rewarding role due to direct relationship with IE
- But also problems in the employee-employer dynamic due to the blurring of defined job tasks and ‘helping out’

Recruitment and retention of PAs

- IE responsible for recruiting, maintaining and training suitable staff – pros and cons
- Recruitment practices: word of mouth, adverts in shops/ job centres/ LA registers, social media
- PAs may come from other forms of social care or may not have previous social care experience
- Challenges in recruitment and retention: difficult to recruit PAs particularly in high wage areas, high turnover, mismatch between IEs and PAs

Aims and contribution

- Understand the factors that affect recruitment and retention of PAs in England:
  - Quantitative analysis
  - Focus on IE and local market characteristics
- Limited anecdotal and qualitative evidence so far:
  - Lack of training and career opportunities
  - Challenges in role demarcation and associated pay
  - Mismatch between IE needs and PA skills
  - Competition from alternative providers
- No empirical evidence

Data 1

- Skills for Care Survey of IE, years 2017 & 2019
- IEs contacted could be
  - in receipt of DPs from a LA, a PHB from the NHS or their using their own funds
  - receiving services from self-employed PAs but not PAs paid via an agency
- Reached over 10,000 & 18,000 IEs in each round, ~10% response rate, n=2,995 final sample size
- Data on: number of workers had left employment in the past 12 months, number of vacancies they currently had, measures for the total number of members of staff employed, age, type of need, funding arrangements, training in managing PAs

Data 2

- Merged LA data on:
  - % of people entitled to a Personal Independence Payment (PIP) and the % of population aged over 65
  - unemployment rate of people aged over 16
  - count of alternative social care employers (care homes and home care providers) registered with the Care Quality Commission (CQC) in each LA
  - and the count of the total number of direct care job roles in social care within each LA

Methods

- Regression analysis
  - Probit estimators
  - Outcomes: (i) probability of having at least one PA leaving the job, (ii) probability of having at least one PA vacancy
  - Control for IE and LA characteristics, regional dummies, time dummies
  - Pooled 2017 and 2019 model
  - 2019 data only model – measures for training and social care supply

Turnover and vacancies

Turnover			Vacancies		
	Frequency	**Percent (%)**		**Frequency**	**Percent (%)**
0	2,000	71.56	0	2,370	84.79
1	585	20.93	1	361	12.92
2	142	5.08	2	51	1.82
3	46	1.65	3	11	0.39
4+	22	0.79	4	2	0.07
Total	2,795	100	Total	2,795	100

Source: Skills for Care 2017 and 2019 Individual Employer surveys

Sample statistics

Variable	Mean	St. Dev.	N
Individual Employer characteristics			
Leavers (at least one)	0.284	0.451	2,795
Vacancies (at least one)	0.152	0.359	2,795
Total number of staff	2.046	1.498	2,941
Care need			
Learning disability	0.709	0.454	2,971
Personal	0.674	0.469	2,971
Mental health support	0.573	0.495	2,971
Access and mobility	0.523	0.500	2,971
Memory and cognition	0.528	0.499	2,971
Sensory support	0.558	0.497	2,971
Social support	0.425	0.494	2,971
Over 65	0.232	0.422	2,950
Funding			
In receipt of a direct payment	0.859	0.348	2,910
In receipt of a personal health budget (PHB)	0.044	0.204	2,883
Own money	0.084	0.277	2,910
Any training to help as an employer†	0.396	0.489	1,947
LA characteristics			
Unemployment rate	4.677	1.995	2,868
Population over 65 (proportion)	0.189	0.042	2,871
Personal Independence Payment (PIP) entitlement (proportion)	0.040	0.012	2,871
Total number of social care providers (per km^2)	0.685	0.789	2,922
Total number of social care jobs (per km^2)†	25.66	31.42	2,919

Source: Skills for Care 2017 and 2019 Individual Employer surveys (IE characteristics), ONS, CQC (LA characteristics) †2019 only data. Training as an employer could include formal qualification (M=0.047, SD=0.212), structured awareness training (M=0.051, SD=0.22), subject awareness training (M=0.064, SD=0.24), other (M=0.257, SD=0.43).

Estimation Results Turnover

	(1)	(2)	(3)
Total number of staff	0.066***	0.065***	0.065***
	(0.006)	(0.007)	(0.007)
Learning disability	-0.043*	-0.035	-0.035
	(0.023)	(0.037)	0.037
Mental health support	-0.029	-0.044	-0.044
	(0.026)	(0.029)	0.029
Access and mobility	0.004	0.006	0.006
	(0.021)	(0.025)	0.025
Memory and cognition	-0.013	-0.007	-0.006
	(0.025)	(0.028)	0.028
Sensory support	0.043	0.046	0.045
	(0.031)	(0.033)	0.033
Social support	0.015	0.033	0.032
	(0.022)	(0.024)	0.025
Over 65	-0.022	-0.027	-0.028
	(0.021)	(0.026)	0.026
Personal health budget	0.040	0.098*	0.101*
	(0.041)	(0.059)	(0.059)
Own money	0.019	0.017	0.017
	(0.031)	(0.033)	(0.033)
Undertaken training		0.034	0.034
		(0.021)	(0.021)
Unemployment rate	-0.016**	-0.023**	-0.022**
	(0.008)	(0.010)	(0.010)
Population over 65 (rate)	-0.149	0.264	0.471
	(0.375)	(0.425)	(0.431)
PIP entitlement (rate)	-1.924	-0.215	-0.581
	(1.561)	(1.785)	(1.800)
Total social care supply	0.043*	0.037	
	(0.024)	(0.025)	
Total social care jobs			0.001**
			(0.001)

*** p<0.01, ** p<0.05, * p<0.1. Marginal effects from probit estimations reported. Robust standard errors reported in parentheses. Total social care supply: Total number of LA CQC registered care homes and home care providers per km^2. Model (1): Pooled 2017 and 2019 data with total social care supply as control. Model (2): 2019 data with total social care supply as control. Models (3): 2019 data with total LA social care jobs per km^2 as control.

Estimation Results Vacancies

	(1)	(2)	(3)
Total number of staff	0.011**	0.014**	0.014**
	(0.004)	(0.006)	(0.006)
Learning disability	-0.050***	-0.090***	-0.090***
	(0.019)	(0.027)	(0.027)
Mental health support	-0.040*	-0.037	-0.036
	(0.020)	(0.023)	(0.023)
Access and mobility	0.033**	0.034	0.034
	(0.017)	(0.021)	(0.021)
Memory and cognition	-0.001	0.005	0.006
	(0.020)	(0.023)	(0.023)
Sensory support	-0.033	-0.057**	-0.057**
	(0.025)	(0.026)	(0.026)
Social support	0.021	0.038*	0.038*
	(0.017)	(0.021)	(0.021)
Over 65	-0.058***	-0.068***	-0.070***
	(0.018)	(0.023)	(0.023)
Personal health budget	0.101***	0.096**	0.097**
	(0.030)	(0.048)	(0.048)
Own money	0.003	0.0002	0.001
	(0.025)	(0.028)	(0.028)
Undertaken training		0.044***	0.045***
		(0.017)	(0.017)
Unemployment rate	-0.012*	-0.020**	-0.019**
	(0.006)	(0.009)	(0.009)
Population over 65 (rate)	0.018	0.083	0.073
	(0.288)	(0.338)	(0.344)
PIP entitlement (rate)	-0.456	0.240	0.201
	(1.188)	(1.426)	(1.419)
Total social care supply	0.039**	0.041**	
	(0.017)	(0.019)	
Total social care jobs			0.001**
			(0.0005)

*** p<0.01, ** p<0.05, * p<0.1. Marginal effects from probit estimations reported. Robust standard errors reported in parentheses. Total social care supply: Total number of LA CQC registered care homes and home care providers per km^2. Model (1): Pooled 2017 and 2019 data with total social care supply as control. Model (2): 2019 data with total social care supply as control. Models (3): 2019 data with total LA social care jobs per km^2 as control.

Overall

- Turnover and vacancies positively associated with
  - Number of PAs employed – high needs
  - IE training – not specialised enough, more aware of their needs/ strict, simultaneity
  - PHBs – difficulty in finding the right mix of skills (healthcare tasks), PA pay/ training/qualifications
  - Alternative SC employers – competition for the same pool of workers
- Turnover and vacancies negatively associated with
  - Local unemployment – wage differential between low PA pay and higher local wages important
  - More specialised needs (e.g. learning disability) – importance of initial IE & PA match

Caveats

- Survey not extensive and may not be representative
- No information on IE personality traits, e.g. leadership style or willingness to compromise
  - Due to importance of matching between IEs and PAs these are likely to be important predictors of turnover and vacancies in this market
- Selection/ simultaneity issues – associations rather than causation
- Lack of PA characteristics due to data limitations – future research

- Still, SfC Survey is to the best of our knowledge the only available data source with such rich information on IEs and their PA recruitment

Implications

- Local markets for PAs
  - Challenges greater in areas with lower unemployment and higher alternative social care supply
  - Local pay and other differentials are thus important
  - If pay gap cannot be bridged then other aspects of employment need to be taken into consideration, e.g. training, qualifications, career prospects
- IE and PA matching is important
  - E.g. difficulty in finding a good match for people with PHBs
  - This friction is likely to be there independent of market conditions
    - IE training doesn't seem to work, although simultaneity issues
- Implications for quality of care and knock-on effects on NHS resources

Thank you

- Project website: https://www.pssru.ac.uk/resscw/frontpage/