

Care Worker Perceptions of Recruitment and Retention in Adult Social Care Settings

Elisha Maria-Linda Pitarella

A thesis submitted to the University of Gloucestershire in accordance with the requirements of the degree of Master of Science by Research in the School of Health and Social Care.

May 2020

Word Count: 32,595

Abstract

In England, the Adult Social Care (ASC) sector continues to grow and is faced with repeated scrutiny regarding the availability and effectiveness of care workers. This results in difficult challenges for organisations, such as funding demands, recruitment costs, and job satisfaction. These challenges are combined with the increasing demand to meet the needs of vulnerable adults and provide high-quality care. Some organisations have improved their delivery of care, whilst others have declined in quality as providers have struggled with the challenges they face (Care Quality Commission (CQC), 2019). These challenges are exacerbated by the high turnover in staffing levels. Although organisations have processes in place, such as exit interviews, there appears to be a lack of clear identification of the causes of turnover in ASC settings.

This research study contributes to the debate on how to improve recruitment and retention in ASC settings. This research takes a qualitative approach and seeks to highlight key factors affecting recruitment and retention issues through the views and experiences of care workers to consider strategies to improve the workforce and quality of care for vulnerable adults. This thesis presents findings from semi-structured interviews with present care workers and managers from 2019-2020 working in residential care homes, domiciliary care providers and supported accommodation. The research identified that individual personalities, pay, training, management, and organisational practices are all influential to care worker satisfaction.

I declare that the work in this thesis was carried out in accordance with the regulations of the University of Gloucestershire and is original except where indicated by specific reference in the text. No part of the thesis has been submitted as part of any other academic award. The thesis has not been presented to any other education institution in the United Kingdom or overseas. Any views expressed in the thesis are those of the author and in no way represent those of the University.

Signed:

Date: 31/05/2020

doi: 10.46289/THNQ7462

Acknowledgements

I wish to give thanks to my Pitarella family, and soon to be husband, Michael Goodman for their continuous support and encouragement throughout my study.

Contents

1. Introduction	1
2. Literature Review	5
2.1. Policy Context	7
2.2. Importance of Literature Review	13
2.3. Search Strategy	16
2.4. Key Themes Identified	18
3. Methodology	31
3.1. Philosophical Position	34
3.2. Ethics	38
3.3. Sampling	41
3.4. Method: Semi-structured Interviews	46
3.5. Data Analysis	53
4. Results and Implications	57
4.1. Recruitment Process	57
4.1.1. Understanding the Role	61
4.1.2. Attracting the Right People	63
4.1.3. Word of Mouth	65
4.2. Retention	66
4.2.1. Job Satisfaction	67
4.2.2. Flexibility	69
4.2.3. Workload Stress, Value and Recognition	72
4.2.4. Pay	77
4.2.5. Training	79
4.3. Implications and Future Recommendations	82
4.3.1. Value-Based Recruitment	82
4.3.2. Wellbeing, Value and Recognition	85
5. Conclusion	89
6. References	91
7. Appendices	124

1. Introduction

The ASC workforce is a fundamental economic and social resource, the importance of which is growing in line with the rapidly ageing population (Skills for Care (SfC), 2018a; Office for National Statistics (ONS), 2018; Gershlick and Charlesworth, 2019). However, care work is widely viewed as under-valued and under-paid (Bjerregaard, 2014; Bunting, 2016; Haynes, 2018c; Naysmith, 2019; Rolfe, 2020; Galandini and Ferrer, 2020). The definition of care workers used in this thesis is Department of Health and Social Care (DHSC, 2019b) who describes a care worker as someone who supports vulnerable people with aspects of their daily life, including personal care and mobility. Currently, recruitment and retention of good quality care workers remain a challenge (Haynes, 2018c; Price, 2019; Rennie, 2019). Since the 1990s, reports have suggested that factors such as stress and burnout have led to low self-esteem and turnover of carer workers in ASC (Guest, 1999; Sutton, 1994; Harlow, 2004, cited by Worsley *et al.*, 2012). Studies and reports such as Slawson (2017); Atkinson, Crozier and Lewis (2016); Beech *et al.* (2019) have highlighted that recruitment and retention issues are having a direct impact on service delivery and continuity of care. Employers need to attract and retain care workers with the right skills, values, and behaviours, to raise and deliver quality standards for individuals using services.

This thesis aims to contribute to the debate on how to recruit and retain a social care workforce to meet the needs of vulnerable adults. In 2016, the UK government warned that social care was heading for 'tipping point' (CQC, 2016). Reports such as SfC (2017) emphasise the importance of improving recruitment and retention of care workers to increase the quality of care. Although there have been green papers, white papers, independent commissions and other consultations with attempt and promise to reform the social care system (Wenzel *et al.*, 2018), reports such as CQC (2017b; 2018b; 2020) show that care providers and residential homes are continuing to close or terminate contracts with Local Authorities, meaning the ASC market remains unstable (Thorlby *et al.*, 2018). While there are policies and suggestions of what employers 'should do' to recruit and retain care workers, this thesis aims to explore what is truly happening in everyday practice from the perceptions of care workers and managers. In addressing this aim, it is recognised that recruitment and retention is a complex, and dynamic concept (Worsley *et al.*, 2012; Barriball *et al.*, 2015; Moriarty, Manthorpe and Harris, 2018). For this thesis, the concept is considered using data collected at a national level. This involves using sources such as

CQC, ONS and Sfc, and those at a local organisational level to measure the reliability of the data collected. This will be achieved by considering the views of care workers and managers, compared with existing research and data. It is recognised that there are differences in staffing arrangements and organisational characteristics across different sectors and settings. Therefore, this thesis explores several settings and sectors within the sample to consider similarities or differences in the data collected. This will enable a clear understanding of the influences on care workers to remain in or leave their job.

This thesis uses a qualitative method by conducting semi-structured interviews to provide depth and understanding of the variations in recruitment and retention strategies and barriers across different settings. The findings from this research seek to: inform and provide important context; support employers and recruitment officers to consider changes that may reduce costings in recruitment processes and maintain long-standing care workers; and improve the quality of care for vulnerable adults. A further aim will be to identify the gaps in the existing data. By achieving this, the gaps identified will support to ensure relevant questions are asked and this research does not duplicate other work or answer questions which are already known. Additionally, it will seek to uncover new findings through current experiences of care workers in ASC. These research findings will benefit vulnerable adults, families, care providers, commissioners, managers, inspectors and policymakers as it will produce further evidence to inform policy about staffing and make suggestions regarding the best ways to implement valuable staffing resources in ASC settings.

Sources dating from the earlier 2000s (i.e. Bryman, 2004; Dowling, 2006; Patton, 2002) have been included, however, a key focus is on those published within the last five years. This thesis also shares workforce information, including pay rates, personal experiences, and vacancy information. The research method did not allow for extensive engagement with vulnerable adults as this involved several ethical issues and risk assessment concerns which were beyond the scope of this project. However, as the review of literature highlights, there are some inclusions of vulnerable adults' experiences of care quality and the link between this and recruitment and retention. Furthermore, the potential role of financial cuts and budgets in shaping future patterns of recruitment and retention has also been considered, but to a limited extent.

This research provides an opportunity for ASC workers to have their say and voice their perceptions of what is working well and what needs improving to meet the increasing

demands. Originally, this research intended to explore these issues in residential care home settings alone and to hold focus groups with care workers and their managers. However, for several reasons, such as time restrictions and overlaps in research, the interest of this study now also involves domiciliary care providers and supported accommodation. In undertaking secondary research, it has become clear that there are many similarities between recruitment and retention issues with social work and nursing staff as well as social care. One key similarity is the high level of turnover and reports of staff 'burnout' (Lloyd, King and Chenoweth, 2002; Harlow, 2004; Costello *et al.*, 2020).

This thesis closely considers the context of care work, to achieve a better understanding of the factors affecting vacancy rates, turnover and retention levels. The data gathered during the literature review, along with qualitative data gained through primary research undertaken by the researcher, will provide a comprehensive review of recruitment and retention to inform national development policy moving forward. The findings from this will be considered by organisations/employers across the sector. As might be expected, a vast collection of the existing literature has been identified. The data included in these reports have been gathered from the workforce, vulnerable adults, and employer organisations as well as other participants. This range of perspectives, as well as differences in methodology, inevitably means that there are some variations in the statistics presented. Nevertheless, the themes are consistent and often longstanding. Although this thesis seeks to draw upon relevant and up-to-date data, there is the potential of further changes/barriers that may prevent the implementations of these research findings due to recent policy suggesting the development of budgeting arrangements. This further emphasises the importance of gathering information on the problems of sustaining and developing ASC care workers. If we can understand the key factors relating to recruitment and retention, we can retain care workers for longer which means that quality of care for vulnerable adults will improve.

This research is limited to ASC, meaning those who are aged 18 and over. Although the literature has been used from a national area (England and Wales), the primary research was carried out with care workers working in the South West of England only. An objective which this thesis shares with organisations such as SfC, Department of Health (DoH), Proud to Care, The King's Fund etc, is to change the perceptions of the ASC workforce and improve the image of the sector. The objective is not to put forward a single solution, but to address several factors impacting recruitment and retention. Some key factors which have been highlighted as influencing this are the recruitment process; job satisfaction; and

wellbeing. Though this may not fully generate new factors, the gaps in existing literature indicate that the most effective solution for improving these areas are yet to be successfully implemented with noticeable results in daily practice across the country.

2. Literature Review

ASC can have a positive impact on people's lives by promoting their independence and improving wellbeing (NICE, 2019). The ASC sector plays an important role in society by meeting the needs of vulnerable adults (Howat, Lawrie and Sutton, 2015). SfC (2019b) estimates that there are currently around 1.6 million care workers in England providing support to adults with care needs, however, the care sector is viewed as undervalued and care workers are poorly rewarded (Bjerregaard, 2014; NAO, 2018a; Rolfe, 2020). The ASC sector is facing complex challenges, such as funding pressures, a growing population and demand for the workforce which can result in a negative impact on the people who require support (Devins *et al.*, 2014; ADASS, no date; Thorlby *et al.*, 2018; CQC, 2019). The NAO (2018a) report that Local Authorities' funding costs on supporting people is growing, with most care being provided to people in their own homes (CfWI, 2015; Wenzel *et al.*, 2018). Despite ASC being a means-tested service and an eligibility criteria being in place for publicly funded care, CQC (2017a); Wenzel *et al.* (2018); Alderwick, Tallack and Watt (2019) report that continued funding pressures and reports of unmet needs are made. Sources such as SfC (2019b; 2019c); Age UK (2019a; 2019b); Wenzel *et al.* (2018) acknowledge that changes need to be made to improve the quality of care that is being delivered.

This chapter seeks to identify ways in which the issues identified above are being addressed and improved without major financial changes in the model of care delivery. There have been several recruitment campaigns, including those by SfC (2016; 2017) which aim to attract the 'right people' with the 'right values', but little research emphasises what the 'right values' are, and how we can be sure that the right people are recruited for ASC. SfC (2018e) refers to the right values as the '6 Cs' which are: Care; Compassion; Competence; Communication; Courage; and Commitment. SfC (2019a) also outlines some of the values and behaviours as having dignity and respect; working together; and commitment to quality care and support. There have been questions raised about the term 'compassion' in care, how it can be seen as more of a buzzword, and whether organisations prioritise a compassionate sector with a lack of research that points to approaches to enhance the delivery of care (Adamson *et al.*, 2012; Flynn and Mercer, 2013). Nevertheless, as HM Government (2012) emphasised, if the right adaptations are made to reform ASC, and the right people with the right values are supporting vulnerable adults, people's needs will be appropriately met, and high quality of care will be delivered.

The purpose of this literature review is to inform the development of strategies towards recruitment and retention in ASC settings. This review seeks to draw upon findings from secondary research providing an overall picture of what recruitment and retention currently look like in the ASC workforce. Through conducting this research, it is intending to identify the gaps in knowledge around recruitment and retention strategies and investigate what is missing in data to date. This literature review has involved the consideration of recruitment and retention knowledge and evidence which already exists in the ASC sector. This review of existing and relevant literature will identify the gaps in research to seek further evidence from primary resources with face to face interviews through care workers to explore their perceptions and opinions on recruitment and retention. It is important to note that there have been vast advances in the quality of data collected regarding the ASC workforce, largely as a result of the National Minimum Data Set for Social Care (NMDS-SC, replaced by the ASC Workforce Data Set (ASC-DS) in 2019). However, there continues to be a gap in data around empirical research looking at the different factors associated with recruitment and retention.

2.1. Policy Context

The UK has an ageing population (Kingston, Comas-Herrera, and Jagger, 2018; ONS, 2018a; 2018c; Age UK, 2019c). In 2018, ONS (2018a) reported that there were almost 12 million (11,989,322) people aged 65 and above in the UK, with Age UK (2019c) predicting this figure to rise by 8.6 million in the next 50 years. Kingston, Comas-Herrera, and Jagger, (2018), ONS (2018a; 2018b); CQC (2019) have emphasised that with a growing population, more people are living with poor health. Sources such as Kelly and Kenny (2018) have informed that an ageing population combined with more people living with poor health is resulting in an increasing need for ASC services.

HM Government's (2012) White Paper declared that around 66% of men over 65, and 75% of women will need social care at some point. Since then, Wittenberg, Hu and Hancock (2018) report that the number of publicly funded care home residents aged over 65 is projected to increase from 157,000 in 2015 to 280,000 by 2040 (an increase of 67 per cent). Similarly, Age UK (2019c) estimates that the number of older people who are receiving publicly funded domiciliary care or direct payments is expected to rise from 249,000 in 2015 to 466,000 in 2040 (an increase of 87 per cent). This further emphasises the increased need for the ASC workforce and suggests that there will be additional pressure on the ASC system that already struggles to meet current demand.

Health and social care is the largest sector in the UK (Howat, Lawrie and Sutton, 2015) with around 1.6 million workers across more than 20,000 organisations (SfC, 2019b). Howat, Lawrie and Sutton (2015) anticipated that two million more care workers would be needed by 2022. They reported this was equivalent to more than half the existing workforce and posed challenges for staff retention. DHSC (2019a) report that because of an ageing population there is a demand for ASC workforce to grow, with an estimated 580,000 more care workers needed by 2035. Kingston *et al.* (2017) also anticipate that if there continues to be an increasing rate of older people with care needs, 71,215 additional care homes would be needed in England by 2025. Yet studies such as Clarke (2019) report that one in three care workers plan to leave the sector by 2024. SfC (2019b) also states that there are around 110,000 vacancies in the ASC workforce at one time in England, with an average staff turnover of over 30%. They estimate that around 7% of ASC roles are unfilled, creating approximately 84,000 vacancies at any one time. This, alongside an ageing population with long term, complex care needs, argues the need for more social care workers, a reduction in turnover, and improvements in retention.

NAO (2018a) report that the number of full-time jobs in ASC would need to increase by around 2.6% each year until 2035 to meet the increasing demand (NAO, 2018a). However, according to the NAO (2018a), the annual growth of the ASC workforce has been 2% or lower each year. Gershlick and Charlesworth (2019) predict that if ASC jobs rise in proportion to the expected increases in the number of people aged 65 and over, jobs will need to increase by almost a fifth by 2025.

Sources including The King's Fund (2018); SfC (2019b); NHS England (2018) have highlighted the increasing financial pressures faced in ASC. The Care Act (2014) introduced a national eligibility criteria for formal care services provided by Local Authorities. As stated in the Care Act 2014, Local Authorities have a duty to promote an individual's wellbeing, as well as to prevent, reduce, and delay a need for formal social care services. Moriarty, Manthorpe and Harris (2018) report that employers have been arguing for years that payments to councils are insufficient to improve employment conditions for recruitment and retention. NAO (2018b) argues that since the national eligibility criteria were introduced, financial pressures on Local Authorities remain. Cromarty (2019, pp.3) reports that Local Authorities are having to manage this through means such as smaller care packages, stricter eligibility criteria, and reducing the prices paid to providers. Changes to the way people's needs are met, combined with reductions around care and support have resulted in further strains on the current ASC workforce (Thorlby *et al.*, 2018; DHSC, 2019; Cromarty, 2019; CQC, 2019).

Thorlby *et al.* (2018) report that if budgets do not change, there will be a funding gap of £18 billion by 2030/31. The financial pressures ASC are facing have been acknowledged by central government (Bottery *et al.*, 2018; DHSC, 2019). As Thorlby *et al.* (2018) recognise, in the last 10 years several attempts have been made to source funding, for instance through transfers of money from the NHS to social care (through the Better Care Fund) and increasing council tax (the council tax precept) to pay for social care. However, Bottery *et al.* (2018) argued that even with this funding there would still be a funding gap of at least £1.5 billion by 2020. The lack of funding that already exists, partnered with the estimated growth in demand for ASC workers leaves an unsettling gap in knowledge as to how and where the funding will come from to support the recruitment and retention of the ASC workforce.

Whilst it has been recognised that the ASC workforce needs to grow, evidence suggests that organisations are experiencing increasing difficulty recruiting and retaining care workers. Bottery *et al.* (2018); SfC (2019b) report that the care sector struggles to recruit the number of care workers they currently require, with turnover rates highest for domiciliary care, a third of which are reported to leave their role within a year and the turnover of care workers running at over 4 in 10. There are not enough staff, or budgets to meet the needs of vulnerable adults, and as research involving The King's Fund (2018); Haynes (2018a); Dunatchik, Icardi and Blake (2019) warns, this is having negative effects on care workers and vulnerable adults.

Dunatchik, Icardi and Blake (2019) note that levels of unmet need are increasing. In 2016, around 1 in 8 people aged over 65 were assessed to be struggling with at least one activity of daily living without having the support they required. This increased to 1 in 7 (1.4 million) older people by 2018. The King's Fund (2018) suggested that the failure of the social care workforce to meet then increased demand was a contributing factor to the growth in people's needs not being met. According to Trigg (2018), 30% of older people in England either receive little or no help with their care needs and in 2018. Age UK (2019d) also reports that there were still around 1.4 million older people who did not have access to the care and support they needed. As Roche (2018); NAO (2018a) argue, the ASC workforce cannot continue to run as a 'Cinderella service'. Whittingham (2018); McMahon (2020) argue that the ASC workforce is in a crisis and needs to become valued and rewarded. If recruiting and retaining care workers does not get the attention it deserves, there will continue to be a downward spiral whereby more people are not receiving the care they need.

The DHSC provide funding for SfC to examine the ASC Workforce Data Set (ASC-DS); this replaced the National Minimum Data Set for Social Care (NMDS-SC) in 2019. SfC (2019c) state that this data set is the primary source of workforce information for the UK ASC sector. This data set seeks to support Local Authorities and organisations to shape and adapt the way social care is delivered (NAO, 2018a; SfC, 2019c). The Office for Statistics Regulation (OfSR, 2020) highlight the need for an increase in reliable data to support the delivery of ASC. Yet, it is evident throughout this chapter that there is limited data available about the current condition of the ASC workforce. OfSR (2020) suggest this is due to gaps in data around care workers nationally, restrictions on funding and investments in data and analysis for ASC. Most of the data available are regarding vulnerable adults who receive formal support through Local Authorities or those who have had contact with Local Authorities and

have gone on to arrange private support. Therefore, available research does not always appear to consider those who have privately arranged support without initially contacting Local Authorities or those who receive informal support from family and friends. Additionally, OfSR (2020) informs that there are no official estimates for the amount of unpaid care that is provided by family and friends, however, sources such as Burns (2017) report that unpaid carers save the UK economy around £60 billion each year. A clear picture is required to fully grasp the areas of improvement to reform the sector and meet the demands of the ASC workforce.

In the last 20 years proposals have been made to address the issues faced in the ASC sector, including but not limited to; white papers, green papers, and accounts from Social Care Institute for Excellence (SCIE) and The King's Fund (Wenzel *et al.*, 2018; The King's Fund, 2018). Since 2011, DoH and SfC, have been developing a 'Recruitment and retention strategy' aiming to build the volume of the ASC workforce (SfC, 2014). Following the publication of the Care Act 2014, it was identified that the strategy needed to be reviewed due to the changes introduced by this legislation. Therefore, the Social Care Workforce Research Unit was commissioned by the Department for Health Policy Research Programme to evaluate the strategy within the current political context. This took factors into accounts such as the introduction of the National Living Wage and the decision to leave the European Union (Moriarty, Manthorpe and Harris, 2018) as these had not been anticipated when other strategies had been released (i.e. Rubery *et al.*, 2011; SfC, 2014). Rolfe (2020) reports that around 18% of the ASC workforce are non-British. Dayan (2017) tells that the existing funding pressures may be further exacerbated due to a projected shortfall of over 70,000 workers ASC roles 2025/26 as a result of the potentially limited European Union migration after Brexit (Thorlby *et al.*, 2018, pp. 12). The Home Office (2018) reported that this will need further analysis at a later date due to the unknown outcomes of Brexit. Furthermore, as care work is classified as 'low skilled' for immigration treatment purposes, it is unlikely that future migrants will be offered a route to the UK to work in this field (Migration Advisory Committee, 2018; Age UK, 2019b). This adds to the unclear matter of how recruitment campaigns will attract the right people and overseas workers to keep up with the demanding pace.

In 2019, SfC partnered up with the DHSC, to launch the 'Every Day is Different' recruitment campaign to promote careers in the sector and planned to fill around 122,000 vacancies (DHSC, 2019b; SfC, 2019b). Since then, DHSC (2020) has launched a further campaign

called 'Care for others. Make a difference' to meet the increased demand for urgent recruitment of ASC workers following the COVID-19 outbreak. Following the launch of the 2019 campaign, a survey of 22,020 adults showed that people in England aged 18 – 34 were more likely to consider applying for a job in ASC (DHSC, 2019b). Though there are increasing recruitment campaigns for ASC through organisations (for example, SfC), there is an emphasis on the lack of qualifications or previous work experience required to be a successful candidate in the workforce (SfC, 2018d; Taylor, 2018 pp. 6). This may negatively impact recruitment campaigns as it can create assumptions that ASC is an easy or unskilled job and attract the wrong people who do not have the appropriate knowledge and understanding of the role. This, therefore, may be a contributing factor to the levels of turnover as people may be applying for the job for the wrong reasons or working without the relevant experience to work with vulnerable adults to provide good quality care.

According to The King's Fund (2018); Moriarty, Manthorpe and Harris (2018), care services managed by Local Authorities have decreased and the level of independent providers has increased. As a result of this change, concerns have been raised regarding the quality of care being delivered (Gospel and Lewis, 2011). CQC (2020) regulates care providers in England and in 2017, they carried out an initial widespread inspection programme. This covered approximately 24,000 registered providers; almost 1 in 5 services were rated as 'requires improvement', and 343 services were rated as inadequate. CQC reported (2017a) that low staffing levels were a key factor; the annual turnover rates for care workers were 27.8% in 2016/17 (NAO, 2018a). Thorlby (2018, pp. 12); SfC (2019b) found that contributing factors to the high turnover rates in care workers included low pay and career structure.

HR policies and regulatory frameworks have contributed to inadequate services being shut down, including Winterbourne View, Buckhurst Hill's Winterton House, Carlton House, and Alton House (CQC, 2011; 2017b; 2018b; 2020). However, they are not fit for purpose when considering care workers perceptions of organisational structure, and recruitment and retention. The limits of these frameworks and policies are that not enough focus is on the perceptions of ASC staff who are working in these settings and experiencing the issues. To address the current issues relating to recruitment and retention and improve the ASC workforce, more knowledge is needed around care workers lived experiences of working within the sector their perceptions on factors relating to recruitment and retention. It is through working with care workers themselves to identify the strengths and weaknesses of

recruitment and retention that the gaps in knowledge and research can be identified and addressed appropriately.

Although the government has recognised there needs to be a sustainable solution to reform social care, none appear to have delivered major change. Many actions could take place to address the issues relating to recruitment and retention, but these would cost money. Bottery *et al.* (2018) for example, suggested various options in the past few years, such as providing free personal care (similar to the system in Scotland). Yet this is predicted to cost an additional £7 billion (Wenzel *et al.*, 2018). Furthermore, this poses the question of where this money will stem from, and where it would leave the budget for recruitment and retention focus.

Regardless of the advances in data collected around the social care workforce (i.e. through ASC-DS), there remains a lack of empirical research relating to the size of the sector, and data is limited to relying on secondary data analysis (Schneider, 2017, cited by Moriarty, Manthorpe and Harris, 2018). Moreover, the recruitment and retention strategies that currently exist do not consider the differences in organisations nationally (i.e. rural areas/independent sectors). There needs to be wider knowledge for organisations who look to recruit potential new care workers, who leave before their probationary period is up. The ASC crisis seems a persistent wave as a result of a growing population and demand for ASC, a lack of funding, and failure to address sustainable factors to improve the ASC workforce, partly through a lack of understanding into the working conditions of independent organisations. Many of the issues relating to recruitment and retention will require reliable, clear data that reflects what is truly occurring in everyday practice across the country.

2.2. Importance of Literature Review

This literature review contributes to a growing policy focus on the quality of care, by exploring recruitment and retention experienced by ASC workers. Completing this literature review has drawn on previous research and helped to see how it fits with and contributes to existing knowledge and data in the topic area. It has helped to provide a clear understanding of information that already exists, what it is suggesting, and where the gaps are. This is important as it enables the reader to be clear about the purpose of the research study and the theoretical basis for building upon the study. Some various frameworks and books have been used to guide this research. It is assumed that research will drive creation and lead the way to a better understanding of knowledge for people. Hart (2018) argues that the main purpose of a literature review is to understand and engage in using evidence. Several references can be used to provide evidence that may be used as an important source of information relating to the topic or issue you wish to discuss. As Hart (2018) describes, completing a literature review creates the belief that if you can identify how the ideas, techniques and methods found in the literature can be adapted and used in your research, the researcher would have gained the ability to learn a set of skills that no manual could provide and identify the gaps that form the research question. In this, Jesson, Matheson and Lacey (2011) put forward that a research question which is clearly articulated is a key ingredient that guides the entire methodology. It also highlights the type of information required, informs the search for relevant literature, and orientates the following analysis.

McCombes (2020) explains that researchers develop theories to explain trends, discover connections and make predictions. They are also based on existing knowledge, observations, and ideas. Winchester and Salji (2016) argue a literature review is an in-depth, evidence-based analysis of a subject which entails a critical analysis of the current collected knowledge on the subject area. Paré and Kitsiou (2017) believe the literature review is where the basis is formed for the rest of the study. This is carried out by establishing a theoretical framework by setting work against common thought, enabling the researcher to be better prepared to explain the conclusions reached based on the findings. The theoretical framework is where the researcher discusses and analyses the theories that are most relevant to the research (McCombes, 2020).

Hart (2018) describes a literature review as part of the academic and professional development of becoming a critical user of research knowledge whereby the researcher demonstrates they understand previous research and the main theories used in the subject

area. A literature review is essential for developing a research idea and what is already known on the subject area; establishing the extent to which a research area uncovers an interpretable pattern or common thought; gathering empirical findings related to narrow research questions to support evidence-based practice; producing new frameworks and theories; and identifying the gaps that lead to the questions that require further investigating (Winchester and Salji, 2016). In general terms, it attempts "to critically examine contributions of past research" and "critically consolidate the existing literature on a given topic" (Rowe, 2014, pp. 242). Writing a literature review shows the reader that the researcher has a good understanding of the subject area. This is done by demonstrating the ability to critically analyse previous research (Palmatier, Houston and Hulland, 2018).

Writing a literature review also supports the research area, as it relates to previous studies which provide important context. To achieve this, the researcher should convince the reader that their work will contribute to the subject area and how this will be done (Bloomberg and Volpe, 2012 and Ridley, 2012). A literature review also enables the researcher to identify other research that supports or corroborates findings as well as results that differ, allowing the researcher to position their research within the field (Winchester and Salji, 2016).

Okoli (2015) argues that the first step of the literature review is to identify the review's main objective. For this study, the main objective is to contribute to the debate on which factors influence recruitment and retention in ASC. As Paré and Kitsiou (2017) acknowledged, when a literature review is completed correctly, review articles represent powerful information sources for researchers searching for advanced evidence that guides their decision making and work practices. The high-quality reviews that are used in the review then become frequently cited pieces of work that researchers will seek out as a primary outline of the literature when completing empirical studies (Rowe, 2014).

The first stage of completing a good literature review is to highlight key terms from the research question (McCombes, 2020). For this study, the question is: *What are care worker's perceptions of recruitment and retention?* It was important for this research that the literature review clearly defined what was meant by each term highlighted as theories can have multiple definitions. For example, in this research topic, several key concepts needed to be explored; what are the main factors associated with recruitment and retention in the social care sector; what is the relationship between these factors and job satisfaction/turnover; and how do the experiences of care workers relate/differ to everyday

practice. To conclude, for this review of literature, it is important to draw upon theories around ASC retention and turnover to identify the gaps in research and develop the key research questions.

2.3. Search Strategy

Cooper *et al.* (2018) recognise that having a clear search strategy is a vital component of the systematic review process. It involves a comprehensive search for literature to develop a clear report of literature identification that leaves the readers clear about what was carried out to identify the literature, and how the findings of the review are situated in the relevant evidence. Completing the searches for literature in this study generated thousands of publications, books, databases, and studies. Searches included studies that focused on ASC workers working in both public and private social care providers. The core concept examined by the study was “recruitment” and “retention rates” for social care workers with the outcomes relating to their experiences of factors influencing retention within the sector. The sources for this study included qualitative and quantitative data, with both original and secondary research from past studies and statistics to support and explore the compassion in results.

Throughout the usage of the search engines and databases, 100’s of summaries were obtained. Further papers were identified through references from other papers used and cited. From the removal of duplicates and outdated research, only the relevant data remained. Titles such as “staff turnover” and “care worker experiences” were examined for relevance, which left several pieces of literature for further review. Among these, less were considered after examining the abstract and it is significant relating to research aims and objectives. A further 36 references were removed after the full text and the application of inclusion criteria were reviewed. Data was extracted to include the important criteria including author, year, objective or purpose, sample, method, and findings.

Three main databases were used: SCIE, ONS and Discovery services from the University of Gloucestershire. All were accessed to search for relevant and recent studies using keywords such as “**recruitment**”, “**retention**”, “**social care workforce/sector**” and “**care workers**”. The search was limited to full-text papers, published in England and a small number from Wales, due to different legislation and policies that are used in Scotland, Ireland and Wales. Overall, there were an estimated 100 pieces of literature used, mainly between the years 2008 and 2020 to ensure that the research used was relevant and not outdated. Some previous references were used to provide further support from previous theorists, definitions and to further evidence other suggestions from historical hypotheses. Also, the search engine Google and Google Scholar were searched for additional papers.

Using the University of Gloucestershire Discovery Service, for example, involved running separate searches with the following search terms: 1) “recruitment and retention in adult social care”; 2) “care worker experiences” 3) “social care turnover” and 4) “social care workers retention”. The search was limited to the publication title, subject area and date. The searches showed over 90,000 results which although had advanced searches, continued to show irrelevant research. This included research relating to non-care workers, research from before the 2000s and sources relating to workers outside of the UK. One thing that was identified throughout the whole research study was that no matter how many different ways the keywords were used (i.e. care workers instead of care workers/ social services instead of social care), none of the reviews had a complete, all-inclusive search with all relevant literature. This is something which Paré and Kitsiou (2017) identified as a common pattern when searching for critical reviews. Although this research attempted to focus on care worker’s only and consider the factors relating to recruitment and retention of ASC, it was difficult to find literature that focused on these areas alone. Therefore, this literature review does touch upon areas such as recruitment and retention of other workforces, and the views of health worker’s as well as social care workers. The next section highlights the key themes identified in existing data and literature.

2.4. Key Themes Identified

From conducting this review of literature, evidence suggests that there is not one clear factor relating to recruitment and retention issues in ASC, and there are different sets of influences suggested by different researchers (Rubery *et al.*, 2011; Christeen 2015; Moriarty, Manthorpe and Harris, 2018; SfC, 2019b). The key themes identified through this literature include but are not limited to; job satisfaction; organisation; pay; stress, value, and wellbeing; and training and development. Each theme is discussed in more detail below.

Job Satisfaction:

Though the research is suggesting that there is an unquestionable demand for a high-quality care workforce, it is difficult to fully understand what motivates care workers most, as they often work in uncertain conditions with different organisations having different values and an inconsistency between high morale and low material values that are linked within the sector (Bjerregaard, 2014; Atkinson, Crozier and Lucas, 2018). Reports such as Haynes (2018a) showed that for social care workers, job satisfaction rates were low, with 21% of care workers reporting they were extremely dissatisfied with their job. To provide the appropriate conditions, rewards, and support to care workers, organisations need to understand the personal motivation of their care workers (Bjerregaard *et al.*, 2015). The University of Cambridge (2020 pp. 1) defines job satisfaction as: *“the feeling of pleasure and achievement that you experience in your job when you know that your work is worth doing, or the degree to which your work gives you this feeling”*. According to Lu *et al.* (2012, pp. 10-17), Job satisfaction is one of the most researched variables around workplace psychology. Job satisfaction theories appear to have a strong overlap with theories that explain general human motivation. An example of this is Maslow’s hierarchy of needs (Maslow, 1970). As Hassard, Teoh and Cox (2018) identified, Maslow’s theory was one of the first to examine the important contributors to job satisfaction. His theory indicates that a human’s needs form a hierarchy of five levels: psychological needs, safety, belonging and love, esteem, and self-actualisation. Maslow suggests that psychological and safety needs are the essential needs to be met, before other needs, such as belonging, and esteem can be met.

Although Maslow’s theory generally focuses on human motivation, it could also be applied to the work setting. For example, monthly salary and having essential facilities, such as tea and coffee could be associated with meeting care workers’ basic psychological needs. Safety needs could be demonstrated through contracts and staff feeling safe in their work environment, along with job security, clear organisational policies, and sick pay. Once this

is implemented, employees could then concentrate on feeling as though they belong in the workplace, in the form of having positive relationships with peers, vulnerable adults and management. Once the worker feels satisfied with their working relationships, they will then seek to feel like they are valued and appreciated within their workplace and recognised for the work they do. The last stage is then where the worker feels the need to grow and develop their skills to achieve everything to their highest ability i.e. through training/ secondments/ promotions. Such theories have been further supported by theorists such as Hassard, Teoh and Cox (2018); Thomson, (2020); Tanner, (2020). Although this application may not be effective by itself, it could be used towards a retention method for HR and managers. It could also support organisations looking to improve job satisfaction to take a similar approach and meet care worker's basic needs and ensure these are implemented correctly before progressing to address the higher levels. Studies identified by Bjerregaard (2014) such as Lucas, Atkinson and Godden (2009, pp. 4) found that care workers had "professional pride" in their role, and "making a difference" was a top reason for doing their job.

Rubery *et al.* (2011); Bjerregaard (2014) also report studies by sources such as SfC who conducted interviews with 502 care workers across the UK working in domiciliary and residential settings which found that 88% of care workers said their work made them happy. In this study, however, these were from high-retention organisations, where they were offered enhancements such as additional pay for working unsociable hours and bank holidays, and travel costs (in domiciliary care). SfC (2018b) also reported that turnover rates were 6.9% higher for care workers who were on a zero-hours contract, at 31.8%. This was in comparison to care workers who had specified contracted hours, with an increasingly larger gap amongst residential care workers, where the turnover rate for those on zero-hours contracts was 39.1%. approximately 25% of the workforce were noted to be employed on zero-hours contracts, which equated to around 370,000 jobs, a proportion that has remained relatively stable since 2012-13, though among domiciliary care workers 57% were on zero-hours (Carter, 2019).

Flexible working has also been identified as an important practice by Atkinson, Crozier and Lewis (2016) who make an interesting point that increased performance and job satisfaction is achieved by implementing practices that positively influenced worker attitudes and behaviours with a key aspect of that being care worker perceptions of management reasons for offering that practice. They put forward an example whereby if staff believe they have the opportunity to work flexibly to support their work/home life balance, they are more likely

to be motivated and have higher levels of job satisfaction, resulting in workers going above and beyond the minimum expectations – delivering higher performance (Purcell *et al.*, 2003, cited by Atkinson, Crozier and Lewis 2016). This has also been referred to as the link between employment practice and performance (Purcell and Hutchinson, 2007).

According to Boxall and Macky (2009), ensuring workers are well paid, trained and have a good work-life balance has mutually reinforcing beneficial effects for care workers and the people they are supporting. Strategic Human Resource Management (SHRM) produced an understanding of the relationship between employment practice and performance outcomes, which has been defined as both recruitment and retention, and care quality (Guest, 2011, cited by Atkinson, Crozier and Lewis, 2016). An example of its employment practices was intended to benefit both care workers and the organisation, such as training and development (Chen, 2014). This was demonstrated as workers increasing their knowledge and skills, which promoted increased qualifications, meaning that service providers benefited from a higher level of performance in terms of care delivery and job satisfaction (Atkinson, Crozier and Lewis, 2016).

Organisation/management:

Rubery *et al.* (2011) suggested that there are a set of influences on recruitment and retention portrayed by a role of varying independent providers, involving the shaping conditions of work within different organisation i.e. care homes, domiciliary care, and supported accommodation. They found that factors relating to recruitment and retention are influenced and depend on the independent organisational structure itself. They recognised that this is difficult to determine as providers continue to grow, which means these factors may not be monitored effectively throughout the ASC sector. For example, other factors suggested such as job satisfaction may not be consistent within each organisation as managers may approach and prioritise these differently. This could also be influenced by different organisations budgets and geographical areas. For example, Moriarty, Manthorpe and Harris (2018) reported that care home agencies in rural areas mentioned challenges of recruiting care workers who had their transport, while care homes located in prosperous areas had difficulty recruiting care workers living within easy travelling distance. Similarly, The Health Foundation (2019) reported that small or non-profit organisations have lower turnover and vacancy rates, with better working conditions and relationships with care workers. It also reported that care home staff reported having more emotional support from management and peers, compared to home care workers.

Pay:

It has been acknowledged that the ASC workforce is underfunded with care workers suffering from low pay, low esteem, and high turnover (Bjerregaard, 2014; Taylor, 2017; Haynes, 2018b; House of Commons, 2018). Carr (2014) informed that The Equality and Human Rights Commission (EHRC, 2011) warned about the possible impact of cuts to pay and conditions of care workers and the consequent effect of quality of care for vulnerable adults. There is not yet clear guidance on how a sustainable funding scheme will meet the need of the ever-growing demand for care.

Articles such as Roche (2018) and Green (2020) have commonly highlighted a keyword relating to the ASC workforce: 'underpaid'. It appears to have been this way for many years with research suggesting that care workers do their job for reasons other than for the money (Himmelweit, 2007). Gardiner and Hussein (2015); Hussein, Ismail and Manthorpe (2016) recognised that levels of pay in ASC are low. Reports such as Learner (2019) have found that the key factor relating to recruitment and retention issues are pay. SfC (2019b) also found that care workers aged 20 and younger had the highest turnover rate by age (43.7%), suggesting that this was because younger workers took social care jobs while studying or waiting for a job in their preferred job sector. Carter (2019) reports that typically, younger workers were more likely to be in lower-skilled and lower-paid roles, both of which were also factors behind higher turnover rates. The National Living Wage (NLW) (£7.20 an hour) was introduced in April 2016 by the Conservative government (Moriarty, Manthorpe and Harris, 2018). SfC (2019b) reported that in April 2019, after the data in this report was analysed, the NLW workers aged 25 and over, increased by 4.9 per cent to £8.21 per hour. The 2018 Association of Directors of Adult Social Care (ADASS) members survey also found that 83% of directors believe the NLW will be the biggest driver of increases in costs for residential, nursing and home care (ADASS 2018). ADASS also reported that rates for younger workers will also increase above inflation and average earnings, which is expected to cost Local Authorities in the region of an extra £585million.

According to Moriarty, Manthorpe and Harris (2018), The House of Commons Communities and Local Government Committee (2017) asked the NAO (2016) to provide independent estimates for any shortage in publicly funded ASC. However, social care employers have been arguing for several years that the fees local councils pay them to provide services are not enough to allow them to invest in ways of improving employment conditions for their staff

that might improve recruitment and retention (United Kingdom Homecare Association, 2015, cited by Moriarty, Manthorpe and Harris 2018). It is commonly thought that the low wages of care workers have a direct impact on the quality of care for vulnerable adults and their carers because low pay affects motivation, performance, recruitment, and retention (Carr, 2014). However, research suggests that this statement may be more complex than it appears. Levels of pay in the social care sector have been historically low (Gardiner and Hussein, 2015; Hussein, Ismail and Manthorpe, 2016). According to a study reported by NAO (2018a), low pay is the largest barrier to recruitment in ASC. SfC (2018b) also found that care workers under 30 and those on lower pay were more likely to leave their job. Age UK (2019b, pp. 40) reports that there is a 'core' of more experienced workers with lower rates of turnover. However, the average age of ASC workers is around 43 years old and there are approximately 320,000 workers who are aged 55 years and over (SfC, 2018c; 2018d). Age UK reports this means that the ASC workforce managers will also face the challenge of significant numbers of this 'core' retiring within the next 10 years. SfC (2019b) reported that the National Minimum Data Statistics for Social Care (NMDS-SC) found that the key factors influencing turnover between 2018/19 were: travelling to work and distance travelled; being on zero-hour contracts and pay. Younger care workers (those under 20) were also reported to have had the highest turnover levels.

As research has suggested, staff turnover rates are highest in those who are paid less and have the least amount of relevant qualifications. In reports and findings such as through SfC (2019b); Age UK (2019d), career development and training opportunities are commonly cited as one of the main causes. Angel (2018) told that there are only one in seven councils in the UK who pay their local domiciliary care providers the rate it estimates is necessary to comply with National Minimum Wage regulations and the costs of running the service. The report discussed how domiciliary services contribute to the wellbeing and safety of vulnerable adults and discussed reviews on whether domiciliary care is sufficiently funded and whether the home care workforce is appropriately rewarded for the valuable work they do. The report also found that low prices paid for domiciliary care mean poor terms and conditions for the workforce, insufficient resources to organise the service and insufficient training for the complex work that supports vulnerable adults. Without tackling this underfunding, independent and voluntary sectors will continue to struggle to recruit and retain care workers with the right values, training, and qualifications. However, as identified by Kossivi, Xu and Kalgora (2016), the research has not shown unanimous results about the impact of pay on retention. For some, satisfaction with pay strongly associates with the

employee decides to stay within their organisation. For others, pay does not have a direct influence on retention. This is something which will require further research to establish the relationship between pay, motivation, recruitment, and retention. However, given the rising costs of care joined with the uncertainty about how to fund it, there are no forthcoming indications that ASC work will ever be a 'well-paid' job.

Stress, value, and wellbeing:

Care workers have been widely known as 'undervalued' (Himmelweit, 2007; Nelson and Gordon, 2007; Bjerregaard, 2014; NAO, 2018a; Rolfe, 2020) with this term being frequently used in reports of care worker's views and closely linked to high numbers of care workers reporting 'burnout' (Clough, 2018; Albert, 2019; Costello *et al.*, 2020). For a long time, care work has been considered as doing people's 'dirty work' (Stacey, 2005) providing intimate, personal care to vulnerable adults who are unable to care for themselves (Bjerregaard *et al.*, 2014). Researchers such as Bjerregaard *et al.* (2014) recognised that the nature of care work is physically, emotionally, and socially demanding. Yet the skills and abilities needed to fulfil the duties to a high standard only began to be appreciated and certified, through the professionalisation of the sector, in 2012 (DoH, 2012).

As NAO (2018a) reports care work is publicly viewed as low skilled and offers limited opportunities for career progression. Research by Vivian *et al.* (2018) found that care workers reported recruitment challenges due to a negative perception of the care workforce. As Atkinson, Crozier and Lewis (2016) supported, there is an argument that care work does not reflect the conventional characterisations of low-skilled work (Rainbird, Leeson and Munro, 2011), it is complex and personal (Atkinson and Lucas, 2013a). For example, Moriarty, Manthorpe and Harris (2018) describe domiciliary care as the 'front line' of care delivery. Roche (2013); NAO (2018a) refers to social care as a "Cinderella service" and reports how supporting vulnerable adults will not be possible if there is not a valued and rewarded workforce. She details how pressures and demands on the ASC workforce are increasing and the sector needs the attention it deserves, rather than falling short and not providing value for money. Although working in ASC is reported to be a 'rewarding' and 'progressive' role (SfC, 2019a; 2019c), there is mixed research and reports to suggest whether care workers do find the job rewarding and feel they can progress and develop their skills.

Expectations of care services are changing. Rubery *et al.* (2011) argued that funding pressures may lead to declining care quality due to downhill pressures on worker terms and conditions. This was further supported by Bessa *et al.* (2013) who suggested that funding constraints have led to reduced stability in employment terms and conditions. An example of this was from a report by the UKHCA (2012) which indicated that in Wales, 4% of commissioned visits were 15 minutes or less and 35% were between 16-30 minutes. For domiciliary care workers in England, there are also these increased pressures to provide care within quite a short space of time (i.e. 15 minutes), partly due to budget constraints and partly due to staff shortages (Robinson, 2013; Albert, 2017; Viney, 2019). The increasing tendency for care calls to be 30 minutes or less can have detrimental implications for care quality which has led to negative media coverage over the years (Atkinson, Crozier and Lewis, 2016). This publicity then generates further issues around recruitment and retention around care workers wellbeing, along with poor working conditions and pay (The Health Foundation, 2019). Reports from Robinson (2013); Bottery (2019) express concern around 'quality' of care which has been illustrated by 15-minute care calls. Some of this focus has also been linked with having unregistered and undertrained care workers. As Bottery (2019) reports, Local Authorities' approach to commissioning care have typically been motivated by a desire to reduce costs. However, although there is little evidence to prove it, it appears expected to drive down the quality of care.

An average of 4.8 sick days was also shown yearly per care workers. This totalled to approximately 6.94 million days of work lost. Haynes (2018a) conducted a report of a study on over 3,000 social workers which found that high workloads were one of the main stressors contributing to poor working conditions and turnover. Haynes also reported a study conducted by Bath Spa University which showed increased levels of stress on the working conditions also contributed to workers' desire to leave their job with those working in ASC recorded the highest levels of stress. Haynes found that high workload influenced stress levels, and care workers reported working an average of 11 hours per week over their contracted hours. Not having enough staff for the number of work they had to do was also a factor which contributed to workload complaints.

Training and development:

The House of Commons (2018, pp. 6) states "*a highly-skilled, knowledgeable, qualified and competent workforce leads to higher quality care*". There appears to be common agreement that care workers feel undervalued and that there are limited opportunities for career

progression, particularly those compared with similar roles in health (NAO, 2018a; Rolfe, 2020). House of Commons (2018) informed that The DHSC accepts that it will need to be more proactive in ensuring that learning and development occur, however, cautions that regulation carries costs. Some providers may require additional funding to increase the amount they spend on training and development.

According to Atkinson and Lucas (2013b), HR practice is key to this and National Minimum Standards (NMS) requirements, along with interventions in staffing levels and skills, performance review, training, and qualifications. Workforce development policy, such as the DHSC (2019a), supports the achievement of skills underpinning NMS, delivering through SfC - a training and qualifications framework for care workers. There does however appear to be much research on how this is implemented in social care settings as the importance of its context may be more appropriate to other sectors, rather than ASC where workers are typically known for having lower skills and fewer qualifications (Cameron and Boddy, 2006, cited by Atkinson and Lucas, 2013b). Atkinson and Lucas argued that through findings from SfC on care workers responses to HR practices that formal regulation may only be effective in driving positive attitudes in workers who were prepared to tolerate low pay. This led to a debate which questioned the capacity or current policy to sustain an effective supply of guidelines for care workers to follow with the growing sector, which was suggested to potentially compromise its objective of ensuring high-quality care for vulnerable adults. Atkinson and Lucas (2013b); White and Bryson (2013) believed that progressive HR practices bring together both employer and care worker's interests, thus promoting positive employee responses, attitudes, and outcomes (better quality care).

Bjerregaard (2014) argues that more skills and knowledge are required to understand and respond appropriately to the needs of people with increasingly complex age-related conditions. Atkinson, Crozier and Lewis (2016) discussed the research that reports ASC to be one of the poorest sectors in training provision, with a survey indicated substantial numbers of UK care workers who did not receive the appropriate training in dementia, administering medication or carrying out personal care (Carter, 2015b; Arnstein, 2015). Public reports such as Carter (2015a); Unison (2015) have suggested that a lack of training has resulted in vulnerable adults being placed at significant risk of harm. The Care Standards Act (2000, see section 56, 155) stated that 80% of the ASC workforce held no relevant qualifications. It noted that while ASC workers would be required to hold a National Vocational Qualification (NVQ) level 2, government funding of children care services was

prioritised to give training at NVQ level 3. According to Atkinson, Crozier and Lewis (2016), service providers must now ensure that a minimum of 50% of care workers has a minimum of a Level 2 relevant qualification; all care workers undertaking a new role in social care must complete an induction training programme within 12 weeks; and apprenticeships are progressively encouraged as a skill developmental tool (Kingsmill, 2014). However, progress towards the 50% target has been slow for ASC. Atkinson, Crozier and Lucas (2018) reported that only 30% of the workforce held the relevant qualifications for their role which did not begin to increase to the required 50% until 2015-2018 (SfC, 2018a). SfC also reported that care workers who held a relevant social care qualification were less likely to leave their job than those who did not. In England, care workers take part in the Care Certificate, a 12-week induction training course which was developed by Skills for Health, SfC, and Health Education England to combine induction training across the sector. The focus of this was on values, dignity, and hands-on-care developed as part of the response to The Cavendish Review (DHSC, 2013). However, there is no legal requirement on employers to ensure care workers engage with the Care Certificate (Hayes, Johnson and Tarrant, 2019).

NAO (2018a) reminds us that the Care Act 2014 guidance states that Local Authorities should encourage training and development of care workers, although care providers are not officially required to offer development opportunities to their care workers. Local Authorities do not have the strategic ability to require providers to support training programmes, so development opportunities for care workers vary depending on the provider. As Atkinson and Lucas (2013) argued, ASC forms part of the low-wage sector where the effectiveness of strategic approaches have been questioned, as progressive HR practices have been argued as being more effective in sectors where skilled workers engage in complex service provision. As mentioned, ASC consists of small organisations which can lack in internal HR practice when it is not being monitored regularly. Rubery and Urwin (2011) argued that the effectiveness of HR practices in ASC was questionable.

Many care workers take on 'shadow shifts' as part of their induction training which are initial shifts where new care workers observe another care worker (or care workers) to learn, for example, the realities of delivering hand-on care, the names and preferences of vulnerable adults, and organisational routines (Hayes, Johnson and Tarrant, 2019). Hayes, Johnson and Tarrant recognised that shadow visits are rarely discussed in the literature of ASC, despite it forming a core part of training for care workers. Kroon and Freese (2013) found

that developmental opportunities positively increased employee's commitment to stay in an organization and be motivated to deliver high-quality care as lower staff turnover means good continuity of care as care workers are passionate about what they do. In 2019, Carter (2019) published a report on Community Care declaring ASC staff turnover had risen for six consecutive years with declining factors such as lack of training and qualifications and this must be improved. SfC (2019b) reported turnover rates were highest in care workers in 2018-19 with 39.5%. It also reported that care workers without qualifications, who received less training had higher turnover rates. The turnover rate among care workers who had recorded training during the year was 28.2% compared with 33% for those who had not, while the more training a person had had the less likely they were to leave their jobs (Carter, 2019). The report also showed that 50% of the workforce (excluding social workers) did not have relevant social care qualifications.

Vivian *et al.* (2018) researched the UK's Commission's Employer Skills Survey in 2015. This report found that 26% of employers said that the under-use of skills and training was due to care workers not being interested. This indicates that there are training resources available, but that it is a personal choice of care workers whether they take the opportunities to grow and develop. This report also showed that between 2013 and 2015, more money was being spent on training and development, which resulted in increased inductions and training days, but improved retention, thus fewer costs for recruiting new care workers. The study also found that there were variations in training levels depending on the size of the employer. For example, smaller companies invested more time and money into their training for care workers, than sectors dominated by larger establishments such as public health or social work. This highlighted that 46 percent of organisations wanted to provide more training but reported barriers of lack of funds and time to offer this. Due to the constraints and funding pressures faced within ASC, the maintenance of consistent training is positive for the sector. The ASC system cannot solely rely on initial induction, shadowing, and on-line training alone. Care workers should have the opportunity to develop their skills and have the skills required to keep up with the continuously changing system (i.e. policies). Given the importance on having the right skilled, value-based individuals to work within the sector, the gaps in research on training pose a question on whether the levels and types of training are significant and adequate to support workers to build on their skills and provide high-quality care for vulnerable adults.

Philpott (2014) argued that the availability of low-skilled employees, along with public sector financial constraints set the framework for pay and conditions for care workers. He presented evidence that employment, particularly training practices, increased productivity, improved care workers performance, and reduced care workers turnover costs, therefore offering a financial return for employers within low-skilled sectors (Chen, 2014). Cooke and Bartram (2015) also indicated that employment practices with the interests of the care workers at heart were more likely to have a positive impact for all organisations (Atkinson, Crozier and Lewis, 2016). There seems to be further and more recent evidence to support this, with comparative studies on care workers practice in social care settings, to fully understand how policy, organisational environments and cultural traditions influence care procedures and quality of care. More current studies will be required to explore how practices can support improvements for ASC, particularly as organisations nowadays are small and independent where employment practices may be undeveloped (Rubery and Urwin, 2011).

There is no one simple solution to improving recruitment and retention within the ASC workforce. Unlike doctors or nurses, the social care sector is often characterised by small employers and independent providers with many people being employed by agencies (The Health Foundation, 2019). This could relate to some retention issues as those individuals will leave one agency to work with another. In as early as 1990, Fitz-enz (1990) observed that employee commitment and retention was not determined by one single issue, but by several factors. The role of a care worker is becoming far more complex, with more older people having higher care and support needs living longer in the community and increasing numbers of people living with long-term health conditions such as dementia living in residential care homes. However, despite its demanding and complex nature, care work remains to be one of the lowest-paid and lower-status jobs (NICE, 2015). Research on care work tends to only provide a glimpse of social care workers' experiences besides a widespread analysis of recruitment and retention within the sector (Atkinson and Lucas, 2013b; Bjerregaard, 2014). This is still the case as research carried out in recent years predominantly focuses on health care workers, such as a nurse. This has created challenges in gathering a detailed exploration of care workers' experiences of recruitment and retention and lacks effective theoretical analysis of what motivates and sustains motivations to work within a social care setting.

Working conditions and the culture of the organisation is an important part of the overall approach to ensuring that care workers feel valued and satisfied, thus maximising recruitment and retention, and the quality of care is maintained. While the Care Act (2014) and other policies attempt to address what organisations should be doing to improve the social care workforce, there remains a gap in knowledge on what is currently occurring in everyday practice, and care workers views of factors relating to recruitment and retention. Previous research has delivered a broad overview as to which factors influence the recruitment and retention of care workers the most. An extensive review of the current literature has highlighted a lack of knowledge around care workers own experiences in everyday practice. This has identified the main gaps in the literature that this research will seek to address. Little evidence has been found to support how care workers perceptions of recruitment and retention can relate to existing knowledge found in literature, and more focus needs to be made on ASC workers, rather than healthcare professionals. This research will now seek to proceed with uncovering care worker's perceptions of recruitment and retention and attempt to identify ways in which the social care workforce can be improved, and high quality of care can be delivered.

Improving recruitment and retention should not have to put organisations out of pocket. SfC (2017) created a report '*Recruitment and retention in adult social care: secrets of success*' which focused their research on employers with a turnover rate of 10% or less to look at their experiences of success in recruitment and retention. This report found that the influences to improve recruitment and retention did not necessarily cost their organisations more and managed to have a positive impact on possible future candidates as well as current employees. Understanding care workers experiences is central to understanding the key areas for improving recruitment and retention in England. Although there are gaps in research, there is an opportunity to make small improvements within the ASC system which will recognise the challenges faced in ASC, such as, care cost and recruitment costings, and establish strategies to reform the sector (Wenzel *et al.*, 2018).

There continues to be a gap in data around empirical research looking at the different factors associated with recruitment and retention makes to retention and turnover levels. To attempt to fill some of the gaps in research, the main research question is: *What are care workers perceptions of recruitment and retention in ASC settings?* As mentioned earlier, there are also gaps in research on training which poses the question: *Is the current training that is*

being offered adequate and appropriate to enable care workers to support vulnerable adults in everyday life and deliver high-quality care?

There is much current research, reports and literature recognising that ASC is in a crisis and that improvements need to be made. However, there is little research to show exactly how this will be carried out long term and where the funding from this will come from. It is unknown whether there will be more funding focused around recruitment and retention, as it is not yet a key focus in existing papers for reforming the sector, and there remains a delay in the release of the new promised Green Paper (Jarrett, 2019). Although it is acknowledged through this literature that there is already a gap in funding, consideration is needed on how to fill that gap. This may be due to the gap in knowledge and research on the impact recruitment and retention is having on the sector, and the difference that improving it will make. This poses a further research question: *How will addressing care workers perceptions of recruitment and retention improve the sector?* As reported by the OfSR (2020), enhanced statistics will support policymakers who are emerging proposals to reform the funding and delivery of ASC make improved informed decisions about the challenges around recruitment and retention that impact the lives of vulnerable adults and their families. The next chapter details how the approach and method was used to identify the best ways to answer these questions.

Completing a review of literature enabled the researcher to gather current and relevant information relating to recruitment and retention in the ASC sector, explore a range of issues identified in the existing knowledge and identify the gaps in data. Identifying the gaps in existing knowledge of literature enabled further research questions to be considered: *'What do care workers perceive to be the biggest influences on recruitment and retention?'*, *'Is the existing training that is being offered enough?'* and *'How will addressing the issues through the experiences of care workers improve the sector?'* This created an objective to explore the views and perceptions of ASC workers around the issues with recruitment and retention and aim to fill some of the gaps in previous work.

3. Methodology

Mohajan (2018) informs that research must involve a clear, systematic, and planned approach to discover the most appropriate results. Remenyi *et al.* (1998, cited by Mohajan, 2018) describe research methodology as the logic and development of the process used to generate theory that is a procedural framework in which the research is conducted in. This chapter explores the researcher's philosophical position and approach that led to gathering the data on care worker's perceptions of recruitment and retention and the analysis of the findings. It provides the rationale for using a qualitative research design and semi-structured interviews as the methodology for carrying out this research in an effective way. Completing a review of literature enabled the researcher to gather current and relevant information relating to recruitment and retention in the ASC sector, explore a range of issues identified in the existing knowledge and identify the gaps in data. Identifying the gaps in existing knowledge of literature enabled further research questions to be considered: '*What do care workers perceive to be the biggest influences on recruitment and retention?*', '*Is the existing training that is being offered enough?*' and '*How will addressing the issues through the experiences of care workers improve the sector?*' This created an objective to explore the views and perceptions of ASC workers around the issues with recruitment and retention and aim to fill some of the gaps in previous work.

Viswambharan and Priya (2016) argue that the choice of methodology is directed by the questions being raised. Widemuth (2016) notes that a resource of the research question is identifying the logical gaps that exist in our current state of knowledge in the field, which generally comes from browsing the literature and reflecting on our knowledge of the field (Locke, Spirduso and Silverman, 2014). Widemuth (2016) reminds us that however you develop your research question, it must begin with clarifying the problem you are trying to solve. In this instance, the problem discussed is that social care is in desperate need of a full reform and there is an increasing demand for care workers, yet there is no clear route on the best ways to bring more people into the workforce and support them to remain in the sector. There was a lack of knowledge and understanding around ASC workers experiences of recruitment and retention as research in recent years focus more on healthcare professionals. Punch (2014, pp. 74), explains that "a well-stated research question indicates what data will be necessary to answer it". The initial research question developed was '*What are **care worker's** perceptions of recruitment and retention?*'.

Bryman (2004) explains that traditionally, there are two forms of academic enquiry: quantitative and qualitative methods. Quantitative focuses more on statistical models and numbers to explain data, whereas qualitative research considers the interpretation of social realities. Roy (2018) describes qualitative research as a study based on a process which has the goal to understand a social or human problem from several perspectives. Gabriel (2013); Levitt *et al.* (2017) explain that qualitative research is an inductive approach, which means it involves generating a new theory developed from data, using research questions to narrow the extent of the study. Gabriel (2013) argues that inductive approaches tend to focus on either exploring a new phenomenon or looking at previously researched phenomena from a different perspective. This helped to identify the appropriate approach to use when conducting this research, as the aim of it was to explore care worker's perspectives, rather than testing theory (a deductive approach). Gabriel's (2013) suggestion is further supported by Mohajan (2018) who believes that the purpose of qualitative research is to interpret issues or phenomena methodically from the individuals being studied, to generate new concepts and theories. Bryman (2004) also states that qualitative research is characterised by its commitment to viewing values, for example, from the perspectives of the people who are being studied. Additionally, Moriarty (2011) describes this as being a successful approach in ASC.

This study explored care workers perspectives of recruitment and retention in ASC. Therefore, it was clear that a qualitative approach should be used to allow an open, in-depth exploration of how care workers perceive recruitment and retention processes from their viewed experiences. Creswell (2009) argued that qualitative methodology focuses more on depth rather than breadth. He describes qualitative research as a useful model occurring in a natural setting, allowing the researcher to develop a level of detail from great involvement in the real experiences, further supported by Mohajan (2018). As Punch (2014) points out, qualitative research aims to interpret meaning from data to understand social life through the study of the targeted population, rather than using numerical data. This approach was the appropriate route to take as it explores the observations and interpretations of people's perceptions of events in natural settings in everyday life (Gentles *et al.*, 2015; Walia, 2015), which in this case is exploring care workers perceptions of recruitment and retention within ASC settings.

This research aims to explore care workers views and what they consider to be the highlighting factors relating to this phenomena. For example, as the literature review

identified, the pay is suggested to be a clear associating factor to recruitment and retention. What is not so clear, is why this is such an influencing factor, and how it affects care workers behaviours/motivations within the workplace. The gaps generated through the literature review require deep exploration which cannot be measured through numbers alone. It is through understanding the perceptions and experiences of the participants that will enable the researcher to answer the research questions developed through the gaps in knowledge. This further supports the need to take a qualitative approach.

This research design aimed to explore and identify the key factors relating to retention and turnover in ASC settings, through the experiences of care workers. One to one interviews were conducted to understand the influences of recruitment, influences on retention, and causes for turnover. For this research study, answering these questions through the lived experiences of current care workers was crucial. The shaping of the interviews was semi-structured which meant that there was a more flexible approach and any issues raised could be explored further in a non-bias way without assumptions being made first-hand (McIntosh and Morse, 2015). It also enabled the conversation to be more detailed with the opportunity to ask additional questions which may not have been brought up if a different method was applied (Creswell, 2009; Quad, 2016; Green, 2017). Furthermore, carrying out interviews on a one to one basis enabled participants to speak freely and open in an environment where discussions were confidential and private, rather than during a focus group. Conducting these interviews demonstrated the use of qualitative epistemological interpretivism to encourage and bring together a theory.

3.1. Philosophical Position

As Zukauskas, Vveinhardt and Andriukaitiene (2018) proclaim it is essential that before carrying out the pragmatic analysis of research data, the philosophical approach and paradigm the research implemented has been identified. Saunders, Lewis and Thornhill (2009 pp. 124) define research philosophy as “a system of beliefs or assumptions about the development of knowledge”. Zukauskas, Vveinhardt and Andriukaitiene (2018) add that it is a system of the researcher’s thought, which creates the basis of the research and how new, reliable knowledge around the research topic is obtained. Saunders (2009) believed research stems from assumptions, and different people will have different assumptions about the nature of truth and knowledge. Throughout this research, there have been many assumptions made which, as believed by Crotty (1998), led to the development of the research question. According to Ritchie *et al.* (2014), these involved exploring the paradigm of the research, which consisted of epistemological assumptions (relating to the nature of human knowledge) and ontological assumptions (around the nature of realities encountered in the research). By making these assumptions, Saunders (2009) reminds us that these are the assumptions which inevitably shape the understanding of the research question, methods used and the interpretation of the findings. He observed that a thorough and consistent set of assumptions underpin the methodological choice, research strategy, data collection and data analysis.

Qualitative research involves a wide range of approaches and beliefs with key common elements which give it its unique character. Denzin and Lincoln (2011, pp. 3) proposed that qualitative researchers study phenomena in their natural setting intending to interpret trends in terms of the meaning people bring to them. Tong *et al.* (2012) believe qualitative research aims to provide an in-depth understanding of human behaviours, emotions, attitudes, and experiences. Ritchie *et al.* (2014) add that qualitative research is a naturalistic, interpretive approach as it takes the perspectives of research participants as a starting point. This research approach emerged from a constructivist (also known as interpretive) paradigm (O’Neil and Koekemoer, 2016), although some authors, such as Nieuwenhuis (2016) differentiate constructivist from interpretive worldviews. Mohajan (2018) supports that the interpretive/constructivist paradigm explores the perspectives and experiences of people in their lived experiences to gather data. O’Neil and Koekemoer (2016) defined the constructivist paradigm as a traditional set of beliefs that accepts an individual’s view of valid and multiple realities. They explain that interpretivism focuses more on discovering perceived meaning as recognised by the participants. Da Costa, Hall, and Spear (2016)

believed that researchers with a constructivist-interpretivist view understand that multiple interactions create meaning. A constructivist-interpretive position enabled the researcher to gain the perceptions, meanings, and value systems of the participants to understand their individual experiences (Alarcon, 2018). This approach was adopted as the researcher wanted to establish relationships with participants to gain an in-depth understanding of their world through their individual experiences.

It is important to recognise the strengths and weaknesses of each approach as this enabled the researcher to identify the best approach to use to explore, however, the basis of this research is centred on the philosophical position of constructivist-interpretivism. Positivists believe that the social world can be understood objectively (Zukauskas, Vveinhardt and Andriukaitiene, 2018). Zukauskas, Vveinhardt and Andriukaitiene (2018) remind us that positivists tend to dissociate themselves from personal values and work independently. Positivists believe that facts are facts, which is similar to the realism approach. One disadvantage of adopting a positivist approach for this research was that the research is not flexible – once the data collection has begun, the direction does not often change. On the other hand, the interpretive belief is that it is not simply to understand the social world and that there are different ways it can be interpreted in a subjective approach. Furthermore, this research was exploring people's views and experiences, which could not have been fully grasped if the researcher was looking at the data from an outside perspective.

One advantage of using an interpretive approach is that it allows a good understanding of social processes and explore people's views in real-life situations, rather than relying on numerical data (Sarantakos, 2013; Mohajan, 2018). A highlighting phrase used when describing interpretive approaches is the emphasis on 'people's experiences' of the world. This research adopted an interpretive approach as it aimed to play a role in understanding people's views of recruitment and retention (a social problem). Although it was felt this was the appropriate approach to use, there are still some limitations, such the time constraints. Conducting interviews is a popular method for gathering qualitative data, but it can take a long time to maximise its effectiveness and reliability as it focuses on people's views and responses, which can easily be misinterpreted, or essential data could be missed. This is something which all interpretivists should bear in mind, as there can be a negative assumption that interpretivism is less credible than positivism as there can be uncertainty in whether or not clear trends will appear (Aliyu *et al.*, 2014). It is important to note that the research journey can be 'messy', no matter how prepared we are, and things do not always

go as planned (Law, 2004; Billo and Hiemstra, 2013; Wisker, 2016). It was, therefore, important to continuously reflect on oneself as a researcher. Markham (2017) argues that throughout research, it is not only about looking at oneself in the mirror (reflecting), but more about looking at oneself looking in the mirror (being reflexive).

Researcher's reflexivity is defined by Berger (2015, pp. 220); Pitard (2017) as "the process of continual internal dialogue and critical self-evaluation of the researcher's position as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome". Gouldner (1971, pp. 16) referred to reflexivity as the "analytic attention to the researcher's role in qualitative research" (Dowling, 2006, cited by Palaganas *et al.*, 2017 pp. 427). Palaganas *et al.* (2017) argue that carrying out qualitative research changes a researcher in several ways, and researchers can recognize these changes due to the research process through reflexivity to consider how these changes have affected the research process. Mohajan (2018) reminds us that qualitative researchers have an interest in people's beliefs and experiences from people's perspectives. Lambert, Johmeen and McSherry (2010) claim that reflexivity involves being actively involved in the research process and acknowledging that as a researcher, we are part of the social world that we study (Ackerly and True, 2010, cited by Palaganas *et al.*, 2017, pp. 427). This research was motivated by an interest in understanding how care workers believe they are treated, valued, and perceived, and what motivates or limits them to providing high-quality care for vulnerable adults. Coming from a social care background, this study aimed to listen to the care worker's views and experiences. Therefore, it was important to be involved in the research to gather in-depth data, whilst being continuously mindful not to allow personal views or values impact the data that was collected. As Fox (2009) supports, it was important that the researcher showed an expression of interest in the participants' responses but did not give their own opinion or views as this could have made the discussions bias. Resolving the potential issue of bias was a continuous process which involved self-awareness of the researcher's thoughts and feelings about any topic discussed to ensure that the conversations were not led by the researcher's anticipated responses. This level of self-awareness created trust between as without it, the participants may have felt uncomfortable to speak freely and give their honest views on topics. Furthermore, it could have created 'response bias', as the participants may have said what they thought the researcher wanted to hear (Quad, 2016).

Klein and Myers (1999) encouraged a critical reflection on how data is “socially constructed” between researchers and participants (Blandford, 2013). Willig (2008) highlights that an interview is a dialogue between the researcher and the participant. When the interview drifts towards potentially sensitive topics or negative feelings, it would be unethical to remain detached from the setting. Van Der Riet (2012) supported this by debating that having complete detachment is unrealistic and can obstruct the research process. However, like Melville and Hincks (2016) note, interviews that discuss sensitive topics can have an emotional impact on researchers and refers to Bloor, Fincham and Sampson (2010); Sherry (2013) who report where researchers felt distressed as they repeatedly listened to people’s experiences of trauma. While this research did not necessarily raise traumatic stories, the researcher needed to consider how listening to other people’s feelings and stories may have had an emotional impact on them. Therefore, while taking an interpretivist approach and having an interest in the research, the researcher was mindful not to become too attached or invested in the stories told. Moreover, Watts (2008) believed that building a rapport with participants requires the researcher to look for comparable experiences, which produces emotional reactions for the researcher. When being reflexive and considering the researcher’s position, it was important to consider this, and ensure that personal values or beliefs did not hinder any part of the discussions taking place or analysis of data collected.

Levitt *et al.* (2017) observed that in qualitative research, the researcher explores meaning and insights into phenomena through a range of data collection and analysis (Cibangu, 2012; Zohrabi, 2013; Gopaldas, 2016). Roy (2018) argued that qualitative research should be carried out in a natural setting which involves building a holistic picture of the phenomenon of interest. This qualitative study examined working practices of care workers in residential, domiciliary, and support accommodation settings including carers, senior carers, and managers. The research was conducted to explore care workers perceptions on recruitment and retention to identify key factors influencing this and consider future improvements for the sector. A thematic analysis of the transcripts highlighted key themes that influenced recruitment and retention: job satisfaction; wellbeing; pay; and training.

3.2. Ethics

Many sources, such as Lo (2012); Vilma (2018) note how ethical dilemmas are unavoidable throughout the whole research process, particularly when working with people. This can be from the decision on the topic to study, to how to study it, to the analysis of the results and findings. Although ASC research is controlled to ensure there are minimal ethical issues, it is unrealistic to suggest that no harm could ever come from researching this area (SCIE, 2012). As Orme and Shemmings (2010) argued, many social care research studies involve vulnerable people within the community, and the level of contact or relationships built could raise expectations that are unlikely to be achieved. Hardwick and Worsley (2011) suggested that service users participating in social research may feel that they are being 'used' or that their participation in the study may result in them feeling exposed uncomfortably. This can be similarly used to this research study, as although the participants were care workers, the same rules apply. To ensure that any potential risks of harm were prevented and reduced, this research followed a set of ethical guidelines, in line with Sobocan, Bertotti and Strom-Gottfried (2019) work and gained approval from the research ethics committee, as well as authorisation to undertake this research. Sobocan, Bertotti and Strom-Gottfried (2019) argued that attention to ethics is particularly important for researchers in social work, as their research and professional discipline should show compassion to vulnerable people, issues of social justice, conflict of interest, and respect for privacy. This equally applies for social care research, as the same disciplines are required for research involving humans, and particularly for this research, exploring people's emotions potentially bringing up distressing topics (Vanclay, Baines and Taylor, 2013).

Participants were provided with an information sheet before taking part in the research. This involved a cover letter detailing what the research study was and what their involvement would entail should they agree to participate (*see appendix 1*). The information sheet informed potential participants of how their involvement would be used and any benefits or outcomes from the research (*see appendix 2*). Participants were informed that their participation was voluntary and that they did not have to answer any questions that they did not want to. Ethical approval was granted from the University of Gloucestershire Ethics Committee, and participants could withdraw from the research at any point. It was explained that the interviews would last approximately one hour, that they would be recorded, and would take place in a private environment. Participants were informed that the recordings and transcripts of the interviews would be stored securely and would be destroyed after the completion of the research. It was explained to participants that their involvement would be

anonymous, however, that any disclosure of issues that concern the safeguarding of vulnerable adults may result in that information being passed on to the relevant authorities. Participants were informed that there may be quotations of some comments however, anonymity would be maintained throughout to protect their identity.

Information for participants included consent procedures to ensure the research was not completed without the agreement and consent of participants. This was achieved through written consent forms (*see appendix 3*) which were given to the participants for them to sign before they took part in the study, and a confidentiality agreement signed by the researcher before the interview took place. Participants received a copy of the confidentiality agreements and informed that the signed consent forms would be stored privately and securely. This process was in line with the first principle of the Nuremberg's (1947) ethical code for research guidelines.

Privacy and confidentiality were maintained throughout the research study. Participants were anonymised and during the recordings of the interviews and results, participants were specified using a unique numerical code beginning with 'RP', standing for research participant. Participants were not informed of other participant's involvement and names or organisations have not been disclosed throughout the research. Respect for participants was also considered when choosing a meeting time and deciding on a location to ensure the participants were in a safe space which did not take time out of their daily life. Participants were provided with an information sheet attached to the consent form which invited them to take part in the research and informed them that the interviews could take place in a private room at the University, or in their work time if they preferred, much like Bjerregaard's (2014) study. Most interviews took place in participant's workplaces, a few were in their homes. This was at the preference and choice of the participants where they felt most comfortable, in a safe space, and where no potential distress or disruptions would come to the people they were supporting. These locations raised several ethical reflections. Before agreeing to any other locations, it was ensured that the locations were safe and secure and that as with locations held in care home premises, only the researcher and participant were present, to ensure that confidentiality was maintained.

The information which may have affected participants' willingness to consent was not withheld and full disclosure was maintained throughout the information sheet. For example, although it was explained that their participation would be anonymous, it was also explained

that any information disclosed that placed an individual at significant risk of harm or abuse would need to be taken further. Furthermore, in the covering letter, it was explained that the researcher was also an employee of a Local Authority. Nevertheless, participants were assured that the research study was carried out independently and that confidential information would not be shared with any employers.

As Draucker, Martsof and Poole (2009) notes, researching sensitive topics can raise several ethical issues. Participants were informed of the limits and potential risk they may occur with their participation. They highlight that one of the potential risks to participants in social research is the risk of inducing emotional distress. While this research was not intended to cause any distress or harm to participants, it was recognised that this could be a potential risk to their emotional wellbeing as they may reveal or recall experiences which may have been unsettling for them. To reduce and support this, participants were informed that some of the discussion may cause some emotional distress and entitled them to stop the interview at any point if they felt this way. They were also provided with contact details and information for helplines and sites for them to get in touch with if they felt any distress after taking part in this study (*see appendix 4*). This was in line with suggested strategies that can minimise these risks, as believed by Griffin *et al.* (2003); Hawton *et al.* (2003, cited by Draucker, Martsof and Poole, 2009) to support participants who may feel emotional distress from partaking in social research where sensitive topics are discussed.

3.3. Sampling

Asiamah *et al.* (2017); Van Rijnsoever (2017) suggest that the identification and specification of the research population are essential for qualitative research as this is the most important resource for information that leads and sustains the credibility of the research findings. Asiamah *et al.* (2017) define a target population as a group of individuals who have relevant experiences, knowledge, and characteristics the researcher can use to answer the research question (Alarcon, 2018, pp. 107). This research was a small-scale study with a large remit.

The sampling method was formed using the principles from the maximum variation sampling (Patton, 2002; Benoot, Hannes and Bilsen, 2016). This is a type of purposeful sampling in which the aim is to maximise the diversity relevant to the research question. This means that the sample does not match the statistical distribution of the population from which it is drawn, but instead, seeks to include the range of variation within that population (Moriarty, Manthorpe and Harris, 2018). Purposeful sampling techniques for primary research has been well explained by Patton (2002, pp. 230) who provide a definition of purposeful sampling and how it provides depth to a study and how one can learn a large amount about the issues of the central importance to the study. Purposeful sampling has often been advertised as a solution for pragmatic constraints, such as time, resources, and access to information (Hannes and Lockwood, 2011; Suri, 2011).

One form of choosing the sample was the identification of participants. The sample was selected to reflect differences in roles, sector and organisations working with different individuals. The aim was to work with between 8-12 participants at different levels, such as managers and carers. Participants were approached who worked in different settings; residential care, supported accommodation, and domiciliary in both the private and public sectors to incorporate a wide range of working cultures and environments. The geographical point was focused on care workers in the South West of England and those working with older people, people with learning disabilities and mental health conditions. It was important not to duplicate results by only approaching care workers at a certain level of employment or from only one sector, as there may have been differences in views of carers at different levels, i.e. those in managerial positions. It was also important that participants had been within their role for different lengths of time, as it was felt to be an interesting hypothesis to see whether care workers who had recently come into their role had different experiences to those who had worked there for a long time and witnessed changes and developments to their organisation.

Gul and Ali (2010) highlight that researchers can overestimate the availability and willingness of participants, which is something to be mindful of. Asiamah *et al.* (2017) discovered that the accessible population of participants is often smaller than the targeted population as the target populations consist of participants who are both willing and unwilling to take part in the study. This was evidenced within the first month of contacting the targeted population when only 4 out of 36 providers said they were willing to participate.

When identifying participants for this study, contact was made through a combination of internal and external strategies, including contact numbers via telephone obtained through search engine's, email, and face to face through walk-ins. This was carried out by approaching managers to gain consent to ask their care workers to take part in the study. This may have been a limitation to the selection of participants, which is noted by (Fox, 2009) who advises that approaching managers may lead to bias if the selection by the manager is based on their judgement of who is appropriate. Participants were difficult to find and at times, it was difficult to maintain contact and obtain responses. Some organisations did not respond to initial voice messages or emails, and some advised they would require approval from Human Resources but made no further contact. Some organisations declined to participate due to staffing issues or problems within their organisation and did not wish to disclose further information around this. Two organisations agreed to participate but did not return emails/calls to arrange a convenient time. One individual agreed to participate but did not wish to have their interview recorded and one participant withdrew their participation as they felt it may have negative implications for their employment. Of the final nine that were included in the sample, four worked in residential care homes, three in domiciliary care, and two in supported accommodation. A breakdown of the participants is provided in Table 1.

Table 1: Participants

Setting	
<i>Residential</i>	4
<i>Domiciliary</i>	3
<i>Supported accommodation</i>	2
Role	
<i>Carer</i>	5
<i>Senior carer</i>	1
<i>Manager</i>	3
Length of time in the role	
<i>0-1.5 years</i>	3
<i>3-9 years</i>	4
<i>10 years +</i>	2
Gender	
<i>Male</i>	2
<i>Female</i>	7
Sector	
<i>Public</i>	5
<i>Private</i>	4

Although this sample size fits within the anticipated number of participants, some argue that there are limitations to using a small-scale sample which was important to consider when choosing the sample size for this study. One limitation recognised by Malterud, Siersma, and Guassora (2016) of using this sample size is that it does not allow much scope for the researcher to generalise the results. Additionally, as Bellamy, Ostini, Martini, and Kairuz, (2016) note, qualitative researchers use small samples to gain participant perspectives. Although the researcher made several attempts to identify participants from more organisations and recruit more care workers, the majority of participants requested that the researcher approach their manager first for consent, which may have led to a high number of refusals, although most managers did not give a reason as to why their staff would not participate. Initially, the goal was to obtain participants who were at a lower level of a managerial role, however, due to time constraints and a limited number of agreed respondents, two senior managers were recruited which may be viewed as a limitation as managers may have different perceptions on recruitment and retention processes than the

care workers at lower levels. However, as Gentles *et al* (2015) reminds us, sample sizes in a qualitative design are significantly smaller than sample sizes in quantitative designs. Although the sample size was small, this research design was to explore rich, and in-depth data with a greater understanding of the studied phenomenon, which Cleary, Horsfall and Hayter (2014) identify as a key focus for qualitative methodologies. Therefore, whilst this was a small sample, it was sufficient to address the questions in this research. Additionally, previous research, such as Hennink, Kaiser, and Marconi (2017) noted that researchers usually reach saturation of thematic analysis between 9 and 16 interviews. For this study, 10 interviews were transcribed and initially coded with 9 being used for the final data analysis process. The researcher may have made further attempts to recruit more participants at a later stage, however, after conducting nine interviews, the researcher felt they had obtained a sufficient amount of data to account for all aspects of the studied phenomenon. Previous researchers have supported this, such as Fusch and Ness (2015); Alarcon (2018).

This research study was to look at care worker perceptions of recruitment and retention, and therefore the decision was made to conduct interviews with current employees, rather than former staff members. This was to ensure that the research explored the care workers current lived experiences of working in ASC. It was also important to ensure that the participants involved would provide relevant and meaningful responses to the questions and maximise their ability to be open and honest and reflect on their experiences and quality of care delivered without experiencing stress or worrying about the repercussions.

Narrowing the scope of the study sample supported the researcher to identify key topics to look for as there are numerous health and social care workers. If this research explored all these workers, the research would have been unmanageable. Furthermore, even discounting health care workers, social workers and care workers working with younger people or people with learning disabilities still left a large population to consider. Considering there are over 1 million care workers in the UK, further narrowing down was required to ensure the study was manageable and not too time-consuming. Therefore, the specific group to focus on for this research project was ASC workers in a south-west county. There were many options available within this field as the particular focus could have been on gender, age, or a specific ethnic group for example. The research problem identified, and the purpose of the study supported the identification of the group to study. In this case, there were certain variables to be explored as research from the literature review identified, there are care workers from different genders, ethnic groups and age ranges which different

theorists believe could relate to the impact of recruitment and retention. Therefore, this research approach included both male and female, from different age groups, and different ethnic backgrounds. This was to explore the differences in care workers and identify any similarities or differences between different types of individuals. It could be argued that as this research used a small sample size of only nine workers, the fact that the population was more generalised may suggest that the results are not accurate enough. However, this research approach has enabled the research to explore different variables of the participants and highlight any links between the individual and their experiences of recruitment and retention.

Roy (2018) debated that open-ended inquiry is equal to testing many variables, which places a high risk of finding a false and illegitimate association. He believes that a small-scale sample is not definitive and to generalise a population, a larger sample would be needed to characterise small effects. For this research, a qualitative approach was used by conducting semi-structured interviews. This method was applied to a small sample size. This is due to the difficulty with finding participants who were willing to take part and consent to the interviews, and because of the time constraints. The interviews themselves, completion of the transcripts and analysing the results were time-consuming. If time were not an issue, a larger sample size would have been used with more interviews taking place with care workers from different settings, rather than a few from each setting. Nevertheless, the small sample size has appropriately addressed the issues and identified key areas highlighting the factors associated with recruitment and retention. It is acknowledged that the sample size was small and could have been narrowed down further. However, having had the interviews taking place between November 2019 and January 2020, the interviews are current and not outdated. It is also acknowledged that two of the participants withdrew their involvement by the end of the research, and one interview was removed from the study, as discussed in the method section below.

3.4. Method: Semi-structured Interviews

Austin and Sutton (2014) argue that qualitative research involves asking participants about their experiences of things that happen in their lives, enabling the researcher to gain insight to understand the world through others' experiences. The primary method of data collection for this study was open-ended, semi-structured face to face interviews. The researcher used thematic analysis (Percy, Kostere and Kostere, 2015) to examine the data gathered from conducting the interviews. Allen and Langford (2008) assert that as social work considers the social needs of individuals, the ability to understand those needs and respond to them appropriately is accomplished by talking. Hardwick and Worsley (2010) note that there is no task more essential to social work than asking questions, and no more universal process than interviewing. This is not limited to social workers and is also relevant to other social research as all social care practitioners deal with the social needs of vulnerable adults (NICE, 2015).

Interviews are a crucial qualitative data collection method for social research (Madziwa, 2016), and are best suited for understanding people's perceptions and experiences (Blandford, 2013 pp. 23). This research used semi-structured interview methodology as an empirical method to apply the qualitative study of care worker perceptions such as their beliefs, feelings, experiences, and opinions. This methodology is commonly used in qualitative research and is effective for obtaining data from a small sample, which Anderson (2010) suggests is due to the time constraints and intensive work required. Conducting semi-structured interviews offers participants a valid and succinct way of expressing their opinions and point of view. Data was collected through open-ended questions and a qualitative content analysis was used to generate the core categories. The method is the specific techniques, tools or procedures applied to achieve a presented objective (Roy, 2018, pp. 27).

Semi-structured interviews were carried out face to face with current care workers and managers in the ASC sector in 2019-2020 who had been in their role between 6 months – 10+ years. The interviews were recorded, stored securely and transcripts were typed up by the researcher. Interviews took place in a private, quiet room with no distractions, lasting between 33 minutes and 1.2 hours. Some interviews took place during the participants working hours and in between shifts and others were conducted around their working time. Participants took part in the study with permissions from their managers, apart from one participant who asked to meet without their manager's knowledge. Participants were not

directly paid for participating in this research study, as this could have been viewed as a form of inducement or coercion and added to the debate that it raises ethical issues, as recognised by Largent and Lynch (2017). It may have also questioned the reliability of the data collected as the participants may have felt obliged to say what they thought the researcher wanted them to say (response bias). However, participants who took part in the research during their working hours were still paid for their normal working day.

One of the overriding advantages of using semi-structured interviews was its flexibility. The researcher was able to choose open-ended questions and determine the wording of each question, adopt the questions if terms were unclear and control how the questions were delivered. A set of questions were used as a base for introducing topics (see appendix 5), however, the interviews were not fully structured as the researcher wanted the interviews to flow and topics to be discussed more naturally. The method was employed to develop and address the issues relating to recruitment and retention in the ASC sector and answer the question: *What makes people want to remain in their job, and what makes them leave?* The results of the interviews supported the identification of key factors relating to retention and turnover and understanding why people choose to stay or leave the sector. As Madziwa (2016) argues, interviews are a particularly useful method to use when attempting to obtain underlying factors. This was a strong advantage of using interviews, rather than questionnaires, as the researcher was able to notice verbal and non-verbal prompts. For example, the researcher paid attention to the interviewee's body language, facial expressions, and tone of voice. There were certain topics and questions which, at times, highlighted a change in body language, or hesitation in response. For example, when a question was asked about care workers' feelings towards their manager or the support they received, more than half of the participants gave a long pause before responding, and some signalled a 'nervous laugh' with hesitation in their answers. This led to lengths of probing, which Queirós, Faria, and Almeida (2017) believe to be an advantage of semi-structured interviews. This resulted in further highlighting topics which have not been discovered or addressed through questionnaires.

It was important for this research to avoid closed questions where possible so that there were no restrictions of the questions being asked, and the conversation was able to be guided and redirected by the researcher as required, which Anderson (2010); Queirós, Faria, and Almeida (2017) argue is a core strength of undertaking interviews for qualitative research. Moreover, as Madziwa (2016) recognises, that using open-ended questions and

interviews, the interviewer has more control over the flow of discussion. Furthermore, using open-ended questions enables the interviewer to probe and ask for additional information when an interesting topic is raised. Madziwa also reported that probing ensures clarity by the end of the interview, which can minimise the limitation of the data being unreliable, which he reminds us is a limitation of conducting qualitative research.

It was important to develop a thematic approach to discover the key themes that underly participants' stories around their experiences working within the sector, which was achieved through the interviews. Manthorpe and Moriarty (2016) identified that interviews are a popular social research method, particularly when asking questions about job role and motivation. They support that interviews enable participants to describe their work and allow the interviewer to explore topics and dig deeper when interesting matters arise. As Bryman (2012) notes, semi-structured interviews are used to allow the researcher to keep an open mind about the outlines of what they need to know about, to ensure the concepts and theories can arise from the data. The interviews were designed with open-ended questions to allow the participants to speak openly about their own experiences and encourage the conversation to flow more naturally. Therefore, it was important to use open-ended questions to allow participants to freely express their viewpoint in a nonbiased way, with minimal interference from the researcher.

Whilst there are strengths to this approach it is also important to consider its limitations. One limitation noted by Anderson (2010) is the research can be influenced by the researcher's personal biases and the researcher's presence can affect the participants' responses. Madziwa (2016) supports this further as he discusses that interviews are susceptible to a level of bias and the data collected primarily stems from the researcher's judgements and interpretations. He notes that it is this reason that interviewing has often been considered as more subjective, prone to individuals' interpretations (Miles and Huberman, 1994). This was also something to be mindful of when considering the reflexivity of conducting the research, as Hoque *et al.* (2017) remind that the risk of bias can be additionally heightened when the researcher is too involved with interviewees. Madziwa (2016) notes that at times, the researcher can develop empathy which may block their factual analysis of the matter discussed.

Another limitation that can arise from conducting semi-structured interviews is the lack of anonymity that comes with it, compared with questionnaires, for example (Oltmann, 2016).

Although the participants were informed that their names and organisations would not be shared, the interviews were completed face-to-face and their signatures were on the consent forms. This may have caused some participants to worry about their details being shared and the interviewer would have known their place of work/job title and potentially their names. This could have led to the participants feeling threatened or intimidated, particularly when sensitive matters were raised (i.e. their relationship with their manager). Furthermore, it was fully disclosed with all potential participants that the researcher is also an employee of a Local Authority. It was explained to the participants that although this was the case, the researcher was acting solely as a researcher, independent from their job role, and their personal information would not be shared. Nevertheless, this may have led some participants to be cautious of their responses, as they may have said what they thought the interviewer wanted to hear (response bias), which Anderson (2010) highlights as a potential limitation to carrying out interviews. It could also be possible that the participants may have been afraid to say anything negative about their place of work or colleagues, in case of any repercussions (such as this information being reported/their manager being informed or potential disciplinary actions).

In line with carrying out semi-structured interviews, a sample of questions were written down and referred to as a prompt for the researcher to ensure that the key topics were discussed, and some notes were made during the interviews. On reflection of this research, it was important to note that when conducting semi-structured interviews, it can bring out individual opinions and views on the importance of the issues raised. Whilst continuing to be reflexive, it was crucial that the interviews did not make any assumptions about the participants' responses to the questions and did not fall into the trap of 'interview bias' which can stem from the flexibility of the interview, if not thought through carefully (Bryman, 2012). Taking notes became a communication barrier as eye contact was not always maintained throughout. It was also noted that when listening back to the interviews, there were moments of pause where the interviewer was making notes, which prevented the conversation from naturally 'flowing'. Furthermore, taking notes did not seem effective and pieces of information were missing, and the interviews were audio-recorded therefore this was a more reliable and effective method for ensuring all relevant information was recorded and used in the data analysis process. Following this, it was decided that notetaking would not take place during the interviews as this would have been an unreliable and resource as some information would have been missed, as theorised by Jamshed (2014).

Initially, twelve interviews were going to be used in this research, however, one participant requested their consent be withdrawn part-way through the interview, and one participant made the decision to not take part on the day of their interview. The first interview that took place was with an individual who had a language barrier and communicated through broken English. It was also noted that because of the language barrier, the participants did not fully understand some of the questions being asked, even when this was repeated several times, in different ways using simpler language. There were also moments when it was suggested that the participant could not find the words to use when responding. This led to the researcher almost prompting the responder with the assumptions of what they thought the participant was trying to say. This could have led to the researcher making assumptions, which may have caused the interview to be an unreliable source as it may have been perceived as influencing the participants' responses based on bias beliefs. Therefore, this was immediately reflected upon. The interview was removed from the study and the recording was destroyed. The interviewee was informed of this, and therefore a total of nine interviews were used. Moving forward, the researcher made the decision to not use prompted questions, but to fully engage with the participants, and to allow the participants to speak openly with minimal response from the researcher. It was also decided, that at participants may have come from different cultural backgrounds, to use basic language, as some participants demonstrated difficulty with understanding questions that had the words 'retention' in. Hosking and Pluut (2010) discussed reflexivity concerning 'bias' and discuss how the researcher should always be 'removing bias' and engaging in an 'ongoing dialogue'. This research was a continuous process, and this supported the consideration of the potential limitations of the research method whereby this interview may have been perceived to be biased.

Continuing the interviews without taking notes or referring to questions proved positive and effective, as it enabled eye contact to be made throughout, questions to arise naturally and the conversations to flow. Recording the interviews made it easier for the researcher to concentrate on the interview, supported by Jamshed's (2014) belief. It also meant that the participants were more dominant in leading the conversation, which created a relaxed environment and meant the researcher was not prompting too much or making them feel under pressure to respond to certain questions. This gave more depth to the interviews and encouraged more reliable data as the interviewer did not need to prompt but allowed participants to be honest and discuss the topics that were most important to them. It did, however, mean that some of the data analysis took longer than planned, as the interviews

did not flow in the same structure, and some of the wordings of questions were not identical. Nevertheless, the same topics were discussed with each participant and were not forced. In addition to the opening questions, which asked the participants to introduce themselves, their role, and how long they have been there, the interview included open-ended questions, for example: “What made you want to apply for the job?” and “How do you find working in a social care setting?”. As stated by Silverman (2015, pp. 44, cited by Watanabe, 2017), the purpose of the interview is to gain “an ‘authentic’ understanding of peoples’ experiences”. It was, therefore, an important factor to ensure that although the conversation would not be formally structured, there would be key topics that would need to be discussed, to ensure that the right questions would be answered and that the results would be reliable and accurate (Adams, 2015; DeJonckheere and Vaughn, 2019).

Although the interviews were not scripted, phrases and words were reviewed and altered accordingly to ensure communication and understanding was maximised throughout the discussions. When appropriate, the researcher asked questions to explore participant’s responses further in relations to issues and topics that were brought up. This was a probing technique which has been suggested to be a positive technique and advantage when seeking in-depth responses to questions (DeJonckheere and Vaughn, 2019). For example, when the matter of highlighting themes such as ‘pay’ was brought up, the researcher would ask the participants more questions around their pay and their feelings towards this. This enabled the participants to structure the conversation as much as possible, to make them feel more in control and empowered during the discussion. The choice of interview methodology, therefore, encouraged the participant’s engagement. This method was used as it held more strengths than weaknesses compared to other methods, such as questionnaires, focus groups and observations. It is also due to the research question and the data needed to collect it, supported, and influences the design of the study.

It has been recognised that there can be and were limitations when adopting this research approach. Nevertheless, semi-structured interviews were the best method to use and enabled a thorough, in-depth data collection of the research question and have allowed many topics to be discussed in the next chapter. Using in-depth semi-structured interviews allowed consistency across the participants, and enabled participants and the researcher to follow themes which participants identified as an important topic during their interview. This method used to collect the data was consistent with an interpretive methodology as it aims to focus on the participants’ experiences and current findings based on the themes

discovered from the interviews throughout the different roles of care workers (Smythe and Spence, 2012).

3.5. Data Analysis

As stated above, the semi-structured interviews were audio-recorded and transcribed by the researcher. This enabled a more in-depth analysis of the data and ensured that no information was missed or unnoticed, and results were accurate as the interviews were recorded word-for-word. Data was then analysed following reduction and interpretation through a thematic analysis approach, defined by Braun and Clarke (2006); Caulfield (2019). Thematic analysis is a method used when analysing qualitative data that is commonly applied to a set of texts, for example, interview transcripts (Nowell *et al.*, 2017; Caulfield, 2019). A thematic analysis was the most appropriate for this research as it assisted the relationship between the theoretical perspectives (through the literature review) with the knowledge and experiences of the care workers themselves. Specifically, a theoretical thematic analysis was applied due to the analysis being driven by the researchers theoretical and analytical interest. The analysis was carried out in this research by examining the data from the interviews to identify popular key themes and topics that were frequently brought up in conversation. As Nowell *et al.* (2017); Caulfield (2019) describe, thematic analysis is a beneficial approach to use when the research is exploring people's views, opinions, experiences, and values from a set of data, such as interview transcripts. The approaches that were used when conducting a thematic analysis began by collecting the data from the interviews and looking at the participant's answers to the questions. Using a thematic approach allowed the analysis of the data to be flexible, as the data was easily approached by arranging it into broad themes. Extracts from the transcribe were used and grouped into categories to identify clear patterns.

It was important to thoroughly reflect on the interpretations of the data that was collected. The researcher was mindful not to pick out things that were not there or make assumptions as Guest, MacQueen and Namey (2011); Caulfield (2019) claim, thematic analysis can often involve relying on the researcher's judgements, and there can be a risk of missing important data. From this, came an inductive approach. An inductive approach was used to allow the data to determine what the themes would be. A deductive approach would have meant arriving at the research stage with preconceived themes that the researcher would have expected to find based on existing data (Caulfield, 2019). However, although the literature review built the grounds for the research, the researcher did not want the key themes identified from secondary research to hinder any potentially new data or themes that would arise from conducting the primary qualitative research. Additionally, secondary data may be incomplete or outdated or may have been incorrectly collected, and it could be difficult to

assess the quality of the original data (Rubin and Babbie, 2008). Moreover, the scale and richness of primary data are crucial when addressing new research questions, as suggested by Corti (2007); Whiteside, Mills and McCalman (2012). Furthermore, as the literature review highlights, there are many themes that different theorists suggest are key factors relating to recruitment and retention which can be based upon many aspects (i.e. demographic location, age, culture, motivation etc). Although the themes in the literature review gave some idea of what the data could have identified, the researcher made a conscious decision to carry out the primary research before the completion of the literature review to ensure that there was thorough planning to develop the researcher's framework based on the findings from the interviews.

The initial stage was to familiarise oneself with the data as it was important to gain a clear and thorough understanding of the data collected before fully analysing it. This stage involved transcribing the audio recorded interviews. Streefkerk (2019) defines transcribing as the conversion from speech to text word for word that is common practice when carrying out interviews and it enables the researcher to complete analysis. As Streefkerk explains, once the interviews have been transcribed, the next stage is to analyse – this can be carried out by coding and categorizing them.

Caulfield (2019) defines coding as highlighting sections of the text, common phrases, or sentences, and categorising labels or 'codes' to describe their content. Data analysis of this study followed manual inductive coding which took place after each interview (Medelyan, 2019). Inductive coding was used to allow codes to arise from the data itself, rather than through a predefined set of codes (deductive) to ensure the process was thorough and unbiased. This enabled the researcher to identify common broad themes that were discussed which were then broken down into sub-themes. This was achieved by listening and reading each interview line-by-line to get a sense of the data. Common words or phrases were then highlighted, colour coded and categorised into themes. After conducting seven interviews, it was clear that many themes emerging were not new, and the strength and depth of data commonly supported the data gathered in the literature review. Keywords from the participants' responses were linked together to answer the questions which identified connections between the answers from each participant. An example of this was used when reading the transcripts and noticing any doubt or unknown in responses, such as 'I don't know' or 'I am unsure why'. These were placed into a code of 'uncertain'. Another example was the development of the code 'pay' which was commonly mentioned as a factor relating

to recruitment and retention. The coding used for this research was to highlight every phrase that stood out or reflected a common thought or feeling that the participant experienced within their practice. Once this was completed, all data was collated into small groups which were discovered by the codes. This supported the researcher to gain an understanding of the main points and common thoughts that arose during the data, thus identifying the key themes.

Identifying the themes and patterns placed the data into much broader terms than the coding stage, as there were several codes which fell into one theme. For example, coding's such as 'uncertain', 'contradictory', 'bias' or 'misunderstanding of information' were able to be placed into one theme – 'doubt'. Through completing this process, it was felt that some coding was not relevant enough or was vague, therefore placing them into key themes made the process more effective and the outcome gave a clearer picture. Some of the codes resulted in further sub-themes. For example, when reading the transcripts, 'well-being- was initially a code, however further along in the process, it was better grasped as its own theme. Once coding's were analysed and each theme was identified, the themes were clearly defined to enable an understanding of how they relate to the data and what they are suggesting. In the next chapter, each theme is discussed individually. The themes are utilized throughout the results and findings to address each one and describe the frequency in which they were brought up and what they mean, using examples from the interviews as evidence to support them. Overall, carrying out a thematic analysis allowed the comparison of what theorists believe is happening, and what is said to be occurring in everyday practice. This analysis supported the comparison of care worker's views and experiences with the integration of previous theory and research. To ensure that the coding was accurate and reliable, the data from the interviews were read several times and analysis of the transcripts were repeatedly examined to explore interpretations and categorise themes.

As discussed, numerous authors support the importance of understanding one's philosophical position, whilst being consistently reflexive and ensuring the best methods are applied to answer the research question. Many authors and theories support the interpretive/constructive position for considering people's views and perceptions and understand one's position within the research. The philosophical perspective has been described and how it informed the research. A qualitative approach was chosen to gain a thorough, and detailed understanding of the perceptions of care workers. The importance of gaining the views of care workers was emphasised, as well as explaining the reason for

choosing semi-structured interviews. Though there are limitations to conducting semi-structured interviews, for this study, the advantages outweighed the disadvantages, and this was felt to be the most appropriate method to use to not only answer the research questions but to gather in-depth data that could be analysed reliably and accurately. Throughout this research, the methodological aspects were balanced with ethical aspects (i.e. risk of harm).

This research methodology allowed face-to-face conversations and maximised communication with participants. Although the sample size was small, several studies tend to focus on one group, as highlighted above. It would be beneficial in the future to see more qualitative studies on this topic around larger study findings from different sectors. An area of improvement for considering the methodology in the future will be to consider creating an evaluation form for participants to complete after interviews have taken place to further support reflection in what works well for individuals participating in qualitative research, thus continuing the researchers reflexivity.

Future research could confirm or disconfirm the hypothesis in this study by comparing the findings of other research studies within the topic area focusing on other methods, i.e. questionnaires, focus groups, or quantitative data. This methodology may nevertheless contribute to the on-going debate of the key factors relating to recruitment and retention and the strategies identified. The findings in this study may help organisations and employers to recruit the right care workers and improve retention rates, which could improve the ASC sector as a whole if it means that vulnerable adults receive better, high-quality care from care workers in everyday life. The next chapter presents the findings from the primary research that was generated from the interviews and suggests implications and future recommendations.

4. Results and Implications

This study was undertaken to explore care workers experiences of recruitment and retention in ASC settings. This final chapter returns to the original research question '**What are care worker's perceptions on recruitment and retention?**' and presents a summary of the findings from semi-structured interviews exploring the views and perceptions of nine care workers and managers. The study aimed to gain a better understanding of care workers views to explore the key factors influencing them to remain in or leave their job. In light of the research findings, the study has considered how these factors could improve recruitment and retention for employers, current care workers and future candidates. It suggests changes which may be used to create and sustain a more compassionate work culture that reduces turnover, promotes retention and provides high-quality care for vulnerable adults. While this study has sought to explore improvements for both recruitment and retention, the evidence from the results and findings has highlighted overpowering results for factors relating to retention. Throughout the interviews, two key themes were generated: recruitment processes and job satisfaction. These were then broken down into sub-themes which are discussed further below; understanding the role; attracting the right people; word of mouth; flexibility; workload stress, value, and recognition; pay; and training.

4.1. Recruitment Process

"When someone new comes in I just feel sorry and think, 'I wonder how long this one will last'."

RP002

Recruitment processes was an overriding theme that generated in-depth discussions, with all participants recognising there were issues with recruitment within their sector. The subheadings that arose from this topic were 1:1- Understanding the role, 1:2- Attracting the right people, and 1:3- word of mouth. Participants were first asked why they chose to enter this field of work and what influenced them to apply for the job. They were also asked about their experience of the recruitment process and what they viewed to be important influences on recruitment. Some of the reasons for entering the field of work included: wanting to help and care for others; the flexibility to fit around other commitments; and an easy and quick application and start to work.

Participants gave mixed responses about how they applied for their current job. Some explained word of mouth, while others reported social media, Indeed, and other online recruitment campaigns. All participants recognised that there were presenting challenges with recruitment in ASC and that changes needed to be made to meet the increased demand:

“We are in a situation now where we desperate for care...we’re in a deficit that’s going to grow... where are we going to get those people from? We need to make it attractive to people to want to do it and I don’t think we’re doing a very good job of that now.”

RP102

Doing a job that enabled them to help others and have a positive impact on people’s lives were the main motivations for entering the sector for all participants. O

Atkinson and Godden

Participants

reported high levels of compassion for the individuals they were supporting in everyday practice. For many, it was a job that allowed them to engage with others regularly and receive satisfaction for knowing that have supported another person and carried out meaningful work:

“To help people, know that you have done something meaningful for another. Working with older people, it gives you that mental satisfaction”

RP024

Some participants reported favouring their job because the process was easier than in other sectors, whilst others described this as a negative. Participants at ‘carer’ level all reported a quick and easy recruitment process. Two participants reported starting their job within a few weeks of applying, and one participant reported having just a “5-minute phone interview” before starting their first official shift. This could support the suggestion made in the literature review whereby some people apply for a job in ASC for the wrong reasons i.e. having the assumption that care work is ‘easy’.

“Sometimes I think people come for the wrong reason; easy job... When they realise what it's all about they realise its not for them and leave.”

RP018

Evidence of qualifications at an NVQ2 or higher were not considered necessary by most participants, with only a small fraction of participants reporting they had relevant qualifications or felt this an important factor when recruiting people. However, although a high number of participants reported finding the process ‘easy’, most reported difficulties with the way recruitment is carried out.

Participants in managerial roles disclosed funding pressures around advertising and recruitment costs. One participant found that geography played a role in this and reported that different recruitment portals worked better in different areas, i.e. some working better in rural areas. They also reported difficulties with, what was referred to as ‘paper clicks’ whereby employers pay a certain fee for several ‘clicks’ for their job advertisement. One participant reported a large amount of budget spent on these forms of advertisements and the implications this had on finding the ‘right people’:

“You need to pay a lot more to get higher up on the pages... But what you get then is a lot of people who have to prove to the jobcentre that they’ve applied for a job, so they just click...My job description might say you will need a car etc.. And the amount of people I get who don’t drive and live not in the area has wasted all my paper clicks and money”

RP102

Another participant reported using social media as a form of recruitment and using telephone interviews before inviting the candidate for a formal interview. This was reported to be a successful way of encouraging the recruitment of the ‘right people’:

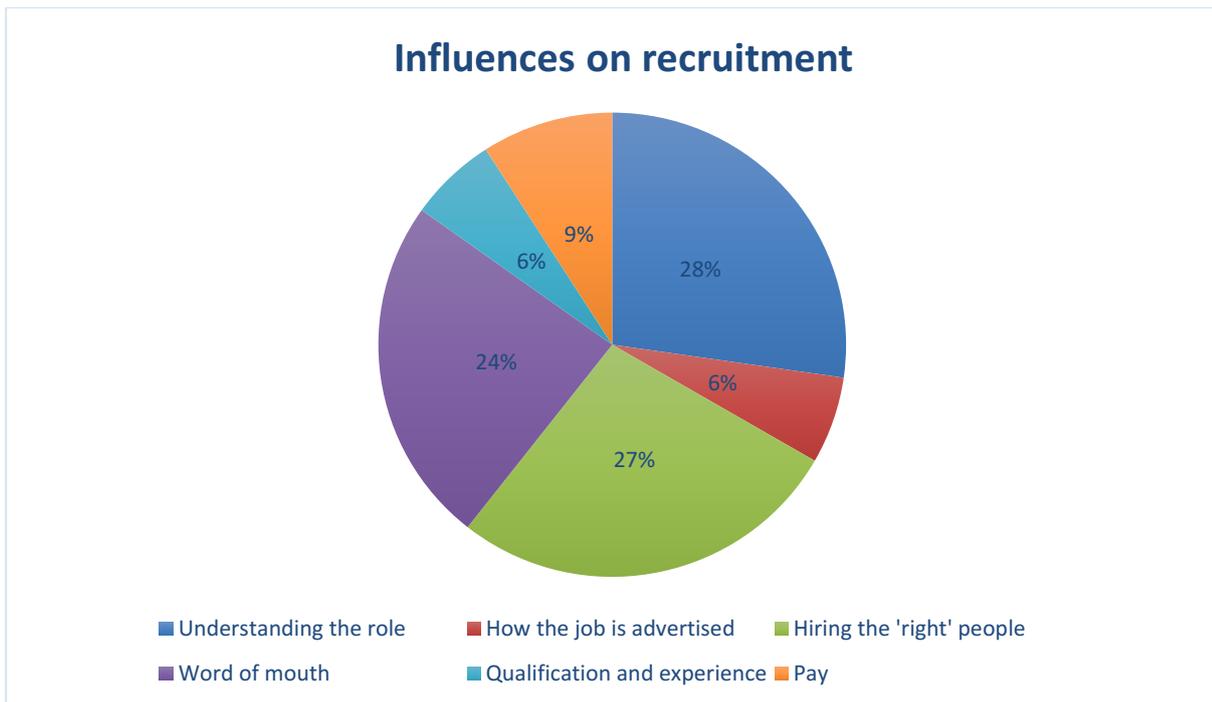
“We put an advert out on Facebook and do an initial telephone interview because sometimes people don’t read the advert properly. You never really know what someone is like until they’re doing the job”

RP012

Table 1 below provides an overview of the perceived factors influencing recruitment. The table was developed by Microsoft Word and analysed through the participants’ responses.

The interviews revealed that all nine participants felt understanding the job role and attracting the right people were the most important influences on recruitment. Eight participants felt 'word of mouth' was an important factor. Three participants said they felt pay was also an influencing factor on recruitment, however, participants felt this related stronger to retention, therefore this is discussed later. Two participants felt how the job was advertised, and qualifications and experience were also important. As Table 1 shows, the areas raised most by participants were understanding the role, attracting the right people, and word of mouth.

Table 1:



4.1.1. Understanding the Role

All participants discussed the importance of understanding the job role as a key factor for recruitment. They reported that the key issue with recruitment within their setting was that employees did not appear to fully understand the role before starting the job. Four participants reported that they understood the role when applying for the job, while five participants reported they did not.

“I had no idea it was going to be this stressful...I had a shock when I actually started. They don't tell you what its really going to be like. I am not surprised people leave their jobs so often.”

RP106

Of those five, three of the participants had been in their role for less than two years and one participant reported they were actively seeking other jobs now that they understood what it was truly like. Three participants reported that had they fully understood the job when they first applied, they would not have accepted a job in ASC. All participants reported that the reality of the job role was considerably harder than they had anticipated.

Two participants reported the issues relating to this were due to employers being 'desperate' for care workers, that they hired anyone, even if it meant they had no experience.

“We're so desperate for people now...People haven't got a clue what the jobs really like... until you're here on the frontline”

RP012

The participants indicated a close link between recruitment and retention around understanding the job role. Many participants reported that when many workers realised how difficult the job was, they would leave.

While participants recognised that it was important to have some understanding of the role when applying for the job, most participants reported that even with some knowledge and experience, they did not fully understand the role until they were carrying out physical tasks in everyday practice. Ensuring advertisements were clear in what the role would require was a highlighting factor for employers moving forward, and one manager reported plans to change their job descriptions to ensure that key components of the job, i.e. pay, shift patterns

and what a typical working day would look like, would be distinctly emphasised at the beginning of the recruitment process.

4.1.2. Attracting the Right People

Organisations such as SfC (2019b) have emphasised that those with a want to ‘help people’ or ‘make a difference’ are key components for having the right values to work in ASC. Participants in this study recognised the importance of having the ‘right people’ within ASC and acknowledged the components for having the right values. Participants used words such as ‘caring’ and ‘empathy’ (1) and the general personality or their ‘gut instinct’ about the person (2).

(1) “it’s not for everyone. You’ve got to have it in your heart to want to help others... be kind, caring and have empathy for the people who you are working with”

RP024

(2) “I can usually tell within ten minutes of meeting someone if they’re right for the job... it’s a gut instinct, there’s a certain personality about them... If they’ve shown true empathy... You can have all the qualifications in the world but if you haven’t got that natural want to help people, you won’t make it very far.”

RP102

Seven participants reported they either had no experience in the role or did not hold the relevant qualifications when they applied for the job. However, the findings from this study have found that holding the relevant qualifications or having experience does not necessarily mean the ‘right people’ are being recruited. While different methods of recruitment may be beneficial for different organisations, participants held similar views on the attributes and ‘personal values’ amongst potential care workers who would be appropriate for the role.

Participants perceived qualifications to be more of a desirable factor, rather than necessary. Most participants reported finding that care workers who were hired more for their values, than qualifications lasted longer in the job, had better relationships with care workers and vulnerable adults, and had higher performance rates. Participants reported positive outcomes of having care workers members with ‘a caring personality’ which they felt was not a skill that could be taught or learnt, but that it was something the person held as a natural trait.

“Experience doesn’t always matter. I’ve hired some people with years of experience, and they are just like robots and stuck in their ways. The best workers I’ve had are the ones who

have had no experience but are naturally caring people... and that's not something you can just learn."

RP023

All managers interviewed reported that they would be more inclined to recruit someone without relevant qualifications if they showed the right values and attitude towards the role. More than half the participants have specific examples of a care workers member who was hired with little or no experience and showed more dedication, supported their colleagues, and had better relationships with the adults they were supporting, than people who had been hired with years of experience or high qualifications in social care. As highlighted in the literature review, SfC (2017; 2018d; 2019b; 2019c) focus their recruitment campaigns on 'recruiting the right people with the right values' and also found that having values-based approaches to recruitment provided positive outcomes for employers and organisations. Using words such as 'empathy' and 'compassion' in the definitions of what is called as the 'right' people have shown a clear reflection in both the results from this study, as well as previous recruitment campaigns which have seen positive results and lower turnover rates.

"As long as they are passionate and have the right values, the rest will follow".

RP002

As participants highlighted, recruiting care workers with the right values was more important and therefore, should be a key focus moving forward to ensure that less money is spent on recruiting people who are going to leave within a short period, and allowing more attention on retaining current care workers.

4.1.3. Word of Mouth

This study considered what attracted participants to their job in the first place. Many participants reported either having a friend or family member who had previously been or was already in the job as an attraction point. This was through word of mouth and employee referrals. Some also reported the informal practice of supporting a loved one or having a loved one work in the field as strong motivators to apply for the job. The evidence from these findings revealed the informal practice of advertising vacancies by word of mouth delivered positive outcomes of recruitment as it made the process easier for candidates and resulted in effective performance levels. Participants working in residential settings reported applying for the job because of someone they knew and being committed to working harder as they did not want it to look bad on the person who referred them. Participants reported that most employers who were referred by another member of the team stayed for longer than employers who were hired through other methods of recruiting, i.e. paid ads. Those in managerial roles said they found this to be a key factor for recruiting care workers and providing incentives as an encouragement tool:

“Other employees referring their friends and family...we offer an incentive to our staff, if they refer a new member of staff they get a referral bonus for that ... that is the best way to recruitment because somebody else has invested interest in that person succeeding”

RP102

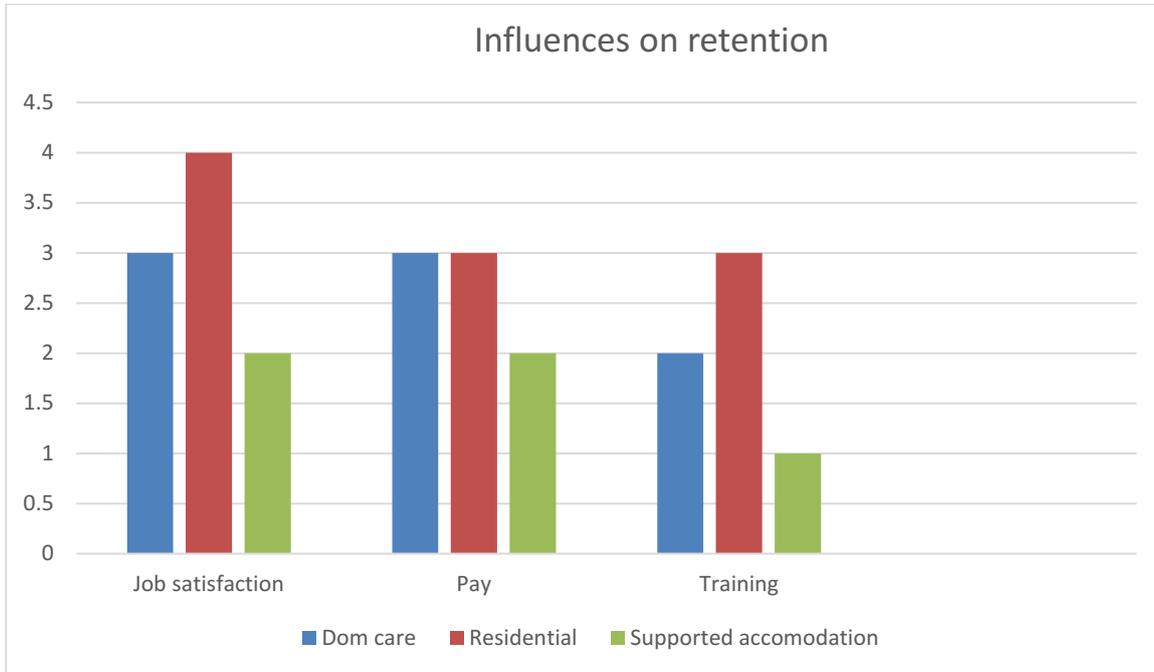
Two participants suggested Neil Eastwood’s ‘Sticky People’ (2016) which they reported was a useful recruitment tool. They explained that this demonstrated results found from working with social care organisations around the world to gather best practice recruitment and retention tools and techniques. This also suggested that the top place for effective recruitment is ‘employee referral’. Participants found this to be the most successful for themselves and noted using it as an incentive for current staff members.

4.2. Retention

As the review of literature highlights, the ASC sector is facing increasing challenges with retaining care workers. Estimates of turnover levels are at a ratio of almost 1 in 3 care workers (SfC, 2019b). This study did not ask organisations about their levels of turnover but instead asked current care workers what influences their retention, and what the barriers are within their role, highlighting factors that may impact on their decision to stay/leave their job and explore their perceptions on the high levels of turnover. With previous studies (Rubery *et al.*, 2011; Christeen, 2015; SfC, 2017; 2018d; Moriarty, Manthorpe and Harris, 2018) pay, recognition, value and workload were all linked to low levels of retention and high levels of turnover.

Participants in this study reported concerns with workload pressure, shortages of care workers and how this impacted their emotional wellbeing and led to stress. This also linked in with pay and value whereby participants felt there is a high expectation for the level of 'thanks' and public perception they receive. Participants all agreed that a key factor for promoting retention would also be around training, with the opportunity to progress and receive recognition for their hard work. Some participants felt management was also a key factor which has been reflected throughout the subthemes highlighted below. Participants also linked the support they received from colleagues and management and training as key factors relating to their job satisfaction. As Table 2 shows, the key theme highlighted was around job satisfaction. This was discussed further into subthemes: 2:1- flexibility, 2:2 – workload stress, value and recognition, 2:3 - pay and 2:4 - training.

Table 2:



4.2.1. Job Satisfaction

Seven participants said they felt the quality of care was driven by care workers commitment to individuals they were working with and motivated them to focus on the quality of relationships as well as tasks. The results of this study indicate that the expectations and motivations continue to be key areas of job satisfaction. Some participants reported feeling satisfied with their role in ASC. Many expressed frustration in the system and two reported they were actively seeking work elsewhere outside of the sector due to a lack of job satisfaction. Both participants working in supported accommodation reported high levels of job satisfaction within their role, while the majority of those working in domiciliary care and residential care homes reported low levels of this. Positive feedback from those who reported higher levels of job satisfaction in supported accommodation said they felt they were able to make a difference to the lives of the people they were supporting. On the other hand, those in domiciliary care held the highest levels of negative feedback around job satisfaction.

All participants reported their main motivation was the relationships they had with the individuals. They explained that working with individuals promoted job satisfaction and gave them a sense of wellbeing. Participants reported a sense of pride in “*helping others*” and satisfaction in knowing they were making a difference to people’s lives:

“The residents. It gives me a good feeling knowing I am helping others.”

RP106

“The clients. That’s just job satisfaction all over. Working with the clients... seeing them develop and having a positive, meaning to their life... You can’t compare that with anything can you?”

RP012

“The people who I support. You cannot help but get attached and you are there because you care about people.”

RP002

This is consistent with previous studies on job satisfaction (Hassard, Teoh and Cox, 2018; Thomson, 2020; Tanner, 2020). These studies have suggested consideration for employee’s sense of belonging in the workplace by having positive relationships with colleagues and vulnerable adults, much like Maslow’s hierarchy of needs (Maslow, 1970; Thomson, 2020; Tanner, 2020).

While it was evident through the study that participants felt job satisfaction from helping others, it was recognised that the job still harmed the participant’s emotional wellbeing. This relates to previous work such as Johnson (2015); Case (2018) which discuss emotional labour in care work. One participant reported:

“At the same time you don’t make yourself happy as you are dealing with your own problems and in the same time you have to deal with problems of others and this is hard sometimes, it makes me feel down... This is a really hard job.”

RP011

This research identified that despite many care workers having minimal or no formal related qualifications, they had a set of skills, personal characteristics and a strong motivation to want to help people. The satisfaction they received in helping other people and knowing they were making a difference to a person’s life overruled the low pay and low status of the job. Their loyalty to the sector was evident as participants said if considering leaving their employer, they would remain working in ASC. This reflects on the findings from previous work such as Carr (2014) where many care workers reported a primary satisfaction and motivational commitment to the individuals they were working with.

The research identified throughout this study suggests that job satisfaction is important for low-paid work and similarly, rewarding work for low-paid care workers. Studies such as Devins *et al.* (2014) have emphasised the case for good work and better management and suggest ways to make low-paid jobs better that do not necessarily involve significant pay increases or have major financial implications for employers.

4.2.2. Flexibility

Another dominant factor that impacted not only retention and was also a reported factor that influenced people for applying for the job, was flexible working hours. The ability to have a job that suited participants home life and family circumstances was an important factor for six participants. Of those, four reported this was due to commitments of children and families, while the other two were formed from preferences to create more flexibility in their time. Some participants noted that they were able to frequently negotiate their shift rotas, and one participant reported allowing their staff members to at times, alter their rotas within the team, providing that all necessary shifts were covered.

“It’s one of the perks – it allows staff to have more control and be flexible with shifts, as long as someone can cover and the rota is updated, I’m happy to work flexibly with this.”

RP012

“For me, it doesn’t matter because I am a single (parent), this job was quite good because it is flexible I think that’s why people stay working in care because the shifts, whenever you are free...you can get the extra cash.”

RP024

“The shift patterns are perfect for me because I’ve got children. If I ever get extra time where I can do more, there’s always the odd shift I can pick up which really helps. I think flexibility is massively important for keeping staff.”

RP023

However, the flexibility within the workplace was not consistent throughout the everyday practice. Five participants reported being unhappy with their shift patterns, either due to being unable to get the hours they wanted, being put on a shift which was inconvenient for them or being frequently placed on shifts with minimal care workers.

“Sometimes the manager does not give our preferred shift, they make us do nights but they know my (partner) works nights and we have children. This makes it very difficult and they give you no notice of this so it could be that I go in for a shift and find out I am to work the following night so there isn’t time to find childcare. It is very stressful.

RP004

“I can work up to 72 hours a week. We do get breaks but sometimes you are rushed and there isn’t time. They try to rota us into visits that are close to each other but sometimes we have to travel far and we do not get paid. Then we have to apologise for being late and rush with the next client. It makes me sad”

RP106

The preferences on shift patterns were variable between organisation and setting. For example, some staff members in care homes wanted more hours, some wanted less, some wanted night shifts/weekends, and some did not. This was the same for domiciliary providers. One participant who worked in supported accommodation felt their working hours were ‘perfect’ for their home commitments, while the other reported some frustration as at times, they would be required to work longer hours/overtime which was not always able to be paid. Those who were unhappy with their shift patterns reported to be working considerably more than their contracted working hours.

Participants who had reported working zero-hour contracts said they felt a lack of guaranteed hours, which made family life difficult if they were relying on their wage as a sole income for their home. Those participants also noted that the hours they received were more ‘unsociable’ and were less likely to be able to be negotiated.

“I do not think zero-hour contracts are good, especially when you have children.”

RP002

“I give people guaranteed hours, and some people don't want them. There is a lot of bad press about zero hours, some people have them, we have to work the way people want, but I will try and guarantee hours as far as I can. We have a lot of mine that are on 16 hours minimum, they'll get paid that whether they work it or not.

RP102

Participants reported feeling a sense of job satisfaction when they worked their preferred shift patterns for their circumstances or allowed to negotiate. Participants who reported being happy with the flexibility in their work setting reported feeling more motivated when on their shifts. Three participants specifically noted a drive to perform better if they felt their manager had taken notice of their preferred shifts and allows them time to meet their commitments, as well as have time for a social life. Those who were placed onto shifts that were 'inconvenient' for them or not their preferred shift said they felt a lack in motivation and felt they were less productive on the shifts. This relates to some of the previous research carried out by Atkinson, Crozier and Lewis (2016) who found that care workers behaviours, attitudes and performance levels could be impacted on positive influences, such as working flexibly to support their home life balance.

As discussed in the themes identified from previous research, job satisfaction has linked closely with the flexibility of working hours for care workers. Although there have been mixed results around people's individual preferences of patterns, all participants agreed that if they are at least allowed to be flexible with their working pattern and promote a work-life balance, it would result in higher performance, motivation and job satisfaction. These results have also been found in previous work including Purcell and Hutchinson (2007); Boxall and Macky (2009); Guest (2011); Atkinson, Crozier and Lewis (2016).

4.2.3. Workload Stress, Value and Recognition

Following on from flexibility, participants closely linked the issues with shortages of care workers and how this led to increased workload pressures and stress. Participants recognised issues with staffing levels, and the negative implications this has on existing care workers. Many participants reported workload pressures leading to high levels of turnover as care workers could not cope with the stress of feeling overwhelmed with tasks and a limited amount of time to complete them in:

“When there are not enough staff it means more pressure on the rest of us, which makes us more stress and then we leave and it is a never-ending cycle.”

RP002

“There is a lot of pressure to get things done in a small amount of time. It is not always possible to do all the tasks in 30 minutes and sometimes we are expected to do it in 15 minutes. It is impossible...especially when their behaviour is so unpredictable.”

RP106

Participants explained that tasks which facilitate tightly specified time slots lead to creating feelings of being rushed, resulting in stress and turnover. The degree and standards of tasks and length of time allocated to perform tasks were a highlighting topic discussed with most participants. A significant issue reported was the extent to which they have enough time to complete all the necessary tasks allocated to them within the timeframe they are set. The volume and pace of work were reported by most participants as an unmet expectation which often led to stress and affected productivity and wellbeing. This led to care workers reporting being dissatisfied on numerous occasions as they felt pressure to complete several tasks which they felt were unachievable for one person, or within the timescales, they were set. This could therefore adversely impact upon retention. This related to reports from recent years such as Robinson (2013); Albert (2017); Viney (2019) which discussed the on-going pressures faced in ASC and how this can impact care workers wellbeing. A shortage of care workers meant existing care workers were unable to accommodate more time with individuals they are working with. Participants reported that this often meant that individuals they were supporting did not receive the correct level of one-to-one support that they required to have their needs met effectively. Participants reported this impacted on the

quality of care that was being delivered and was a key factor impacting their emotional wellbeing and commitment to stay in the job.

Participants were asked if there were any presenting barriers within their role or if there was anything, they found difficult. Key phrases that were used in response to this question were 'challenging', 'stress' and 'burnout'. A key problem for staff was the nature of the care work. This is in line with reports such as Clarke (2020) who found that two-thirds of care workers were on the brink of burnout. Participants reported the job was emotionally demanding and draining.

"I feel burned, burned out. My empathy is not like it was before, I don't have the same patience, I am getting fed up very fast... it wasn't like that before, but it becomes really hard... it's exhausting.

RP011

Participants linked the pressures they felt, to their value within the role. One participant reported feeling as though they carried out a high level of work but were in a low position. Another reported:

"I think it's physically and emotionally hard job and sometimes you have other things going on, but no one ever sees that"

RP024

"People get too stressed and cannot cope with all the pressures".

RP002

"Most of the time we are sworn at, shouted at, things being thrown all over the place... Yet other professionals won't support us unless someone is acutely unwell...police won't do anything until someone's been 'physically attacked'...that's just how it is for us".

RP012

"it's everything else that comes with the job. To do my job I only was allowed a certain amount of time. And I feel like I'm constantly having to cover everything I do know, and that takes time".

RP102

They also emphasised the public perceived poor status of the work which supports previous studies such as Bunting (2016); NAO (2018a); Naysmith (2019); Rolfe (2020) acknowledging that care workers are still ‘undervalued’:

“We are not treated with respect by other people... People think being a carer is easy but for me, it’s the hardest job because you are working with people and are responsible for them”

RP106

“We are working in one of the most undervalued roles... yet we are with people, day in, day out, providing personal, physical care. We are responsible for making sure they have adequate food etc...document everything... There is so much pressure... We are still seen as ‘just carers’ and if anything goes wrong, it’s on us.

RP002

In line with previous reports such as Hardy (2015); Unison (2017); Albert (2019), participants reported that the pressures of work were too high, and they found it difficult to cope with the stress. The results from this study indicate workload pressures not only affects retention but also impacts the way care is delivered.

“Sometimes, this role is very ungrateful. You are not in it for the money because it is minimum wages, but you do not get any thanks because there is always such a great expectation. This makes me feel not good enough”

RP011

“I’m drained, It does impact your personal life...there is not enough recognition for what we do”

RP023

Participants noted how vulnerable adults, their families and the general public have increasing expectations around what care workers can provide and quality of the service. Despite its demanding and complex nature, care work remains to be one of the lower-status jobs (NICE, 2015; Downs, 2015; The Health Foundation, 2019). Participants highlighted the negative perception of care workers, along with a lack of awareness into how challenging their roles were in ASC. Participants reported this to be a high factor relating to retention of

care workers, due to the lack of value and respect from families, other professionals and the general public and how they felt they did not receive any thanks for the work they did. This is in line with reports such as Haynes (2018b) which reported that low levels of self-esteem and value led to high levels of turnover for ASC workers. Both managers and care workers recognised that although other factors related to retention, it would not make a difference unless care workers felt valued within their role and received some form of recognition:

“The whole public perception of care can be quite poor because it’s so badly represented in the press. We don’t read about all the wonderful things that happen or fantastic care that’s delivered, all the extra miles that are gone. What do we read about? The ones who have stolen or been physically abused... and so the public perception is that carers don’t care. Well actually, the majority of them do.”

RP102

“We have a lot of responsibilities and do not get any thanks.”

RP106

“Everyone goes on about pay and yes, that would help, but if we continue to be put down by the public, made to feel like what we do is never good enough, what’s the point? Where’s the ‘job well done?’”

RP002

“We are doing a lot, the main person who can report everything, we see them the most and we are not valued properly. The other thing how the employer treats employees, how managers and seniors treat the worker. Even if a manager comes to you and says thank you, it makes a difference.”

RP018

Participants in this research reported that good managers and regular access to them are a key factor in high employee motivation at the workplace. How managers manage the ratio of care workers to individuals they are supporting with the mix of daily tasks, as well as the available working time is given, is likely to be a major factor to improving care worker retention within ASC. This research also highlighted that in response to shortages of care workers there is often a reluctance to undertake additional tasks or go that extra mile. Some

participants suggested ways of implementing positive retention tools as a way of recognition and value for the good work they had carried out:

“Every month we do £50 retail vouchers/an ‘employee of the month’ to use as a positive retention tool and as part of their recognition. We send an email out and say (X) got it this month because... thank you for all your hard work etc”.

RP012

“It’s about listening... We don’t put pressure on staff. We try and respect their time off, that is their time. We do little things to say thank you...We take everybody out for a Christmas meal which we will pay for...sometimes we give a gift”.

RP102

“When your manager does not treat you fairly or listen to your views, that can make life very difficult. I have seen so many carers leave because of the way their manager has treated them.”

RP106

“Sometimes people come into care and they really enjoy it, but they’re treated badly by management, giving loads of hours not enough time off, not valuing their needs or allowing travel time. I think this is the problem we have with retaining staff”

RP102

The working conditions and culture of the organisation is an important part of the overall approach to ensuring that low-paid care workers feel valued and satisfied in their role. Not one factor alone may be the answer, but if all factors are considered, the recruitment and retention of care workers will be maximised, and the continuity of quality care associated with ASC will be maintained. Staff retention is essential in a sector where staff continuity is needed to ensure relationship building between care workers and the individuals they are working with is of crucial importance to care quality, especially for older people (SfC, 2017; Moriarty, Manthorpe and Harris, 2018). Furthermore, participants reported that staff retention can be affected by care workers not having the managerial support or working conditions to offer the type of care and support they think the residents’ value and deserves as well as factors relating to reward and recognition for their work.

4.2.4. Pay

It is commonly thought that the low wages of care workers have a direct impact on the quality of care for vulnerable adults and their care workers, with low pay perceived to affect motivation, performance, recruitment and retention (Carr, 2014; Moriarty, Manthorpe, and Harris, 2018; CQC, 2019). However, this research along with previous studies suggests that this statement may be more complex than it seems. It is clear through general research on pay scales, as well as specific studies of the social care sector in the UK, such as SFC (2017); CQC (2019) that pay can have a considerable impact on the ability of organisations to recruit and retain care workers. Previous work such as Rubery *et al.*, (2011); Atkinson, Crozier and Lewis (2016); Moriarty, Manthorpe and Harris (2018), have shown that higher levels of pay improved workers job satisfaction, and increased motivation and commitment to retention levels. Furthermore, participants reported higher wage as an effective tool to attract interested job applicants. Yet, the question still stands as to what extent this strategy is applicable within the UK ASC sector.

Most participants felt that the level of pay is below expectations, considering the responsibilities, skills and emotional demands required in the ASC setting. One participant explained they thought the ASC wage was 'appalling' and reported this to be a high cause for turnover as care workers could go to work in retail, for example, and receive 50p an hour more for less stress and pressures. Another reported:

"if you think that in an 8-hour shift in a factory gives you more than a job where you have to give 100% of yourself... when you think in a factory you don't have to care about anything you're working with product and you're getting more money you may think about changing the job".

RP011

There does however seem to be little evidence of the beneficial use of higher pay in the ASC sector. Although participants suggested this would be a good incentive to attract more people, this alone did not take away the other relating factors that overlook wages and are overpowering contributors to staff turnover, i.e. feeling valued and satisfied in their role. One participant, for example, noted that in their current role they received minimum wage, but they still favoured that role over previous ones as they felt happier and had better relationships with colleagues and individuals they were working with.

Providers were asked about the impact of pay incentives on care workers motivation retention quality. One provider noted a recent pay rises help care workers to recognise that they were above-average pay across the sector. This appeared to be regarded as positive in helping care workers feel valued within their organisation, which supports previous work such as Moriarty, Manthorpe and Harris (2018). Positive responses from participants in domiciliary care noted paying their staff for travel time improved retention and positive feedback regarding the quality of care as staff members were not rushed to get from one visit to another and tighten call times. Two providers reported they were less reliant on Local Authority placements as they could pay their care workers more and ensure the individuals they were working with received the time and attention needed to deliver their care tasks in a holistic and person-centred way. This was reported to improve both retention levels and quality of care as a whole.

Research by Carr (2014); Rusbridge and Ahmed (2018) pointed towards a complex relationship between care workers pay, performance and quality of care. It has indicated that evidence regarding the direct relationship between increased pay to improved performance is inconclusive. This is in line with previous work such as Atkinson, Crozier and Lewis (2016); SfC (2017); Moriarty, Manthorpe and Harris (2018) which supports that although pay can be a highlighting topic when exploring recruitment and retention, it would not necessarily lead to direct improvements in quality of care or retention. Research has identified mixed responses and whether paid directly affects staff retention. However, there is recognition to levels of pay and how this can impact on employers' ability to recruit and retain skilled care workers. Therefore, while pay is important, it is not enough in itself to address the key issues of ensuring the quality of care. Social care workers could be paid twice as much in residential homes but if working conditions remain the same, they would still be unable to perform to their best ability and sustain or improve quality of care.

4.2.5. Training

A further highlighting factor discussed in this research was training and development. Participants explained the different types of skills needed to effectively work within an ASC. There were; skills to carry out physical tasks, such as transfers, personal care, feeding etc; social and communication skills to interact and build relationships with individuals; and literacy skills for record-keeping and documenting of incidences. Participants were asked about the current levels of training they received:

“We have training once a year for three days, all mandatory training; fire training, dementia, health and safety, moving and handling. I would like more training on medication, how to deal with situations better and just communication.”

RP004

“Because we don’t have a lot of staff starting at the same time, we do most of our training 1:1... one woman said she had to do 30 modules online...who’s going to remember all of that? That’s just ‘tick-boxing’...they do it for the sake of saying they’ve done it.”

RP102

“We don’t have enough training. We get online training, but it doesn’t show us how to communicate with clients or deal with difficult situations. I have learned more in a week of physically working with older people than I did in all the online training.”

RP106

The development of minimum care standards and requirements related to induction training qualified NVQ level two was found to be an important driver for some participants to boost their CV and professional development. All participants said they would like to have more training available, and the majority highlighting a desire to have more knowledge and understanding around medication, communication, and skin integrity, particularly those in residential settings. Participants agreed that more training would lead to higher retention levels, as it would have a direct impact on care worker’s confidence and motivation. Although some participants felt different training methods were better than others, all felt this would be a highlighting factor to improve retention in the future:

“more training... Some certificates to make you feel good. The certificates are evidence you have done something good so I can take this with me my whole life”

RP024

“I wish there was more training, but I don’t know where we will find the time. A lot of it is online but I find working with other people teaches more as you can ask questions to help your learning.”

RP002

This study suggests that from the perspective of care workers, training is not always welcome. Those who already were experienced and long-standing felt some resentment and lack of importance for undertaking mandatory training as they did not feel it prepared or taught them anything compared to what they learned in practice. Some participants said they were apprehensive about their academic ability to complete mandatory training and others noted they were disappointed by the lack of financial reward or recognition. Nevertheless, all participants welcomed additional training to be a key improvement for retention in the future. Yet, the majority of this was more around emotional training, and building on communication and interpersonal skills:

“more training on working with people and how to deal with situations and like on medications and what to do if things go wrong or someone refuses.

RP106

“More about how to be a nice person to the people...Emotional training.”

RP024

“More around how to help people who refuse care.”

RP002

The stiffness of budgets was found to influence motivation to undertake additional training. Some participants reported that there was too much focus on the ‘tick box’ paperwork to complete certain training and that there were not sufficient budgets in place to allow for additional support with training, particularly for those working in supported accommodation.

“The problem is that there’s loads of online training, training providers etc but in social care, lots of companies go through a tick boxing exercise”

RP102

“I do not have any budget for training, I do not get any money for training, I get my hours and that’s it”

RP012

With career progression, care workers did not report a particular interest, although it was recognised that participants felt more training would be beneficial for their professional development and some reported this resulted in a feeling of value and recognition as a result of completing the training. This supports Devens *et al.* (2014) report which indicated the development of broad approaches to training environments without conventional progression and hierarchy enabled employers to develop and retain good care workers and give employers a wide-ranging advantage.

4.3. Implications and Future Recommendations

4.3.1. Value-Based Recruitment

ASC continues to face severe problems in trying to recruit and retain staff. A problem that has now received recognition by the central government (DHSC, 2019; Moriarty, Manthorpe and Harris, 2018). This research along with previous work, such as The Cavendish Review (DHSC, 2013); SfC (2017); Rusbridge and Ahmed (2017) has emphasised good practice where organisations have recruited care workers for their qualities values and commitment to caring and invested in training and development, which has been translated into daily practice and quality of care. As this research and previous work (SfC, 2017; Moriarty, Manthorpe and Harris, 2018) has highlighted, there is no one simple solution for the recruitment and retention difficulties. SfC (2017) conducted a report which focused on a more positive outlook, into employers with less than 10% turnover to explore what had worked well and what influenced retention, and rather digging deeper into the contributions of their success and drives to remain in the workplace, rather than causes to leave. SfC (2017; 2018c; 2019b) found that employers with low turnover rates reported improvements made to retention levels did not necessarily have significant cost implications, and instead, reduced wasted spending on recruitment costs. It also found that continuity of care and relationships between care workers and individuals were improved, thus creating positive working cultures and better CQC ratings.

The overriding factor relating to positive recruitment and retention was like that of SfC (2017, 2018e, 2019a) - having the right people with the right values; a natural, caring personality with the will and want to help others. Though it may be more beneficial for some sectors than others, having a values-based recruitment strategy would further support some of the latest recruitment campaigns hosted by sources such as Neil Eastwood, SfC and DHSC (2020). Future employers should consider the interview and induction stage as ensuring recruits are made fully aware before they start work what the job entails; saying the job is 'challenging' is not enough. Telling them what real-life situations could be like may prepare them and enable them to consider whether this job with the related risk factors if it was the right one for them (SfC, 2017). This could increase turnover in the short-term but would reduce wasteful investments into new employees who are not right for the job and do not have the drive or value base for care work.

There are research and reports such as SfC (2018d; 2019b); Taylor, (2017 pp. 6) which emphasise that you do not necessarily need the relevant qualifications to work in ASC. However, it has been difficult to identify previous research which supports factors such as 'understanding the role' relating to recruitment in ASC. This links to the hypothesis suggested in the review of literature whereby some people may be joining the sector without the knowledge and experience of working with vulnerable adults. This could also be adding to the misconception that care workers are 'unskilled' (Bright Care, no date; Gerlich, 2020; Rolfe, 2020). As the participants in this study have emphasised, some people come into the job because they think it will be 'easy'. It could be a relating factor to turnover rates as people have been unaware of the pressures and emotional strain the job may have on them (Slawson, 2017). However, there is little evidence to prove this connection and as this research has shown, having the relevant qualifications or experience does not necessarily mean the 'right people' are being recruited.

The introduction of a national recruitment campaign will deliver a stronger focus and may encourage more people to seek a career in ASC. SfC (2018d; 2019b) highlight the importance of a value-based service and steering away from care workers being perceived as low skilled in what is truly a highly skilled and demanding job. To find and retain people with the right values to work in ASC, according to SfC, is for organisations to adopt a value-based approach to improve performance and turnover. Recruiting people for their values and behaviours will ensure that organisations recruit people who are right for the role and know what it means to provide high-quality care to vulnerable people. This approach would involve creating strong workplace values and ensuring that the workforce meets them. Doing this will help to reduce time, money and wasted resources in recruiting the wrong people. Potential candidates will need to be passionate and committed to providing a healthy and caring environment where there are opportunities for employees to enhance their skills and knowledge whilst developing their careers. SfC (2019b, pp. 45) report that employers who have adopted values-based recruitment can attract care workers who perform better, have lower sickness rates, and better performance levels in developing their skills.

There have also been other recruitment and retention strategies such as the Myton Hospice (2018) with declared ambitions to recruit, develop and retain highly skilled individuals to adapt their values and provide excellent services to vulnerable adults. It discussed encouraging flexible working and ensuring workers did not leave their job due to failings in their working condition or experience. It also discussed maximising cost-effectiveness and

timeliness of recruitment and advertising processes such as offering 'taster shifts' to applicants to ensure they are fully aware of what the job will entail, and the potential challenges faced with working in ASC. Having 'taster' sessions and trial shifts with other colleagues where peers can provide feedback and candidates may also be beneficial as candidates can get a taste of what the job will be like was said by most participants to be a considerable improvement in enabling future employees to understand the role better and determine whether or not it is a career for them. These proposals may initially appear time-consuming; however, they may be more inventive than the expense and time that goes into reading high levels of application forms. Involving people who require care and support and their families and/or advocates in the recruitment process may also support to establish whether candidates are right for the job. It may support them to consider some real-life potential situations they may be in and can reflect on how they would manage and respond to those situations. Organisations may also sign up to SfC's own National Minimum Data Set for Social Care (NMDS-SC) to keep up to date on relevant data to support their organisation. This membership is free and involves other benefits, such as access to various training funds.

Engaging with academic institutions may also be a factor in promoting effective recruitment processes. Proud to Care (2020) for example, is an organisation which aims to provide care to people and includes strategies that involve speakers attending local universities and colleges with a view to voice the benefits of working in ASC. This includes schools, colleges, and universities where there are opportunities to attend career fairs, speaking events and taking part in student skills development, such as practice interviews. Relationships may also develop with offering work placement opportunities to students exploring the development of proactive provisional job offers to those that show good potential and meet the minimum criteria. Other services such as the Myton Hospice (2018) also discusses collaborations with academic institutions in the area, supporting internships, attending career events and job fairs to provide information about working for the organisation to promote careers and inspire college and university leaders to consider working in the sector.

4.3.2. Wellbeing, Value and Recognition

Participants in this study reported care workers often decide to leave their role due to not being valued by their employer. Research has proved that there are some stories of workers who give care workers a bad name. However, it is important to recognise excellence in care work and ensure that workers feel valued. Rewarding performance would ensure that success stories can be shared, and encouragement can be offered to work colleagues to go the extra mile. Positive feedback from recruitment strategies identified in this research study has shown how reward practices contribute to influencing how care workers can enjoy a positive experience in their workplace.

Therefore, an alternative to increased pay would be to show respect for care workers by, for example, celebrating personal occasions such as birthdays, or organising award ceremonies or employee of the month. Nevertheless, small pay increases may be used as incentives for workers to learn and support learning through paid study time meeting the cost of training which could help skills to develop and improve the quality of care. Staff benefits, such as discounts, free parking, discounted rates to local businesses and social activities that are competitive may also be a useful retention strategy for care workers, as some participants reported activities such as gym memberships and other leisure activities as a useful method of 'switching off' from work.

This research has uncovered that there are a variety of ways to support care workers in feeling valued. Regular information on well-being could be provided to care workers to ensure that they feel valued in their job and have somebody to speak to if they are feeling down or overwhelmed. This could be implemented with the use of work and non-work-related concerns that workers may have that could include occupational health support and free, independent, and confidential employee assistance programme, for example.

Management and supervision were also reported to be crucial aspects to address when improving the quality of care and levels of retention. This includes full induction with the opportunity to shadow colleagues and build their confidence, opportunities for reflection and supervisions. The way the organisation engages with care workers and the quality of communication between managers and care workers were found to influence the quality of service being provided. This could also continue to support those with mental health, stress, or other related problems. Regular structured supervision sessions, performance appraisals, performance development plans and reflections on practice may be the key tool for care

workers to feel supported and valued within their workplace and that they have a voice and the opportunity to receive some flexibility when required.

Supporting staff to have a good work-life balance may also be an associating factor to wellbeing to attract and retain good care workers over the future years. This could highly relate to flexible working opportunities as a key to attracting and retaining staff. This could include part-time working, job sharing, changing of hours, term time only, and career breaks, maternity leave etc. Promoting a satisfying work-life balance through strategies such as flexible working is surely a more realistic route to sustaining motivation. Examples of this could include the offering of other incentives such as vouchers, counselling services, employee awards, etc.

This research has suggested that opportunities for informal, one-to-one communication of tasks between employees and their managers should be considered and promoted as a form of value for care workers. Within ASC, changes can be made daily with regards to individuals and their needs, as well as timescales of the work. Because of this, care workers should be allowed to negotiate whether these changes are going to make the timescales set to their shift plausible and achievable with their manager. A lack of communication and flexibility when needed, particularly with their managers, may result in care workers taking on tasks they do not feel they can achieve, leading to probable work stress and feeling of unfulfillment at the end of their working day. It may also lead employees to feel as though they are not valued or that their needs as a worker are not taken into consideration (Bjerregaard, 2014; NAO, 2018a). This, therefore, may result in 'burnout' and being set unrealistic goals without having the power to speak up or make any changes to how they can achieve them (Clough, 2018; Albert, 2019; Costello *et al.*, 2020; Rolfe, 2020). Effective use of supervision may support care workers to understand what is expected of them and what is achievable for them each day.

Specifically, training programs on communication and emotional skills such as developing and maintaining professionalism and resilience in the workplace could support care workers to feel valued and improve their performance. Creating and sustaining an environment where care workers feel inspired to excel in their role and work in an environment where care workers strive to improve their performance. In achieving this, with regular supervision and peer support, managers will be able to adapt teaching styles and deal with employee issues to identify appropriate resources for staff development regularly. It may also

encourage care workers to take personal responsibility for their development and therefore promote and encourage career pathways for ASC workers. If care workers can be supported to gain satisfaction in their work through training that leads to improvement of skills, career opportunities and financial rewards, there will be the basis for a successful, consistent, and high-quality workforce. Perhaps then we will begin to see an improvement in recruitment and retention and public perception for the ASC workforce.

This thesis highlights how we can develop the recruitment and retention of care workers who will demonstrate the key skills, experience, values and beliefs to undertake their job role effectively whilst exhibiting their ability to deliver high quality, compassionate and holistic care. ASC workers require better conditions to fulfil their job role and to deliver good quality person-centred care. The themes identified in these findings helped to draw out what influences people most to stay in a social care role, and what makes them want to leave. The findings have indicated that placing staff retention at the heart of organisational structure would significantly reduce costs, improve wellbeing, and improve the quality of care that is being delivered to vulnerable adults.

This research has suggested that there can be ways to improve recruitment and retention that do not need to have major financial implications. As the results from the interviews have demonstrated, if there are no barriers to care workers being able to make a difference and fulfil their roles then the job satisfaction will be relatively high, and there would not be such a focus on increasing pay. Equally, this research shows the importance of being able to work flexibly, and again if this need is not met there may be a negative impact on recruitment and retention. Finding care workers with the right values, in the long run, could make all the difference. Skills and knowledge can be taught, but personal attributes cannot. Life experience, compassion, and a willingness to help people can be more desirable than previous work experience/qualifications.

Challenges with recruitment and retention directly impact on the quality of care that service users receive. Employee retention is important in a sector where the continuity of care workers is required to ensure that the relationship between the care workers and vulnerable adults is maintained and is imperative for the quality of care. In this research, exploring care workers views on what they value is important has proven to be essential in identifying strategies and ways of improving the sector. Developing a positive organisational culture, where care workers feel supported and valued and have opportunities to develop their skills

and knowledge reinforces the message that working in ASC is a worthy career choice. Strategies for sustaining and innovating the ASC workforce should reflect on lessons learnt from previous studies and current research i.e. national reports or investigations where staffing has been the main focus. Organisations need to increase staff levels to ensure they meet safer staffing standards to eliminate the reliance on a variable workforce (i.e. agency staff) and improve how it retains, manages and develops its existing staff members. As such it is suggested that strategy cannot rely on traditional models as this is time to be innovative with a direction that supports new ways of working.

5. Conclusion

This thesis intended to provide the views and experiences of ASC workers that could be used in comparison with previous and existing data to improve and develop the ASC workforce. This thesis has provided an overview of some of the highlighting factors associated with recruitment and retention of ASC workers from the perspectives of care workers themselves, which differs from many other studies. As mentioned in the literature review, most research around recruitment and retention focuses on healthcare professional (i.e. nurses) or social workers. There is little research around care workers, and more specifically, their perceptions and experiences, which is where this study can contribute to the existing evidence around ways to improve the workforce. This qualitative study has created further awareness of the changes that need to be made to improve staff retention and minimise turnover rates. It also supports previous studies which have suggested similar factors. In line with the aims set out in the study, the findings have shown that 1) having staff with the right values who care for people creates a better working culture, 2) care workers who feel valued are more likely to remain in their role, and 3) addressing the issues relating to recruitment and retention will improve the delivery of care as care workers are more committed and motivated to do their job well.

Research has shown that difficulty in retaining the social care workforce can have a significant impact on the delivery of care. The level of demand for social care is likely to continue to increase in the upcoming years. With that, a greater need for the social care workforce to grow and develop to provide high-quality care. There needs to be an improved ratio to be proportionate with the number of vulnerable adults who will require services. The workforce needs to be committed, dedicated individuals who have the right values, skills, and personalities to deliver excellent care to vulnerable adults. This research has shown that while this is a vital factor, ensuring care workers feel valued and that their hard work is recognised will require similar attention. By implementing approaches such as giving care workers the opportunity have their views heard, have a work-life balance, minimise workload pressures and feel supported this can be achieved. This is something which does not need to cause organisations to be out of pocket but instead, suggests innovative ways to support care workers to be the best they can be.

Committed, satisfied care workers will mean effective teamwork, positive relationships with peers, individuals, and their families, and better working culture. Frequent levels of turnover will mean that existing care workers will continue to face increased pressures and stress, inevitably adding to the vicious cycle that negatively impacts retention. This research will not only be shared with the participants of this study, but it will also be shared with organisations at a local level, and organisations such as SfC with the hope that it will provide further insight into care worker's experiences of recruitment and retention and support the need for improving the workforce, as well as the delivery of care. Furthermore, it is recognised that there are still gaps that remain. One of which, is around the funding gaps, how these will be filled and where the priorities will be. It will be important to acknowledge these gaps when distributing the findings from this research as there is still room for further studies and suggestions for the best ways to improve the workforce.

If care workers feel satisfied in their job, employee turnover will reduce and continuity of care for people using their services will improve. If care workers can be supported to gain satisfaction in their work through the improvement of skills, career opportunities and a sense of value, there will be the basis for a successful, consistent, and high-quality workforce. We may then begin to see an improvement in recruitment and retention of care workers and better-quality care being delivered. As research tells us, there is a need to employ thousands of more care workers to meet the demand in a short space of time. Improving recruitment and retention is not helped by the public perceptions of ASC. However, it is with the hope that the recruitment campaigns by cavendish and other organisations can promote and support and development of the workforce and optimistically, this research is a contributing factor to giving improving the workforce the attention it deserves.

6. References

Ackerly, B. A. and True, J. (2010) *Doing feminist research in political and social science*. Basingstoke, Hampshire: Palgrave Macmillan.

Adams, W. C. (2015) 'Conducting Semi-Structured Interviews', in Newcomer, K.E., Hatry, H.P. and Wholey, J.S. (eds.) *Handbook of Practical Program Evaluation*. 4th edn. San Francisco, CA: Jossey-Bass, pp. 492–505.

Adamson, L., Dewar, B., Donaldson, J., Gentleman, M., Gray, M., Horsburgh, D., King L., Kalorkoti, J., MacArthur, J., Maclean, M., McCrossan, G., McIntosh, I., Ross, J., Pullin, S. and Sloan S. (2012) *Leadership in compassionate care program: Final Report 2012*. Available at: <https://www.napier.ac.uk/~media/worktribe/output-192596/compcarefinreptallapr13pdf> (Accessed: 3rd December 2019).

Age UK (2019a) *Lack of social care has led to 2.5 million lost bed days in the NHS between the last Election and this one*. Available at: <https://www.ageuk.org.uk/latest-press/articles/2019/december/lack-of-social-care-has-led-to-2.5-million-lost-bed-days-in-the-nhs-between-the-last-election-and-this-one/> (Accessed: 18th March 2020).

Age UK (2019b) *Briefing: Health and Care of Older People in England 2019*. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/age_uk_briefing_state_of_health_and_care_of_older_people_july2019.pdf (Accessed: 16th February 2020).

Age UK (2019c) *Later Life in the United Kingdom 2019*. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/late_life_uk_factsheet.pdf (Accessed: 30th March 2020).

Age UK (2019d) *Care in Crisis*. Available at: <https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/> (Accessed: 18th January 2020).

Alarcon, E. A. A. (2018) *An exploratory qualitative study of employee perceptions of effective manager coach-employee relationship*. PhD thesis. Capella University. doi:10.13140/RG.2.2.33915.26403.

Albert, A. (2019) *Care workers say their jobs impact their mental health and doesn't cover food or bills*. Available at: <https://www.homecare.co.uk/news/article.cfm/id/1614466/Care-workers-say-their-work-impacts-on-mental-health-but-fail-to-pay-for-food> (Accessed: 2nd April 2020).

Albert, A. (2017) *Undignified' 15 minute home care visits: still the norm for 34 councils*. Available at: <https://www.homecare.co.uk/news/article.cfm/id/1581211/Undignified-15-minute-home-care-visits-are-still-the-norm-for-34-English-councils> (Accessed: 14th January 2020).

Alderwick, H., Tallack, C. and Watt, T. (2019) *What should be done to fix the crisis in social care? Five priorities for government*. Available at: <https://www.health.org.uk/sites/default/files/2019-08/20190410-What-should-be-done-to-fix-the-crisis-in-social-care.pdf> (Accessed: 2nd February 2020).

Aliyu, A. A., Bello, M. U., Kasim, R. and Martin, D. (2014) 'Positivist and Non-Positivist Paradigm in Social Science Research: Conflicting Paradigms or Perfect Partners?', *Journal of Management and Sustainability*, 4(3). doi:10.5539/jms.v4n3p79.

Allen, G., and Langford, D. (2008) *Effective Interviewing in Social Work and Social Care*. Basingstoke: Palgrave Macmillan.

Anderson, C. (2010) 'Presenting and evaluating qualitative research', *American journal of pharmaceutical education*, 74(8), pp.141. doi:10.5688/aj7408141.

Angel, C. (2018) *The Homecare Deficit 2018: A report on the funding of older people's homecare across the United Kingdom*. (3rd edn). Available at: <https://www.ukhca.co.uk/downloads.aspx?ID=589> (Accessed: 14th February 2020).

Arnstein, V. (2015). 'A third of apprenticeships 'fail to provide high-quality training', says Ofsted'. Available at:

http://www.cipd.co.uk/pm/peoplemanagement/b/weblog/archive/2015/10/23/a-third-of-apprenticeships-fail-to-provide-high-quality-trainingsays-ofsted.aspx?utm_medium=email&utm_source=cipd&utm_campaign=pm_daily&utm_term=678405&utm_content=pm_daily_231015-3870-3897---20151023133033-A%20third%20of%20apprenticeships%20%E2%80%98fail%20to%20provide%20highquality%20training%E2%80%99%2C%20says%20Ofsted (Accessed: 2nd May 2019).

Asiamah, N., Mensah, H. K., and Orteng-Abavie, E. F. (2017) 'General, target, and accessible population: Demystifying the concepts for effective sampling', *The Qualitative Report*, 22(6), pp. 1607-1622. Available at: <https://search-proquest-com.glos.idm.oclc.org/docview/1922376954?OpenUrlRefId=info:xri/sid:wcdiscovery&accountid=27114> (Accessed: 15th February 2020).

Association of Directors of Adult Social Services (2018) *ADASS Budget Survey 2018*. Available at: <https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf> (Accessed: 18th March 2020).

Association of Directors of Adult Social Services (NO DATE) *Quality Matters*. Available at: <https://www.adass.org.uk/media/6021/quality-matters-final.pdf> (Accessed: 23rd February 2020).

Atkinson, C. and Lucas, R. (2013a) 'Policy and gender in adult social care work', *Public Administration*, 91(1), pp. 159-173. doi:10.1111/j.1467-9299.2012.02040.x.

Atkinson, C. and Lucas, R. (2013b) 'Worker responses to HR practice in adult social care in England', *Human Resource Management Journal*, 23(3), pp. 296-312. doi:10.1111/j.1748-8583.2012.00203.x.

Atkinson, C., Crozier, S. and Lucas, R. (2018) 'Workforce Policy and Care Quality in English Long-term Elder Care', *Public Performance & Management Review*, 41(4), pp. 859-884. doi:10.1080/15309576.2018.1473784.

Atkinson, C., Crozier, S., and Lewis, L. (2016) *Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors, impact upon the quality of domiciliary care*. Available at:

<https://www2.mmu.ac.uk/media/mmuacuk/content/documents/business-school/decent-work-and-productivity/160317-factors-affect-recruitment-retention-domiciliary-care-workers-final-en-1.pdf> (Accessed: 18th March 2020).

Austin, Z. and Sutton, J. (2014) 'Qualitative research: getting started', *The Canadian journal of hospital pharmacy*, 67(6), pp. 436–440. doi:10.4212/cjhp.v67i6.1406.

Barriball, L., Bremner, J., Buchan, J., Craveiro, I., Dieleman, M., Dix, O., Dussault, G., Jansen, C., Kroezen, M., Rafferty, A. M., and Sermeus, W. (2015) *Recruitment and Retention of the Health Workforce in Europe*. Available at: https://ec.europa.eu/health/sites/health/files/workforce/docs/2015_healthworkforce_recruitment_retention_frep_en.pdf (Accessed: 12th February 2020).

Beech, J., Bottery, S., Charlesworth, A., Evans, H., Gershlick, B., Hemmings, N., Imison, C., Kahtan, P., McKenna, H., Murray, R. and Palmer, B. (2019) *Closing the gap: Key areas for action on the health and care workforce*. Available at: <https://www.kingsfund.org.uk/sites/default/files/2019-06/closing-the-gap-full-report-2019.pdf> (Accessed: 11th May 2020).

Bellamy, K., Ostini, R., Marini, N. and Kairuz, T. (2016) 'Seeking to understand: Using generic qualitative research to explore access to medicines and pharmacy services among resettled refugees', *International Journal of Clinical Pharmacy*, 38(3), pp. 671-675. doi:10.1007/s11096-016-0261-1.

Benoot, C., Hannes, K. and Bilsen, J. (2016) 'The use of purposeful sampling in a qualitative evidence synthesis: A worked example on sexual adjustment to a cancer trajectory'. *BMC Medical Research Methodology*, 16(21). doi:10.1186/s12874-016-0114-6.

Berger, R. (2015) 'Now I see it, now I don't: Researcher's position and reflexivity in qualitative research', *Qualitative Research*, 15(2), pp. 219-234. doi:10.1177/1468794112468475.

Bessa, I., Forde, C., Moore, S. and Stuart, M. (2013) *The National Minimum Wage, earnings and hours in the domiciliary care sector*. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment>

<data/file/227614/LPC - Final Leeds University Report - 26 February 2013SM2.pdf>

(Accessed: 11th January 2020).

Billo, E. and Hiemstra, N. (2013) 'Mediating Messiness: Expanding Ideas of Flexibility, Reflexivity, and Embodiment in Fieldwork', *Gender, Place & Culture*, 20(3), pp. 313–328. doi:10.1080/0966369X.2012.674929.

Bjerregaard, K., Haslam, S. A., Morton, T., and Ryan, M. K. (2015) 'Social and relational identification as determinants of care workers' motivation and well-being', *Frontiers in psychology*, 6, doi:10.3389/fpsyg.2015.01460.

Bjerregaard, K. (2014) *The shared experience of care: a social identity approach to understanding the motivation of people who work in social care*. PhD Thesis. University of Exeter.

Bjerregaard, K., Haslam, A., Mewse, A. and Morton, T. (2014) 'The Shared Experience of Caring: A qualitative study of care workers' motivations at work', *Ageing and Society*, 37(1), pp. 113-138. doi:10.1017/S0144686X15000860.

Blandford, A. (2013) 'Semi-structured qualitative studies', in Soegaard, M., and Dam, R. F. *The Encyclopedia of Human-Computer Interaction* (2nd edn) Aarhus, Denmark: Interaction Design Foundation, c. 52.

Bloomberg, L. D. and Volpe, M. (2012) *Completing Your Qualitative Dissertation: A Road Map From Beginning to End*. 2nd edn. Thousand Oaks, CA: SAGE publications.

Bloor, M., Fincham, B. and Sampson, H. (2010) 'Unprepared for the Worst: Risks of Harm for Qualitative Researchers' *Methodological Innovations*, 5(1) pp. 45-55.

Bottery, S. (2019) *What's your problem, social care? The eight key areas for reform*. Available at: <https://www.kingsfund.org.uk/publications/whats-your-problem-social-care> (Accessed: 26th March 2020).

Bottery, S., Varrow, M., Thorlby, R. and Wellings, D. (2018) *A fork in the road: next steps for social care funding reform*. Available at: www.health.org.uk/news/socialcare-reform-

[fork-road-says-new-report-embargoed-press-release-0001-wed-16-may](#) (Accessed: 30th November 2019).

Boxall, P. and Macky, K. (2009) 'Research on theory and high performance work systems: progressing the high involvement stream', *Human Resource Management Journal*, 19(1), pp. 3-23.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), pp. 77-101. doi:10.1191/1478088706qp063oa.

Bright Care (NO DATE) *5 Common Misconceptions And Myths About Care*. Available at: <https://brightcare.co.uk/resource/5-common-misconceptions-myths-care/#:~:text=3.,relatively%20low%20levels%20of%20pay> (Accessed: 18th July 2020).

Bryman, A. (2004) *Social research methods*. 2nd edn. New York: Oxford University Press.

Bryman, A. (2012) *Social Research Methods*. 4th edn. New York: Oxford University Press.

Bunting, M. (2016) *Who cares: the emotional labour of an undervalued, underpaid workforce*. Available at: <https://www.theguardian.com/society/2016/mar/15/care-workers-undervalued-underpaid-radio-3> (Accessed: 6th May 2020).

Burns, J. (2017) *Unpaid carers save economy almost £60bn each year*. Available at: <https://www.bbc.co.uk/news/uk-40560827> (Accessed: 10th May 2020).

Cameron, C. and Boddy, J. (2006) 'Knowledge and education for care workers: what do they need to know?' in Boddy, J., Cameron, C. and Moss, P. (eds) *Care Work: Present and Future*, London: Routledge, pp. 50-70.

Care Act 2014, c. 23. Available at: www.legislation.gov.uk/ukpga/2014/23/enacted (Accessed: 25th April 2019).

Care Quality Commission (2011) *CQC report on Winterbourne View confirms its owners failed to protect people from abuse*. Available at:

<https://www.cqc.org.uk/news/releases/cqc-report-winterbourne-view-confirms-its-owners-failed-protect-people-abuse> (Accessed: 2nd April 2020).

Care Quality Commission CQC (2016) *Adult social care 'approaching tipping point', warns quality regulator (new story)*. Available at: www.cqc.org.uk/news/releases/adult-social-care%E2%80%98approaching-tipping-point%E2%80%99-warns-qualityregulator (Accessed: 18th November 2019).

Care Quality Commission (2017a) *The state of health care and adult social care in England 2016–17*. Available at: www.cqc.org.uk/publications/major-report/state-care (Accessed: 15th February 2020).

Care Quality Commission (2017b) *Buckhurst Hill's Winterton House care home closed by CQC*. Available at: <https://www.cqc.org.uk/news/releases/buckhurst-hill%E2%80%99s-winterton-house-care-home-closed-cqc> (Accessed: 2nd April 2020).

Care Quality Commission (2018a) *The State of Health and Adult Social Care 2018*. Available at: https://www.cqc.org.uk/sites/default/files/20171011_stateofcare1718_report.pdf (Accessed: 12th December 2019).

Care Quality Commission (2018b) *Croydon care home has its registration cancelled by CQC*. Available at: <https://www.cqc.org.uk/news/releases/croydon-care-home-has-its-registration-cancelled-cqc> (Accessed: 2nd April 2020) .

Care Quality Commission (2019) *The state of health care and adult social care in England 2018/19*. Available at: https://www.cqc.org.uk/sites/default/files/20191015b_stateofcare1819_fullreport.pdf (Accessed: 18th November 2019) .

Care Quality Commission (2020) *Care home to close after further Inadequate CQC rating*. Available at: <https://www.cqc.org.uk/news/releases/care-home-close-after-further-inadequate-cqc-rating> rating (Accessed: 2nd April 2020).

Care Standards Act 2000, c. 14. Available at:
http://www.legislation.gov.uk/ukpga/2000/14/pdfs/ukpga_20000014_en.pdf (Accessed: 18th November 2019).

Carr, S. (2014) *Pay, conditions and care quality in residential, nursing and domiciliary services*. Available at: <http://myhomelife.anchortek.com/wp-content/uploads/2015/02/JRF-report-on-care-pay-conditions-summary.pdf> (Accessed: 26th January 2020).

Carter, C. (2019) *Community Care: Adult care staff turnover rises for sixth consecutive year, report finds*. Available at: <https://www.communitycare.co.uk/2019/10/04/adult-care-staff-turnover-rises-sixth-consecutive-year-report-finds/> (Accessed: 15th February 2020).

Carter, R. (2015a) *Poor training of care home staff leaving residents at risk, investigation finds*. Available at: <https://www.communitycare.co.uk/2015/10/28/training-deficit-among-care-home-staff-leaving-residents-risk-investigation-finds/> (Accessed: 15th May 2020).

Carter, R. (2015b) *Home care training gaps risk 'fatal consequences' for service users*. Available at: <http://www.communitycare.co.uk/2015/04/23/home-care-training-gaps-risk-fatal-consequences-service-users-says-unison/> (Accessed: 20th October 2019).

Case, P. (2018) 'Care workers need support to handle the emotional impact of our jobs', *The Guardian*, 7 February. Available at: <https://www.theguardian.com/social-care-network/social-life-blog/2018/feb/07/care-workers-support-emotional-impact-jobs> (Accessed: 23rd May 2020).

Caulfield, J. (2019) *How to do a thematic analysis*. Available at:
<https://www.scribbr.com/methodology/thematic-analysis/> (Accessed: 6th March 2020).

Department of Health and Social Care (2013) *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf (Accessed: 19th October 2019).

Centre for Workforce Intelligence (2015) *Forecasting the Adult Social Care Workforce: A summary report of workforce intelligence*. Available at: https://www.basw.co.uk/system/files/resources/basw_22641-9_0.pdf (Accessed: 2nd March 2020).

Chen, H. (2014) 'Care workers in long term care for older people: challenges of quantity and quality', *European Journal of Social Work*, 17(3), pp. 383–401. doi:10.1080/13691457.2013.861389.

Christeen, G. (2015) *Retaining Professional Workers: What Makes Them Stay?* *Employee Relations*, 37(1), pp. 102-121. doi:10.1108/ER-10-2013-0151.

Cibangu, K. S. (2012) 'Qualitative Research: The Toolkit of Theories in the Social Sciences', in Azcarate, L. V. A (eds) *Theoretical and Methodological Approaches to Social Sciences and Knowledge Management*, InTechOpen, pp. 95–126. doi:10.5772/38691.

Clarke, S. (2019) *One in three care workers plan to leave the sector by 2024, survey finds*. Available at: <https://www.homecareinsight.co.uk/one-in-three-care-workers-plan-to-leave-the-sector-by-2024-survey-finds/> (Accessed: 8th May 2020).

Clarke, S. (2020) *Two thirds of social care staff 'on brink of burnout', study finds*. Available at: <https://www.homecareinsight.co.uk/two-thirds-of-social-care-staff-on-the-brink-of-burnout-study-finds/> (Accessed: 8th May 2020).

Cleary, M., Horsfall, J., and Hayter, M. (2014) 'Data Collection and sampling in qualitative research: Does size matter?', *Journal of Advanced Nursing*, 70(3), pp. 473-475. doi:10.1111/jan.12163.

Clough, M. (2018) *Recognising the signs of carer burnout*. Available at: <https://www.socialcare.co.uk/care/blog/recognising-the-signs-of-carer-burnout/> (Accessed: 12th May 2020).

Cooper, C., Booth, A., Varley-Campbell, J.V., Britten, N. and Garside, R. (2018) 'Defining the process to literature searching in systematic reviews: a literature review of guidance

and supporting studies', *BMC Medical Research Methodology*, 18(1), pp. 1-14.
doi:10.1186/s12874-018-0545-3.

Corti, L. (2007) 'Re-using archived qualitative data – Where, how, why?', *Archival Science*, 7(1), pp. 37–54. doi:10.1007/s10502-006-9038-y.

Costello, H., Cooper, C., Marston, L. and Livingston, G. (2020) 'Burnout in UK care home staff and its effect on staff turnover: MARQUE English national care home longitudinal survey', *Age and Ageing*, 49(1), pp.74–81. doi:10.1093/ageing/afz118.

Creswell, J. W. (2009). *Research Design: Qualitative, Quantitative and Mixed Method Approaches*. 3rd edn. Thousand Oaks, CA: SAGE.

Cromarty, H. (2019) *Adult Social Care Funding (England)*. Available at:
<https://commonslibrary.parliament.uk/research-briefings/cbp-7903/> (Accessed: 10th May 2020).

Crotty, M. (1998) *The Foundations of Social Research*. London: SAGE.

Da Costa, R. B., Hall, S. M. and Spear, A. (2016) 'Whose reality? A meta-analysis of qualitative research in international and comparative education', *The Qualitative Report*, 21(4), pp. 661-676, Available at:
https://www.researchgate.net/publication/300974626_Whose_Reality_A_Meta-Analysis_of_Qualitative_Research_in_International_and_Comparative_Education (Accessed: 23rd February 2020).

Dayan, M. (2017) *Getting a Brexit deal that works for the NHS*. Available at:
www.nuffieldtrust.org.uk/research/getting-a-brexite-deal-thatworks-for-the-nhs (Accessed: 31st March 2020).

DeJonckheere, M. and Vaughn, L. M. (2019) 'Semi-structured interviewing in primary care research: a balance of relationship and rigour', *Family Medicine and Community Health*, 7(2) doi:10.1136/fmch-2018-000057.

Denzin, N. and Lincoln, Y. (2011) 'Introduction: Entering the field of qualitative research', In N. Denzin, N. and Lincoln, Y. (eds) *Handbook of Qualitative Research*, pp. 1-19.

Department of Health and Social Care (2019a) *Next phase of adult social care recruitment campaign begins*. Available at: <https://www.gov.uk/government/news/next-phase-of-adult-social-care-recruitment-campaign-begins> (Accessed: 22nd January 2020).

Department of Health and Social Care (2019b) *Everyday is Different*. Available at: <https://www.everydayisdifferent.com/home.aspx> (Accessed: 22nd January 2020).

Department of Health and Social Care (2020) *DHSC Adult Social Care 2020 Recruitment Campaign 'Care for Others. Make a Difference.'* Available at: <https://campaignresources.phe.gov.uk/resources/campaigns/106/resources/5114> (Accessed: 21st May 2020).

Devins, D., Bickerstaffe, T., Mitchell, B. and Halliday, S. (2014) *Improving progression in low-paid, lowskilled retail, catering and care jobs*. Available at: www.jrf.org.uk/publications/improvingprogression-low-paid-low-skilled-jobs (Accessed: 23rd February 2020).

Dowling, M. (2006) 'Approaches to reflexivity in qualitative research', *Nurse Researcher*, 13(3), pp. 7-21.

Downs, C. (2015) 'The vicious circle of low status homecare work must be broken', *The Guardian*, 5 March. Available at: <https://www.theguardian.com/social-care-network/2015/mar/05/vicious-circle-homecare-care-work> (Accessed: 8th May 2020).

Draucker, C., Martsof, D. and Poole, C. (2009) 'Developing Distress Protocols for Research on Sensitive Topics', *Archives of Psychiatric Nursing*, 23(5), pp. 343–350. doi:10.1016/j.apnu.2008.10.008.

Dunatchik, A., Icardi, R. and Blake, M. (2019) 'Predicting Unmet Need for Social Care', *Journal of Long-Term Care*, pp. 194–205.

Equality and Human Rights Commission (2011) *Close to home: An inquiry into older people and human rights in home care*. Available at: https://www.equalityhumanrights.com/sites/default/files/close_to_home.pdf (Accessed: 15th March 2020).

Fitz-enz, J. (1990) 'Getting and Keeping Good Employees', *In Personnel*, 67(8), pp. 25-29.

Flynn, M. and Mercer, D. (2013) 'Is compassion possible in a market-led NHS?', *Nursing Times*, 109(7), pp. 19-25.

Fox, A. (2009) *Using Interviews in a Research Project*. Available at: https://www.rds-yh.nihr.ac.uk/wp-content/uploads/2013/05/15_Using-Interviews-2009.pdf (Accessed: 13th April 2020).

Fusch, P. I. and Ness, L. R. (2015) 'Are we there yet? Data saturation in qualitative research' *The Qualitative Report*, 20(9), pp. 1408-1416. Available at: <https://search-proquest-com.glos.idm.oclc.org/docview/1721368991/fulltextPDF/EEDB75866514487PQ/1?accountid=27114> (Accessed: 14th January 2020).

Gabriel, D. (2013) *Inductive and deductive approaches to research*. Available at: <https://deborahgabriel.com/2013/03/17/inductive-and-deductive-approaches-to-research/> (Accessed: 26th March 2020).

Galandini, S. and Ferrer, I. (2020) *Make care count: Unpaid and underpaid care work across Britain*. Available at: <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620952/bp-make-care-count-060320-en.pdf;jsessionid=7BE2AC934B3460691FFAEE804FD09E1C?sequence=4> (Accessed: 6th May 2020).

Gardiner, L. and Hussein, S. (2015) *As If We Cared: The costs and benefits of a living wage for social care workers*. Available at: <https://www.resolutionfoundation.org/app/uploads/2015/03/As-if-we-cared.pdf> (Accessed: 12th February 2020)

Gentles, S. J., Charles, C., Ploeg, J., and McKibbin, K. (2015) 'Sampling in Qualitative Research: Insights from an Overview of the Methods Literature', *The Qualitative Report*, 20(11), pp.1772– 1789. Available at:

https://www.researchgate.net/publication/283584073_Sampling_in_qualitative_research_insights_from_an_overview_of_the_methods_literature (Accessed: 4th December 2019).

Gerlich, K. (2020) 'Care workers like me aren't low skilled – these immigration rules will risk lives', *The Guardian*, 20 February. Available at:

<https://www.theguardian.com/society/2020/feb/20/care-workers-like-me-arent-low-skilled-these-immigration-rules-will-risk-lives> (Accessed: 18th July 2020).

Gershlick, B. and Charlesworth, A. (2019) *Health and social care workforce, Priorities for the new government*. Available at: <https://www.health.org.uk/publications/long-reads/health-and-social-care-workforce> (Accessed: 6th May 2020).

Gopaldas, A. (2016) 'A Front-to-back Guide to Writing a Qualitative Research Article', *Qualitative Market Research: An International Journal*, 19(1), pp. 115–121. doi:10.1108/QMR-08-2015-0074.

Gospel, H. and Lewis, P. (2011) 'Who cares about skills? The impact and limits of statutory regulation on qualifications and skills in social care', *British Journal of Industrial Relations*, 49(4), pp. 601–622. doi:10.1111/j.1467-8543.2010.00828.x.

Gouldner, A. (1971) *The Coming Crisis in Western Sociology*. London: Heinemann.

Green, A. (2017) *The Advantages of an Interview Over a Questionnaire*. Available at: <https://bizfluent.com/info-8220458-advantages-interview-over-questionnaire.html> (Accessed: 13th April 2020).

Green, A. (2020) *Opinion: Underappreciated and underpaid - why are we treating care workers so poorly?* Available at: <https://www.rugbyadvertiser.co.uk/news/people/opinion-underappreciated-and-underpaid-why-are-we-treating-care-workers-so-poorly-2004238> (Accessed: 10th May 2020).

Griffin, M. G., Resick, P. A., Waldrop, A. E. and Mechanic, M. B. (2003) 'Participation in trauma research: Is there evidence of harm?', *Journal of Traumatic Stress*, 16(3), pp. 221–227. doi:10.1023/A:1023735821900.

Guest, D. (1999) 'Human resource management - the workers' verdict', *Human Resource Management Journal* 9(3), pp. 5–25.

Guest, D. (2011) 'Human Resource Management and Performance: still searching for some answers', *Human Resource Management Journal*, 21(1), pp. 3-13.
doi:10.1111/j.1748-8583.2010.00164.x.

Guest, G., MacQueen, K. M. and Namey, E. E. (2011) *Applied thematic analysis*. Thousand Oaks, CA: SAGE.

Gul, R.B. and Ali, P. A. (2010) 'Clinical Trials: The challenge of recruitment and retention of participants', *Journal of Clinical Nursing*, 19(1-2), pp. 227-233. doi:10.1111/j.1365-2702.2009.03041.x.

Hannes, K. and Lockwood, C. (2011) *Synthesizing Qualitative Research*. Chichester: John Wiley and Sons Ltd.

Hardwick, L. and Worsley, A. (2011) 'Interviews and questionnaires' In *Doing social work research*. London: SAGE, pp. 68-84. doi:10.1002/9781444301120.ch9.

Hardy, R. (2015) 'Heavy workloads, too few staff: social care workers say stress is inevitable', *The Guardian*, 10 June. Available at: <https://www.theguardian.com/society-professionals/2015/jun/10/inevitable-stress-social-care-social-work> (Accessed: 11th May 2020).

Harlow, E. (2004) 'Why don't women want to be social workers anymore? New managerialism, postfeminism and the shortage of social services departments in England and Wales', *European Journal of Social Work*, 7 (2), pp. 167-179.
doi:10.1080/1369145042000237436.

Hart, C. (2018) *Doing a Literature Review: Releasing the Research Imagination*. London: SAGE.

Hassard, J., Teoh, K. and Cox, T. (2018) *Job satisfaction: theories and definitions*. Available at: [https://oshwiki.eu/wiki/Job_satisfaction: theories and definitions](https://oshwiki.eu/wiki/Job_satisfaction:_theories_and_definitions) (Accessed: 4th March 2020).

Hawton, K., Houston, K., Malmberg, A. and Simkin, S. (2003) 'Psychological autopsy interviews in suicide research: The reactions of informants', *Archives of Suicide Research*, 7(1), pp. 73–82. doi:10.1080/13811110301566.

Hayes, L., Johnson, E. and Tarrant, A. (2019) *Professionalisation at work in adult social care*. Available at: [https://www.gmb.org.uk/sites/default/files/Professionalisation at Work 0309.pdf](https://www.gmb.org.uk/sites/default/files/Professionalisation_at_Work_0309.pdf) (Accessed: 16th February 2020).

Haynes, L. (2018a) *Majority of social workers looking to leave their job within the next 16 months, says new research*. Available at: <https://www.communitycare.co.uk/2018/10/30/majority-social-workers-looking-leave-job-within-next-16-months-says-new-research/> (Accessed: 23rd February 2020).

Haynes, L. (2018c) *Care providers losing employees to other industries*. Available at: <https://www.communitycare.co.uk/2018/04/12/care-providers-losing-employees-industries-says-briefing/> (Accessed: 16th May 2020).

Haynes, L. (2018b) *Adult social care staff suffering from low pay and esteem, report says*. Available at: <https://www.communitycare.co.uk/2018/05/15/adult-social-care-staff-suffering-low-pay-esteem-report-says/> (Accessed: 12th January 2020).

Hennink, M. M., Kaiser, B. N. and Marconi, V. C. (2017) 'Code saturation versus meaning saturation: How many interviews are enough?', *Qualitative Health Research*, 27(4), pp. 591-608. doi:10.1177/1049732316665344.

Himmelweit, S. (2007) 'The prospects for caring: economic theory and policy analysis', *Journal of Economics*, 31(4), pp.581-599.

HM Government (2012) *Caring for our future: reforming care and support*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf (Accessed: 19th December 2019).

Home Office (2018) *EU Settlement Scheme: Statement of intent*. Available at: www.gov.uk/government/publications/eu-settlementscheme-statement-of-intent (Accessed: 25th February 2020).

Hoque, Z., Parker, L. D., Covalski, M. A. and Haynes, K. (2017) *The Routledge Companion to Qualitative Accounting Research Methods*. Oxfordshire: Taylor & Francis.

Hosking, M. H. and Pluut, B. (2010) '(Re)constructing reflexivity: A relational constructionist approach', *The Qualitative Report*, 15(1), pp. 59-75. Available at: <https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1140&context=tqr> (Accessed: 6th April 2020).

House of Commons (2018) *The adult social care workforce in England: Thirty-Eighth Report of Session 2017–19*. Available at: <https://publications.parliament.uk/pa/cm201719/cmselect/cmpublic/690/690.pdf> (Accessed: 23rd February 2020).

House of commons communities and local government committee (2017) *Social Care, Ninth Report of Session 2016–17*. Available at: <https://publications.parliament.uk/pa/cm201617/cmselect/cmcomloc/1103/1103.pdf> (Accessed: 18th March 2020).

Howat, C., Lawrie, M. and Sutton, R. (2015) *Sector insights: skills and performance challenges in the health and social care sector*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430137/Skills_and_Performance_Challenges_in_Health_and_Social_Care.pdf (Accessed: 23rd February 2020).

Hussein, S., Ismail, M. and Manthorpe, J. (2016) 'Changes in turnover and vacancy rates of care workers in England from 2008 to 2010: panel analysis of national workforce data', *Health and Social Care in the Community*, 24(5), pp. 547-556.

Jamshed, S. (2014) 'Qualitative research method-interviewing and observation', *Journal of basic and clinical pharmacy*, 5(4), pp. 87–88. doi:10.4103/0976-0105.141942.

Jarrett, T. (2019) *Adult social care: the Government's ongoing policy review and anticipated Green Paper (England)*. Available at: <https://commonslibrary.parliament.uk/research-briefings/cbp-8002/> (Accessed: 5th May 2020).

Jesson, J., Matheson, L. and Lacey, F.M. (2011) *Doing your literature review: traditional and systematic techniques*. Los Angeles, CA: SAGE.

Johnson, E. K. (2015) 'The Business of Care: The Moral Labour of Care Workers', *Sociology of Health & Illness*, 37(1), pp. 112–126. doi:10.1111/1467-9566.12184.

Kingsmill, B.D. (2014) *The Kingsmill Review: taking care, An independent report into working conditions in the Care Sector*. Available at: https://www.yourbritain.org.uk/uploads/editor/files/The_Kingsmill_Review_-_Taking_Care_-_Final_2.pdf (Accessed: 13th February 2020).

Kingston, A., Wohland, P., Wittenberg, R., Robinson, L., Brayne, C., Matthews, F. and Jagger, C. (2017) 'Is late-life dependency increasing or not? A comparison of the cognitive Function and Ageing Studies (CFAS)', *The Lancet*, 390(10103), pp. 1676–1684. doi:10.1016/S0140-6736(17)31575-1.

Kingston, A., Comas-Herrera, A. and Jagger, C. (2018) 'Forecasting the care needs of the older population in England over the next 20 years: estimates from the Population Ageing and Care Simulation (PACSim) modelling study', *Public Health*, 3(9), pp. 447–455. doi:10.1016/S2468-2667(18)30118-X.

Klein, H.K. and Myers, M.D. (1999) 'A set of principles for conducting and evaluating interpretive field studies in information systems', *Management Information Systems*, 23(1), pp. 67-93. doi:10.2307/249410.

Kossivi, B., Xu, M. and Kalgora, B. (2016) 'Study on Determining Factors of Employee Retention', *Open Journal of Social Sciences*, 4(5), pp. 261-268. doi:10.4236/jss.2016.45029.

Kroon, B. and Freese, C. (2013) 'Can HR Practices Retain Flexworkers with Their Agency?', *International Journal of Manpower*, 34(8), pp. 899-917. doi:10.1108/IJM-07-2013-0169.

Lambert, C., Jomeen, J. and McSherry, W. (2010) 'Reflexivity: A review of the literature in the context of midwifery research', *British Journal of Midwifery*, 18(5), pp. 321-326. doi:10.12968/bjom.2010.18.5.47872.

Largent, E.A. and Lynch, H.F. (2017) 'Paying research participants: Regulatory uncertainty, conceptual confusion, and a path forward', *Yale Journal of Health Policy, Law, and Ethics*, 17(1) pp. 61-142. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5728432/> (Accessed: 6th March 2020).

Law, J. (2004) *After method: mess in social science research*. London: Routledge.

Learner, S. (2019) *Low pay blamed for care worker recruitment crisis*. Available at: <https://www.homecare.co.uk/news/article.cfm/id/1605659/low-pay-care-worker-recruitment-crisis> (Accessed: 10th May 2020).

Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L. and Ponterotto, J. G. (2017) 'Recommendations for Designing and Reviewing Qualitative Research in Psychology: Promoting Methodological Integrity', *Qualitative Psychology*, 4(1), pp. 2–22. doi:10.1037/qup0000082.

Lloyd, C., King, R. and Chenoweth, L. (2002) 'Social work, stress and burnout: A review', *Journal of Mental Health*, 11(3), pp. 255-265. doi:10.1080/09638230020023642.

Lo, B. (2012) *Ethical Issues in Clinical Research: A Practical Guide*. CA: Lippincott Williams, and Wilkins .

Locke, L. F, Spirduso, W. W. and Silverman, S. J. (2014) *Proposals that work: A guide for planning Dissertations and Grant proposals*. 6th edn. Los Angeles: SAGE.

Lucas, R., Atkinson, C. and Godden, J. (2009) *Skills for Care: Rewards and Incentives research, nursing homes, residential homes and domiciliary care establishments*. Available at: https://www.basw.co.uk/system/files/resources/basw_101251-10_0.pdf (Accessed: 16th March 2020).

Madziwa, M. M. (2016) *Interviewing as a data collection method*. Available at: <https://www.linkedin.com/pulse/interviewing-data-collection-method-munyaradzi-madziwa/> (Accessed: 28th March 2020).

Malterud, K., Siersma, V. D. and Guassora, A. D. (2016) 'Sample size in qualitative interview studies: Guided by information power', *Qualitative Health Research*, 26(13), pp. 1753-1760. doi:10.1177/1049732315617444.

Manthorpe, J. and Moriarty, J. (2016) *Social Work Research with Adults: the state we're in*. Available at: <https://www.kcl.ac.uk/scwru/pubs/2016/reports/manthorpe-and-moriarty-2016-social-work-research.pdf> (Accessed: 11th January 2020).

Markham, A. (2017) *Reflexivity: Some techniques for interpretive researchers*. Available at: <https://annetmarkham.com/2017/02/reflexivity-for-interpretive-researchers/> (Accessed: 13th April 2020).

Maslow, A.H. (1970) *Motivation and Personality*. 2nd edn. New York: Harper & Row.

McCombes, S. (2020) *Developing the theoretical framework*. Available at: <https://www.scribbr.co.uk/thesis-dissertation/theoretical-framework/> (Accessed: 12th February 2020).

McIntosh, M. J. and Morse, J. M. (2015) 'Situating and Constructing Diversity in Semi-Structured Interviews', *Global Qualitative Nursing Research*.

doi:10.1177/2333393615597674.

McMahon, J. (2020) *If we value the work social care workers do, then we should be prepared to pay for it*. Available at: <https://www.politicshome.com/thehouse/article/if-we-value-the-work-that-social-care-workers-do-then-we-should-be-prepared-to-pay-for-it>

(Accessed: 10th May 2020).

Medelyan, A. (2019) *Coding Qualitative Data: How to Code Qualitative Research*.

Available at: [https://getthematic.com/insights/coding-qualitative-data/#:~:text=What%20is%20coding%20in%20qualitative,recurring\)%20themes%20in%20each%20response](https://getthematic.com/insights/coding-qualitative-data/#:~:text=What%20is%20coding%20in%20qualitative,recurring)%20themes%20in%20each%20response). (Accessed: 18th July 2020).

Melville, A. and Hincks, D. (2016) *Conducting Sensitive Interviews: A Review of Reflections*. doi:10.5553/REM/.000015.

Migration Advisory Committee (2018) *EEA Migration in the UK: Final report*. Available at: www.gov.uk/government/publications/migration-advisory-committee-mac-report-eea-migration (Accessed: 18th March 2020).

Miles, M.B. and Huberman, A.M. (1994) *Qualitative Data Analysis*. 2nd edn. Thousand Oaks, CA: SAGE.

Mohajan, H.K. (2018) 'Qualitative Research Methodology in Social Sciences and Related Subjects', *Journal of Economic Development, Environment and People*, 7(1), pp. 23-48.

doi:10.26458/jedep.v7i1.571.

Moriarty, J. (2011) *Qualitative methods overview*. Available at:

http://eprints.lse.ac.uk/41199/1/SSCR_Methods_Review_1-1.pdf (Accessed: 17th January 2020).

Moriarty, J., Manthorpe, J. and Harris, J. (2018) *Recruitment and retention in adult social care services*. Available at: <https://www.kcl.ac.uk/scwru/pubs/2018/reports/Recruitment-and-retention-report.pdf> (Accessed: 19th September 2019).

Morse, A. (2018) *The adult social care workforce in England*. Available at: <https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England.pdf> (Accessed: 23rd February 2020).

Myton Hospice (2018) *Myton Hospice*. Available at: <https://www.mytonhospice.org/> (Accessed: 13th April 2020).

National Audit Office (2016) *Discharging Older Patients from Hospital*. Available at: <https://www.nao.org.uk/report/discharging-older-patients-from-hospital/> (Accessed: 18th March 2020).

National Audit Office (2018a) *The adult social care workforce in England*. Available at: <https://www.nao.org.uk/wp-content/uploads/2018/02/The-adult-social-care-workforce-in-England.pdf> (Accessed: 12th December 2019).

National Audit Office (2018b) *Adult Social Care at a Glance*. Available at: <https://www.nao.org.uk/wp-content/uploads/2018/07/Adult-social-care-at-a-glance.pdf> (Accessed: 19th October 2019).

National Institute for Health and Social Care Excellence (2015) *Older people with social care needs and multiple long-term conditions*. Available at: <https://www.nice.org.uk/guidance/ng22/evidence/full-guideline-pdf-552742669> (Accessed: 22nd January 2020).

National Institute for Health and Social Care Excellence (2019) *NICE impact adult social care*. Available at: <https://www.nice.org.uk/Media/Default/About/what-we-do/Into-practice/measuring-uptake/nice-impact-adult-social-care.pdf> (Accessed: 30th March 2020).

Naysmith, S. (2019) *Care workers undervalued and exploited for "drastic" pay, report warns*. Available at: <https://www.heraldscotland.com/news/17458302.care-workers-undervalued-and-exploited-for-drastic-pay-report-warns/> (Accessed: 6th May 2020).

Nelson, S., and Gordon, S. (2007) *The complexities of care: Nursing reconsidered*. New York: ILR Press.

NHS England (2018). *Adult Social Care Activity and Finance Report, England – 2017-18: Detailed Analysis*. Available at: <https://files.digital.nhs.uk/35/6A192B/Activity%20and%20Finance%20Report%20201718.pdf> (Accessed: 3rd March 2020).

Nieuwenhuis, J. (2016) 'Introducing qualitative research' in Maree, K. (ed.) *First steps in research (2nd edn.)* Pretoria, South Africa: Van Schaik Publishers, pp. 50-69.

Nowell, L. S., Norris, J. M., White, D. E. and Moules, N. J. (2017) 'Thematic Analysis: Striving to Meet the Trustworthiness Criteria', *International Journal of Qualitative Methods*, 16(1), pp. 1–13. doi:10.1177/1609406917733847.

Nuremberg, M. T. (1947) *The Nuremberg Code*. Available at: <https://history.nih.gov/research/downloads/nuremberg.pdf> (Accessed: 27th March 2020).

O'Neil, S. and Koekemoer, E. (2016) 'Two decades of qualitative research in psychology, industrial and organizational psychology and human resource management within South Africa: A critical review', *SA Journal of Industrial Psychology*, 42(1), pp.1-16. doi:10.4102/sajip.v42i1.1350.

Office for National Statistics (2018a) *Living longer*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13> (Accessed: 19th January 2020).

Office for National Statistics (2018b) *Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland> (Accessed: 5th February 2020).

Office for National Statistics (2018c) *Living longer: how our population is changing and why it matters*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/>

[articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2015to2017) (Accessed: 6th May 2020).

Office for National Statistics (2018d) *Health state life expectancies, UK: 2015 to 2017*.

Available at:

www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2015to2017 (Accessed: 28th January 2020).

Office for Statistics Regulations (2020) *Adult Social Care Statistics in England*. Available at:

https://www.statisticsauthority.gov.uk/wpcontent/uploads/2020/01/19_11_15_SocialCare_Srv3.pdf (Accessed: 10th May 2020).

Okoli, C. (2015) 'A Guide to Conducting a Standalone Systematic Literature Review', *Communications of the Association for Information Systems*, 37(43), pp. 879-910. doi:10.17705/1CAIS.03743.

Oltmann, S.M. (2016) 'Qualitative Interviews: A Methodological Discussion of the Interviewer and Respondent Contexts', *Forum Qualitative Sozialforschung/ Forum: Qualitative Social Research*, 17(2), pp. 1-16. doi:10.17169/fqs-17.2.2551.

Orme, J. and Shemmings, D. (2010) *Developing Research Based Social Work Practice*. Basingstoke: Palgrave Macmillan.

Palaganas, E.C, Sanches, M.C., Molintas, M.V. and Caricativo, R.D. (2017) 'Reflexivity in Qualitative Research: A Journey of Learning', *The Qualitative Report*, 22(2), pp.426-438.

Available at:

https://pdfs.semanticscholar.org/433b/df7a90369f65bceec993f466ace3d267f342.pdf?_ga=2.9153333.1223549123.1590229205-903046151.1585222638 (Accessed: 12th February 2020).

Palmatier, R.W., Houston, M.B. and Hulland, J. (2018) 'Review articles: purpose, process, and structure', *Journal of the Academy of Marketing Science* 46(1), pp. 1–5.

doi:10.1007/s11747-017-0563-4.

Paré, G. and Kitsiou, S. (2017) 'Methods for Literature Reviews' in Lau F. and Kuziemsky C, (eds) *Handbook of eHealth Evaluation: An Evidence-based Approach*. Victoria, Canada: University of Victoria, pp. 157-173.

Patton, M. Q. (2002) *Qualitative Research and Evaluation Methods*. 3rd edn. Thousand Oaks, CA: SAGE.

Percy, W. H., Kostere, K., and Kostere, S. (2015) 'Generic qualitative research in psychology', *The Qualitative Report*, 20(2), pp. 76-85. Available at: <https://nsuworks.nova.edu/tqr/vol20/iss2/7/> (Accessed: 18th March 2020).

Philpott, J. (2014) *Rewarding work for low-paid workers*. York: Joseph Rowntree Foundation. Available at: <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/employment-pay-rewards-full.pdf> (Accessed: 20th November 2019).

Pitard, J. (2017) *A Journey to the Centre of Self: Positioning the Researcher in Autoethnography*. Available at: <http://www.qualitative-research.net/index.php/fqs/article/view/2764/4131> (Accessed: 13th April 2020).

Price, M. (2019) *Staff Retention in Home Care*. Available at: <https://www.care-planner.co.uk/staff-retention-in-home-care/> (Accessed: 16th May 2020).

Proud to Care (2020) *Proud to Care Gloucestershire* Available at: <https://www.proudtocareglos.org.uk/> (Accessed: 12th February 2020)

Punch, K.F. (2014) *Introduction to Social Research: Quantitative and Qualitative Approaches*. 3rd edn. Thousand Oaks, CA: SAGE.

Purcell, J. and Hutchinson, S. (2007) 'Front line managers as agents in the HRM-performance causal chain: theory, analysis and evidence', *Human Resource Management Journal*, 17(1), pp. 3-20.

Purcell, J., Kinnie, N., Hutchinson, S., Rayton, B. and Swart, J. (2003) *Understanding the people/performance link: unlocking the black box*. London: Chartered Institute of Personnel and Development (Research report / CIPD).

- Quad, A. (2016) *Research tools: Interviews and Questionnaires*. Available at: <https://lled500.trubox.ca/2016/225> (Accessed: 13th April 2020).
- Queirós, A., Faria, D. and Almeida, F. (2017) 'Strengths and limitations of qualitative and quantitative research methods', *European Journal of Education Studies*, 3(9), pp. 369-387. doi:10.5281/zenodo.887089.
- Rainbird, H., Leeson, E. and Munro, A. (2011) 'Is regulation good for skill development? Mediating actors and workplace practice in adult social care in England', *International Journal of Human Resource Management*, 22(18), pp. 3727-3741. doi:10.1080/09585192.2011.622921.
- Remenyi, D. S. J., Swartz, E., Money, A. and Williams, B. (1998) *Doing Research in Business and Management: An Introduction to Process and Method*. London: SAGE.
- Rennie, J. (2019) *Recruiting and retaining care home staff is still biggest challenge*. Available at: <https://www.carehome.co.uk/news/article.cfm/id/1615986/Recruiting-care-home-staff-funding-and-brexite-are-the-biggest-challenges-for-care-homes> (Accessed: 16th May 2020).
- Ridley, D. (2012) *The Literature Review: A Step-by-Step Guide for Students*. 2nd edn. Los Angeles: SAGE.
- Ritchie, J., Lewis, J., Nicholls, C.M. and Ormston, R. (2014) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. 2nd end. Los Angeles: SAGE.
- Robinson, R. (2013) *The Scandal of 15 Minute Homecare Visits*. Available at: <https://www.qcs.co.uk/scandal-15-minute-homecare-visits/> (Accessed: 14th January 2020).
- Roche, S. R. (2018) *Social care workers underpaid and overworked in the 'Cinderella' service*. Available at: <https://www.independentnurse.co.uk/news/social-care-workers-underpaid-and-overworked-in-the-cinderella-service/168422> (Accessed: 18th March 2020).

Rolfe, H. (2020) *Care work is undervalued and underfunded, but this has nothing to do with immigration*. Available at: <https://blogs.lse.ac.uk/brexit/2020/02/24/care-work-is-undervalued-and-underfunded-but-this-has-nothing-to-do-with-immigration/> (Accessed: 3rd April 2020).

Rowe, F. (2014) 'What literature review is not: Diversity, boundaries and recommendations', *European Journal of Information Systems*, 23(3), pp. 241 – 255. doi:10.1057/ejis.2014.7.

Roy, A. K. (2018) *A guide to research methodology for beginners*. Available at: [https://www.academia.edu/36467581/A Guide to Research Methodology for Beginners](https://www.academia.edu/36467581/A_Guide_to_Research_Methodology_for_Beginners) (Accessed: 14th March 2020).

Rubery, J. and Urwin, P. (2011) 'Bringing the employer back in: why social care needs a standard employment relationship', *Human Resource Management Journal*, 21(2), pp. 122-137. doi:10.1111/j.1748-8583.2010.00138.x.

Rubery, J., Grimshaw, D., Hebson, G., Carroll, M., Smith, L., Marchington, L. and Urgate, S. (2011) *The Recruitment and Retention of a Care Workforce for Older People*. Available at: <http://www.research.mbs.ac.uk/ewerc/Portals/0/docs/Department%20of%20Health%20-%20Full%20Report.pdf> (Accessed: 18th November 2019).

Rubin, A. and Babbie, E. R. (2008) *Research methods for social work*. 6th edn. Belmont, CA: Thomson/Brooks/Cole.

Rusbridge, A. and Ahmed, R. (2017) *Research into perceptions of the social care sector in East London*. Available at: <https://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Careers-in-care/Research-into-perceptions-of-the-social-care-sector-in-East-London.pdf> (Accessed: 9th May 2020).

Sarantakos, S. (2013) *Social Research*. 4th edn. New York: Palgrave Macmillan.

Saunders, M. N. K., Lewis, P. and Thornhill, A. (2009) 'Understanding research philosophy and approaches to theory development' in: *Research methods for business students*. 5th edn. Ch. 4, pp. 122-157. New York: Prentice Hall.

Schneider, J. (2017) 'Paid carers: a new research challenge', *Aging and Mental Health*, 21(7), pp. 758–760. doi:10.1080/13607863.2016.1156049.

Social Care Institute for Excellence (2012) *Commissioning care homes: common safeguarding challenges*. Available at: <https://www.scie.org.uk/publications/guides/guide46/underlyingcauses/humanresources.aspx> (Accessed: 9th February 2020).

Sherry, E. (2013) 'The Vulnerable Researcher: Facing the Challenges of Sensitive Research', *Qualitative Research Journal* 13(3), pp. 278-288. doi:10.1108/QRJ-10-2012-0007.

Silverman, D. (2015) *Interpreting qualitative data*. 5th edn. London: SAGE.

Skills for Care (2014) *Adult social care workforce recruitment and retention strategy*. Available at: <https://www.skillsforcare.org.uk/Documents/About/What-we-do/Recruitment-and-retention-strategy-2014-17.pdf> (Accessed: 10th May 2020).

Skills for Care (2016) *Study into the impact of a values based approach to recruitment and retention*. Available at: <https://www.skillsforcare.org.uk/Documents/NMDS-SC-and-intelligence/Research-evidence/Values-based-recruitment-Final-evaluation-report.pdf> (Accessed: 11th April 2020).

Skills for Care (2017) *Recruitment and retention in adult social care: secrets of success Learning from employers what works well*. Available at: <https://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Secrets-of-success/Recruitment-and-retention-secrets-of-success-report.pdf> (Accessed: 1st February 2020).

Skills for Care (2018a) *The Economic Value of the Adult Social Care sector – UK Final report*. Available at: <https://www.skillsforcare.org.uk/Documents/About/sfcd/Economic-value-of-the-adult-social-care-sector-UK.pdf> (Accessed: 6th May 2019).

Skills for Care (2018b) *Adult social care employers contribute £38 billion to the English economy*. Available at: <https://www.skillsforcare.org.uk/About/News/News-Archive/Contribute-38-billion-to-English-economy.aspx> (Accessed: 12th February 2020).

Skills for Care (2018c) *Skills for Care publishes latest workforce figures*. Available at: <https://www.skillsforcare.org.uk/About/News/News-Archive/Skills-for-Care-publishes-latest-workforce-figures.aspx> (Accessed: 15th February 2020).

Skills for Care (2018d) *The state of the adult social care sector and workforce in England*. Available at: <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-2018.pdf> (Accessed: 12th February 2020).

Skills for Care (2018e) *The Care Certificate: Work in a Person-Centred Way*. Available at: <https://www.skillsforcare.org.uk/Documents/Learning-and-development/Care-Certificate/Standard-5.pdf> (Accessed: 23rd May 2020).

Skills for Care (2019a) *Job roles in adult social care*. Available at: <https://www.skillsforcare.org.uk/Documents/Recruitment-and-retention/Careers-in-care/Job-roles-in-social-care.pdf> (Accessed: 7th May 2020).

Skills for Care (2019b) *The state of the adult social care sector and workforce in England*. Available at: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/State-of-Report-2019.pdf> (Accessed 6th November 2019).

Skills for Care (2019c) *Adult social care workforce data*. Available at: <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/adult-social-care-workforce-data.aspx> (accessed: 30th March 2020).

Slawson, N. (2017) 'UK social care sector in crisis due to staff shortages', *The Guardian*, 8 March. Available at: <https://www.theguardian.com/society/2017/mar/08/uk-social-care-crisis-staff-shortages> (Accessed: 16th May 2020).

Smythe, E. and Spence, D. (2012) 'Re-viewing Literature in Hermeneutic Research', *International Journal of Qualitative Methods*, pp. 12-25. doi:10.1177/160940691201100102.

Sobocan, A. M, Bertotti, T. and Strom-Gottfried, K. (2019) 'Ethical considerations in social work research', *European Journal of Social Work*, 22(5), pp. 805-818, doi:10.1080/13691457.2018.1544117.

Social Research Association (2003) *Ethical Guidelines*. Available at: <https://the-sra.org.uk/common/Uploaded%20files/ethical%20guidelines%202003.pdf> (Accessed: 5th March 2020).

Stacey, C. (2005) 'Finding Dignity in Dirty Work: The Constraints and Rewards of Low-Wage Home Care Labour', *Sociology of Health and Illness*, 27(6), pp. 831-854. doi:10.1111/j.1467-9566.2005.00476.x.

Sticky People (2016) *We help you find, select and keep the best care and nursing staff*. Available at: <https://stickypeople.co.uk/> (Accessed: 30th April 2020).

Streefkerk, R. (2019) *How to transcribe an interview*. Available at: <https://www.scribbr.com/methodology/transcribe-interview/> (Accessed: 6th March 2020).

Suri, H. (2011) 'Purposeful sampling in qualitative research synthesis', *Qualitative Research Journals*, 11(2), pp. 63–75. doi:10.3316/QRJ1102063.

Sutton, C. (1994) *Social Work, Community Work and Psychology*. Leicester: BPS Books.

Tanner, R. (2020) *Motivation – Applying Maslow's Hierarchy of Needs Theory*. Available at: <https://managementisajourney.com/motivation-applying-maslows-hierarchy-of-needs-theory/> (Accessed: 22nd February 2020).

Taylor, C. (2017) *Social Care Workforce Study*. Available at: <http://careassociationalliance.org.uk/wp-content/uploads/2019/03/Care-Association-Alliance-Social-care-Workforce-Analysis-2018.pdf> (Accessed: 26th January 2020).

The Health Foundation (2019) *Stemming the tide: retaining the social care workforce*. Available at: <https://www.health.org.uk/news-and-comment/newsletter-features/stemming-the-tide-retaining-the-social-care-workforce> (Accessed: 13th February 2020).

The King's Fund (2018) *Key challenges facing the adult social care sector in England*. Available at: <https://www.kingsfund.org.uk/sites/default/files/2018-12/Key-challenges-facing-the-adult-social-care-sector-in-England.pdf> (Accessed: 2nd February 2020).

Thomson, I. (2020) *Applying Maslow's hierarchy of needs theory to HR responsibilities*. Available at: <https://blog.sodexoengage.com/rewards-recognition/applying-maslows-hierarchy-of-needs-theory-to-hr-responsibilities> (Accessed: 22nd February 2020).

Thorlby, R., Starling, A., Broadbent, C. and Watt, T. (2018) *What's the problem with social care, and why do we need to do better?* Available at: <https://www.health.org.uk/sites/default/files/NHS-70-What-Can-We-Do-About-Social-Care.pdf> (Accessed: 30th November 2019).

Tong, A., Flemming, K., McInnes, Oliver, E. S., and Craig, J. (2012) 'Enhancing Transparency in Reporting the Synthesis of Qualitative Research: Entreq', *BMC Medical Research Methodology*, 12(181). doi:10.1186/1471-2288-12-181.

Triggle, N. (2018) 'The NHS turned its back on mum - and it cost us £250,000', *BBC News*, 3 December. Available at: <https://www.bbc.co.uk/news/health-46378353> (Accessed: 18th March 2020).

Unison (2015) *Inadequate homecare training putting elderly and disabled at risk*. Available at: <https://www.unison.org.uk/news/article/2015/04/inadequate-homecare-training-putting-elderly-and-disabled-at-risk-reveals-unison-survey/> (Accessed: 15th May 2020).

Unison (2017) *Feeling the pressure? UNISON stress report 2017*. Available at: https://www.unison.org.uk/content/uploads/2017/03/2017_UNISON_stress_survey.pdf (Accessed: 19th April 2020).

United Kingdom Homecare Association (2012) *UKHCA Commissioning Survey 2012: Care is not a commodity*. Available at: <https://www.ukhca.co.uk/pdfs/UKHCACommissioningSurvey2012.pdf> (Accessed: 7th March 2020).

University of Cambridge (2020) *Job satisfaction*. Available at: <https://dictionary.cambridge.org/dictionary/english/job-satisfaction> (Accessed: 22nd March 2020).

Van der Riet, M. (2008) 'Participatory research and the philosophy of social science: Beyond the moral imperative', *Qualitative Inquiry*, 14(4), pp. 546-565. doi:10.1177/1077800408314350.

Van Rijnsoever, F. J. (2017) '(I Can't Get No) Saturation: A simulation and guidelines for sample sizes in qualitative research', *PLOS One Journal*, 2(7), pp. 1-17. doi:10.1371/journal.pone.0181689.

Vanclay, F., Baines, J. T. and Taylor, C. N. (2013) 'Principles for ethical research involving humans: ethical professional practice in impact assessment Part I', *Impact Assessment and Project Appraisal*, 31(4), pp. 243-253. doi:10.1080/14615517.2013.850307.

Vilma, Z. (2018) 'Implementing ethical principles in social research: challenges, possibilities and limitations', *Vocational Training: Research and Realities*, 29(1), pp. 19–43. doi:10.2478/vtrr-2018-0003.

Viney, M. (2019) 'Care workers forced to cut short home visits or be left out of pocket', *The Guardian*, 29 January. Available at: <https://www.theguardian.com/society/2019/jan/29/care-workers-cut-short-home-visits-travel-time> (Accessed: 14th January 2020).

Viswambharan, A. P. and Priya, K. R. (2016) 'Documentary Analysis as a Qualitative Methodology to Explore Disaster Mental Health: Insights from Analyzing a Documentary on Communal Riots', *Qualitative Research*, 16(1), pp. 43–59.
doi:10.1177/1468794114567494.

Vivian, D., Winterbotham, M., Shury, J., James, A. S., Hewit, J. H., Tweddle, M. and Downing, C. (2018) *The UK Commission's Employer Skills Survey 2015: UK Results*. Available at:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/704104/Employer_Skills_Survey_2015_UK_Results-Amended-2018.pdf
(Accessed: 4th March 2020).

Walia, R. (2015) 'A Saga of Qualitative Research', *Social Criminology*, 3(2), pp. 1-3.
doi:10.4172/2375-4435.1000124.

Watanabe, A. (2017) *The Researcher's Reflexivity in Qualitative Interviews*. Available at:
https://warwick.ac.uk/fac/soc/al/people/mann/interviews/watanabe_2017_the_researchers_reflexivity_in_qualitative_interviews.pdf (Accessed: 28th March 2020).

Watts, J. H. (2008) 'Emotion, Empathy and Exit: Reflections on Doing Ethnographic Qualitative Research on Sensitive Topics', *Medical Sociology Online*, 3(2), pp. 3-14.
Available at: <http://oro.open.ac.uk/10901/1/jhwatts.pdf> (Accessed: 11th May 2020).

Wenzel, L., Bennett, L., Bottery, S., Murray, R. and Sahib, B. (2018) *Approaches to social care funding: social care funding options*. Available at:
https://www.health.org.uk/sites/default/files/Approaches-social-care-funding_1.pdf
(Accessed: 29th January 2020).

White, M. and Bryson, A. (2013) 'Positive employee attitudes: How much human resource management do you need?', *Human Relations*, 66(3), pp. 385–406.
doi:10.1177/0018726712465096.

Whiteside, M., Mills, J. and McCalman, J. (2012) 'Using secondary data for grounded theory analysis', *Australian Social Work*, 65(4), pp. 504–516.
doi:10.1080/0312407X.2011.645165.

Whittingham, A. (2018) 'Government must act to halt crisis in social care recruitment', *The Guardian UK*, 8 February. Available at: <https://www.theguardian.com/social-care-network/2018/feb/08/government-must-act-crisis-social-care-recruitment> (Accessed: 19th March 2020).

Widemuth, B. M. (2016) *Applications of Social Research Methods to Questions in Information and Library Science*. 2nd edn. Oxford: Pearson Education.

Willig, C. (2008) *Introducing qualitative research in psychology*. 2nd edn. Milton Keynes: Open University Press. Available at: <https://web-b-ebsohost-com.glos.idm.oclc.org/ehost/ebookviewer/ebook/bmxlYmtfXzl0NDQ0NV9fQU41?sid=523dcd26-b670-418f-a5a5-38896e1a7242@pdc-v-sessmgr05&vid=0&format=EB&rid=1> (Accessed: 15th April 2020).

Winchester, C. L. and Salji, M. (2016) 'Writing a literature review', *Journal of Clinical Urology*, 9(5), pp. 308–312. doi:10.1177/2051415816650133.

Wisker, G. (2016) 'Agency and Articulation in Doctoral Writing: Building the Messy Research Journey into a Well-Constructed Thesis', in C. Badenhorst, and C. Guerin (eds.) *Research literacies and writing pedagogies for masters and doctoral writers*, Leiden, Boston: Brill, pp. 184-201. doi:10.1163/9789004304338_011.

Wittenberg, R., Hu, B. and Hancock, R. (2018). *Projections of Demand and Expenditure on Adult Social Care 2015 to 2040*. Personal Social Services Research Unit, London School of Economics. Available at: <https://www.pssru.ac.uk/pub/5421.pdf> (Accessed: 19th January 2020).

Worsley, A., Mann, T., Olsen, A. and Whitehead, E. M. (2012) *Key Concepts in Social Work Practice*. London: SAGE.

Zohrabi, M. (2013) 'Mixed Method Research: Instruments, Validity, Reliability and Reporting Findings', *Theory and Practice in Language Studies*, 3(2), pp. 254–262. doi:10.4304/tpls.3.2.254-262.

Žukauskas, P., Vveinhardt, J. and Andriukaitienė, R. (2018) 'Philosophy and Paradigm of Scientific Research', *Management Culture and Corporate Social Responsibility*, pp. 121-139. doi:10.5772/intechopen.70628.

7. Appendices

Appendix 1:

Covering Letter to participants

My name is Elisha Pitarella and I am a postgraduate student at the University of Gloucestershire. I am researching the experience of care staff in the recruitment and retention processes in adult social care settings, and I would like to invite you to participate in this research.

If you decide to participate, an interview would be arranged at a time and place of your convenience. The interview would last about 1 hour. During this interview, I will ask you questions to explore your experience of the recruiting process, and your ideas as to how this might be improved.

The interviews will need to be recorded and will take place in a private environment. You are under no compulsion to answer the questions I raise, and if you do not wish to respond to a question, or would like the interview to end, you can do this at any time.

The information you provide will be kept private and confidential. It will be stored securely at the University of Gloucestershire's database. I will not pass your details onto your employer or to any other organisation.

There are no right or wrong answers. What is important is your experience and opinions. I am also an employee of Gloucestershire County Council working in Adult Social Care. Please note, the research I am undertaking is separate and independent, my role for this study is solely as a Research student.

The participant information form and consent form have been attached for your information. If you have any further questions about the research, please feel free to contact me via email at

Confirmation of this study can be provided by my supervisor, Dr Mark Redmond, via email

Thank you

Elisha Pitarella

Appendix 2:

UNIVERSITY OF GLOUCESTERSHIRE CONSENT FORM FOR RESEARCH PARTICIPATION

Study Title: Care worker perceptions of recruitment and retention in adult social care settings

Student Researcher: Elisha Pitarella

I am a researcher at the University of Gloucestershire, in the Social Work and Social Care academic subject group. I am researching the area of recruitment and retention in adult social care settings. I am particularly interested in the experience of care workers. I will be completing this study independently from employers in the sector, and am being supervised by an experienced researcher/ lecturer at the university.

This form contains important information about the reason for doing this study, what I will ask you if you agree to participate in this study, and the way I would like to use the information we discuss if you choose to take part in this study.

Why are you doing this study?

You are being asked to participate in a research study about recruitment procedures and retention of staff members working within an adult social care setting.

The purpose of the study is to explore staff experience of recruitment and to consider what influences retention within workplace settings.

What will I do if I choose to be in this study?

You will be asked to discuss your role and the responsibilities/challenges that you face in your daily work-life.

There will be an interview conducted between myself and you, where I will ask you some questions. **You do not need to answer any of these questions if you do not wish to and you can ask for the interview to be stopped at any time.**

Study time: Study participation will take approximately 1 hour, depending on the duration of the discussions that take place.

Study location: All study procedures will take place at either an adult social care setting or in a private room at the University of Gloucestershire.

I would like to audio-record this interview to ensure the information you provide is accurate. I will keep these recordings stored safely in the University system and they will only be used by myself for the purpose of this study.

I may quote any comments you make, in presentations or articles resulting from this work. A fictitious/anonymous name or number will be used to protect your identity.

What are the possible risks or discomforts?

Your participation in this study does not involve any physical or psychological risk to you beyond that of everyday life. Your personal opinions shall not be given to any other service provider professional.

Although it is unlikely to happen, you may experience some emotional discomfort in discussing your experiences, role etc.

Tell the interviewer at any time if you wish to take a break or stop the interview

Please free to contact any of the helplines listed at the bottom of the consent form.

Please note.

This research is not considering poor practice. We will not be discussing or asking questions about poor social care practice. However, you must be made aware that any disclosure of issues that concern the safeguarding of vulnerable adults may result in that information being passed on to the relevant authorities.

What are the possible benefits for me or others?

This study allows you to express your experiences of recruitment and retention in social care. It seeks to enable you to '*be heard*', in a safe, confidential and anonymous environment.

You are not likely to have any direct benefit from being in this research study, but we may learn new factors that will help others and improve the adult social care workforce.

The study results may be used to help other people in the future.

How will you protect the information you collect about me, and how will that information be shared?

Results of this study may be used in publications and presentations. Your study data will be handled confidentially, and all reference to you and your place of work will be anonymised.

To minimize the risks to the confidentiality, I will explain data security measures to be taken, e.g., storage, coding, encryption, limited access to study records, etc.

Financial Information

Participation in this study will involve no cost to you. You will not be paid for participating in this study.

The researcher is not gaining any financial benefit from this study.

What are my rights as a research participant?

Participation in this study is voluntary. You do not have to answer any question you do not want to answer.

If at any time and for any reason, you would prefer not to participate in this study, please feel free not to.

If at any time you would like to stop participating, please tell me. We can take a break, stop and continue at a later date, or stop altogether.

You may withdraw from this study at any time, and you will not be penalized in any way for deciding to stop participation

.

If you decide to withdraw from this study any information collected will not be used in the findings.

What if I am a student or employee at UOG?

You may choose not to participate or to stop participating in this research at any time. This will not affect your class standing, grades, employment, or any other aspects of your relationship with the University of Gloucestershire.

Patient / Service User Confidentiality.

This study does not rely on you to disclose or discuss any individual patients or service users in your care. We do not want you to disclose any details of individuals that might allow them to be identified, and we do not require you to breach your confidentiality obligations towards them.

One key element that needs to be noted is whistleblowing and safeguarding vulnerable adults. Whilst this research excludes a focus on vulnerable adults, there is the potential for it to be raised during the interview. There is a duty of care that demands the researcher to act using Adult safeguarding reporting systems within the area, or CQC systems, depending on the issue raised.

Who can I contact if I have questions or concerns about this research study?

If you have questions, you are free to ask them now. If you have questions later, you may contact the researchers at _____ or _____

If you have any questions about your rights as a participant in this research, you can contact the following office at the University of Gloucestershire:

University of Gloucestershire Francis Close Hall, Swindon Rd, Cheltenham GL50 4AZ
Phone: _____

If you would like to participate in this research study, please respond to

Appendix 3:

Consent

I have read this form and the research study has been explained to me. I have been allowed to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form.

Consent for use of contact information to be contacted about participation in other studies

Initial one of the following to indicate your choice:

_____ (initial) I agree to allow the researchers to use my contact information collected during this study to contact me about participating in future research studies.

_____ (initial) I do not agree to allow the researchers to use my contact information collected during this study to contact me about participating in future research studies.

Participant's Name (printed)

Participant's Signature

Date

CONSENT FORM

Name of Researcher: Elisha Pitarella

Please initial
box

- 1. I confirm that I have read the information sheet dated for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

- 3. I understand that any information collected will be anonymised and that I will not be identified in any written or other presentations.

- 4. I agree to take part in the above study.

_____	_____	_____
Name of Participant	Date	Signature
_____	_____	_____
Name of Person taking consent	Date	Signature

Confidentiality Agreement

Research Study Title: Care worker perceptions of recruitment and retention in adult social care settings

1. I, Elisha Pitarella, student researcher, agree to maintain full confidentiality of all research data received from the research team related to this research study.
2. I will hold in strictest confidence the identity of any individual that may be revealed during the transcription of interviews or in any associated documents.
3. I will not make copies of any audio-recordings, video-recordings, or other research data.
4. I will not provide the research data to any third parties.
5. I will store all study-related data in a safe, secure location as long as they are in my possession. All video and audio recordings will be stored in an encrypted format.
6. I understand that the University of Gloucestershire has the right to take legal action against any breach of confidentiality that occurs in my handling of the research data.

Name (printed) _____

Signature _____

Date _____

Appendix 4:

Are you feeling vulnerable? Do you need to talk to somebody now?

If you are experiencing feelings of distress or despair, including those which could lead to suicide, you can call the Samaritans.

Samaritans

116 123

www.samaritans.org

If you or someone you know needs help in a mental health crisis, call our crisis teams.

2gether Trust – Help in a crisis

[0800 169 0398](tel:08001690398).

<https://www.2gether.nhs.uk/crisis/>

Gloucestershire Self Harm Helpline

Call 0808 816 0606

Or text 07537 410 022

A safe, supportive, non-judgmental and informative service for people who self-harm, their friends, families and carers.

Appendix 5:

Examples of questions used in interviews –

- How long have you been in your role?
- What made you want to apply for this job?
- How did you find the recruitment process?
- What do you enjoy most about your job?
- What do you feel are the benefits, of working in Adult Social Care?
- Are there any challenges/barriers within your role?
- What has made you want to stay?
- Do you think there are any reasons why people working in Adult Social Care may choose to leave their job?
- What sort of hours do you work?
- Do you feel supported within your role?
- How do you feel about the training and development opportunities?
- If you could give a piece of advice to someone on their first day working in Adult Social Care, what would it be?
- Can you think of any improvements that might support retention in the future?