

RECRUITMENT & RETENTION PROJECT

INTRODUCTION

This report summarises the findings of the Recruitment & Retention Project initiated by Skills for Care. The remit of the project was to:

- *Identify the current recruitment and retention issues within the private and voluntary sector in Greater Lancashire in order to support improvement in the future.*

Lancashire Workforce Development Partnership (LWDP) undertook the work which was funded by Skills for Care. The objectives were to:

- Identify the actual issues, not assumptions, relating to recruitment and retention within the private and voluntary sector of Greater Lancashire
- Identify the range of recruitment processes in place which are most effective
- Identify why employees stay, why they leave and where they go
- Identify the range of aids to retention currently being used which are the most effective
- Identify opportunities for improvement and methods by which future support could be accessed

It should be noted this was a small project to try and better understand the current situation in Lancashire. It has tried to acknowledge the various pressures organisations are under and to balance making it as simple as possible with gaining meaningful outcomes. It was therefore not an in-depth research project.

PROJECT PLAN

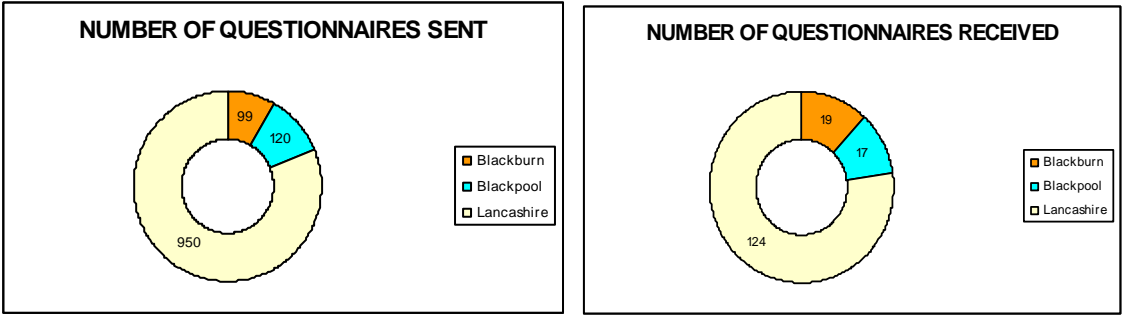
LWDP has previously looked at recruitment and retention but this was for learning disability services in the Lancashire County Council geographical area in 2006. (Report appendix 1). This work was built upon to include all social care specialities and the whole geographical area of Lancashire.

A reference group was established which included:

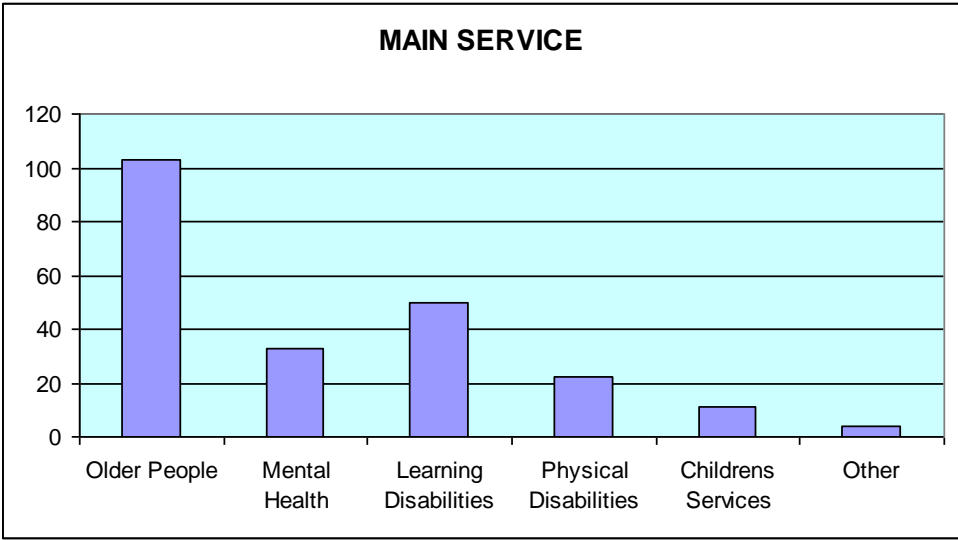
Paul Simic, Lancashire Care Association
Dymphna Knowles, Lancashire Workforce Development Partnership
Amanda Forshaw, Catholic Caring Services, Preston
Maureen Hartley, Blackpool Care Learning Partnership
John Dobson, Blackburn with Darwin Council
Rose Trustam, Integrate (Preston & Chorley) Ltd
Ann Love Lancashire Workforce Development Partnership

The group held one meeting to develop and agree a project plan. A simple questionnaire was developed and piloted with 6 organisations. In March 2008 the questionnaire was sent to independent social care providers across Lancashire using the databases of LWDP, Blackburn Partnership and Blackpool Care Learning Partnership. The questionnaire was also available through the LWDP website and LWDP networkers handed out the questionnaire whilst visiting organisations.

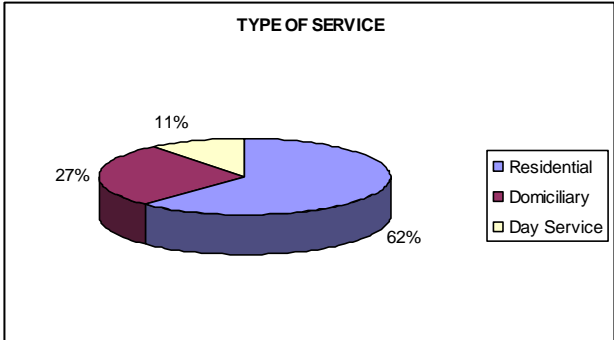
The charts below depict the number of questionnaires sent out and the number returned in each area. The total returned was 159 (13.6%)



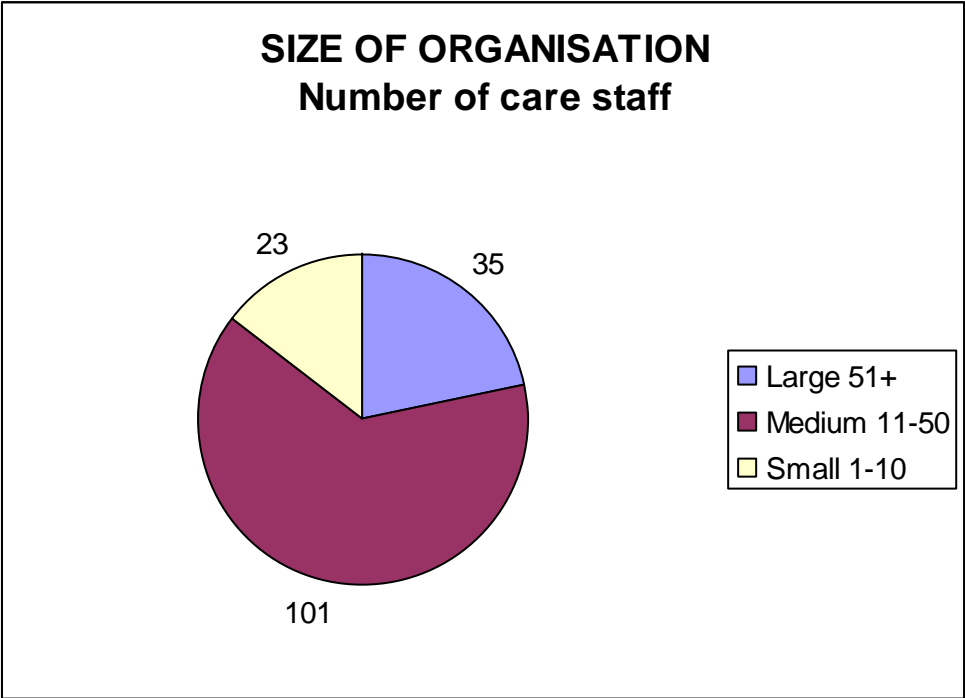
Question 1 MAIN SERVICE - As some organisations provide more than one category of service, this is incorporated in the chart below and therefore the totals do not equate to the number of returns.



QUESTION 2 – TYPE OF SERVICE – Residential, Domiciliary, Day Service



QUESTION 3 – NUMBER OF CARE STAFF This is depicted under three headings: **Small** – Organisations with less than 10 staff; **Medium** -11 to 50 staff; **Large** - 51+ staff.

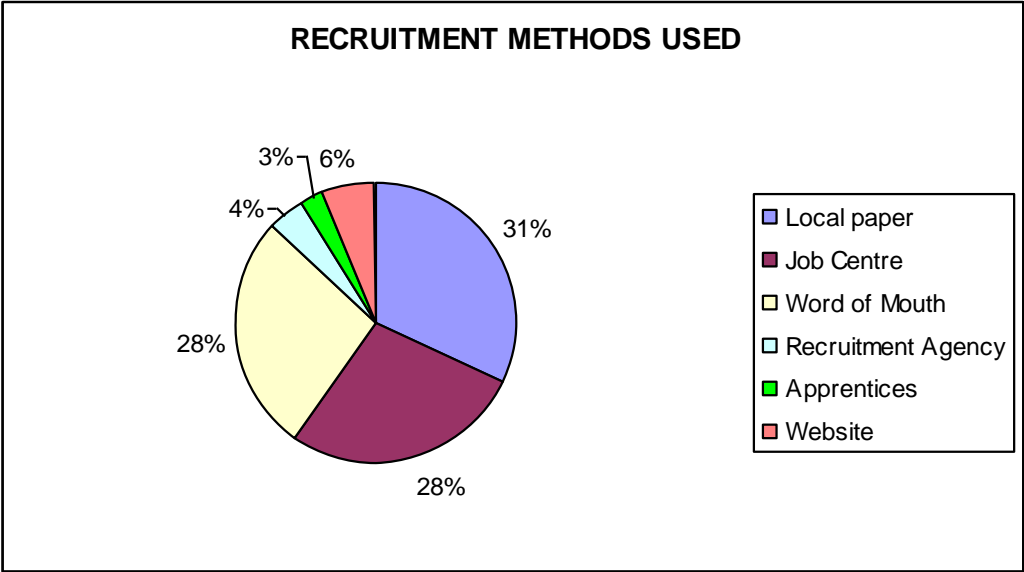


QUESTION 4 - NUMBER OF STAFF LEFT IN LAST 12 MONTHS

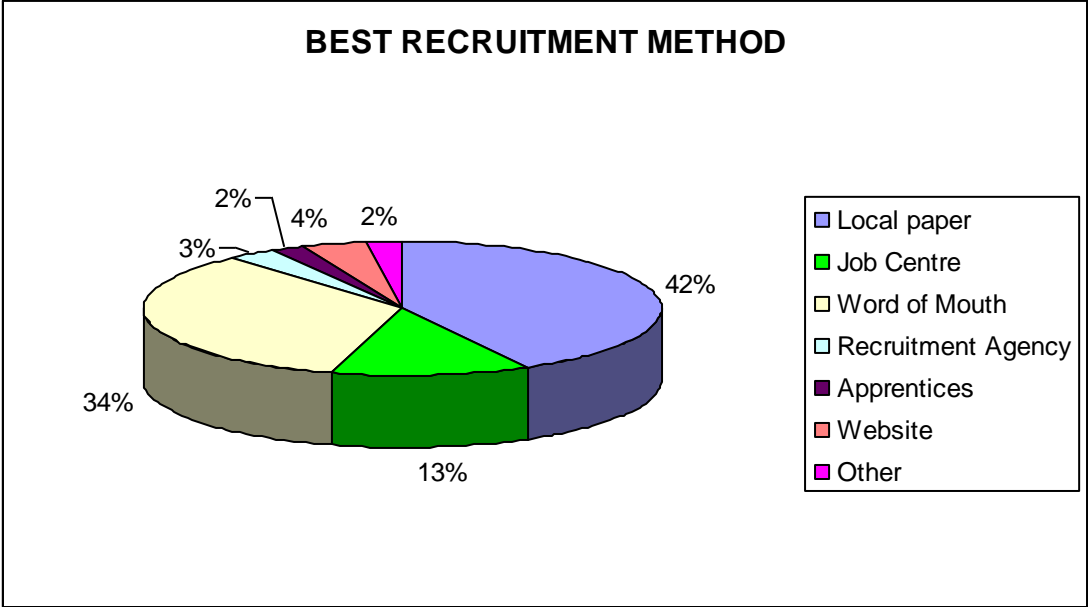
150 organisations completed this question. The number of staff who left in the last 12 months was 1,276 with 686 (54%) having less than 12 months service.

QUESTION 5 – RECRUITMENT METHODS USED

Most people use more than one recruitment method and this is reflected in the chart below.



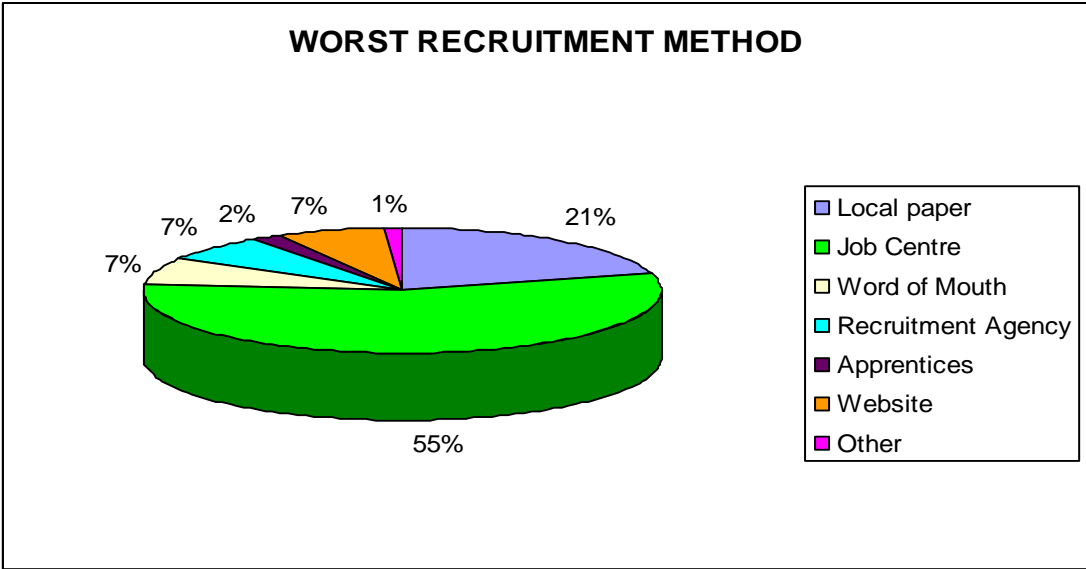
QUESTION 6a – MOST EFFECTIVE RECRUITMENT METHOD As you can see the local paper is the most favoured method with word of mouth a close second.



DETAILS OF WHAT HAS WORKED – These are the comments received. The right hand column shows how many people made the same comment.

WORKED WITH RECRUITMENT	Number
▪ Word of mouth – only those interested in job – closeness of community - word travels fast	See chart
▪ Job Centre website	3
▪ Clear information on job and skills/experience required	1
▪ Comprehensive recruitment pack	1
▪ Open Days	1
▪ Volunteer centre	1
▪ Apprentices as they want to continue after end of apprenticeship	1
▪ Students - once they qualify they apply for a post	2
▪ Small adverts – 2 lines giving telephone number and stating 'care workers'	1
▪ Posters and cards on doors/windows/leisure centres	4
▪ Noticeboard outside establishment	5
▪ Recruitment agency with overseas staff	1
▪ Local job fairs also job fairs at Universities and colleges	3
▪ Radio advertising	3
▪ Staff introduction scheme	1
▪ Involve service users in recruitment	2
▪ Recruit from temporary or agency staff so have personal knowledge about them	1
▪ All new employees have 3 month probation then client feedback is central to whether employee given permanent contract	1
▪ Course run by local college on 'Choosing who supports me' has been excellent	1
▪ Roadshows at job centre – advertised in paper and word of mouth	1

QUESTION 6b – LEAST EFFECTIVE METHOD – Overwhelmingly the least preferred method was the job centre. (see comments below).



6b	NOT WORKED WITH RECRUITMENT	Number
	<ul style="list-style-type: none"> ▪ Job centres – candidates not interested in work, only come for interview – forced to attend – quality of candidates are low standard ▪ Event at Job Centre with staff present did not generate interest – never had anyone start – usually don't fit criteria ▪ Advertising in free press ▪ National paper gives poor return ▪ Larger adverts containing pictures and a lot of dialogue ▪ Local radio ▪ Advertising in doctors brochure ▪ Training people to level 3 as they then leave for more pay in NHS ▪ Open day – only 2 turned up ▪ Advert on Asian radio/Asian News – very expensive to run when no result ▪ Difficult to recruit Punjabi/Urdu speaking people ▪ Recruitment agencies that help people return to work after lengthy absences 	<p>See chart</p> <p>1</p> <p>2</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>
8.	PROBLEMS IN RECRUITING?	Number
	<ul style="list-style-type: none"> ▪ Lengthy recruitment process - CRB cost and wait for disclosures ▪ Repeat CRBs financially draining organisations ▪ Expense in recruitment process ▪ Lack of good quality candidates ▪ Problem in finding qualified and experienced staff ▪ Age restriction of 18 - school leavers can not look to a career in care ▪ Pay ▪ Difficult at certain times ie Summer/Christmas ▪ Location ▪ Especially for evenings, weekends or waking watch ▪ Image of the care sector 	<p>25</p> <p>1</p> <p>8</p> <p>19</p> <p>11</p> <p>1</p> <p>14</p> <p>3</p> <p>6</p> <p>6</p> <p>6</p>

8. PROBLEMS IN RECRUITING (continued)	Number
<ul style="list-style-type: none"> ▪ Public transport ▪ Transport ▪ Use of own car (domiciliary care) ▪ Raising expectation through training with minimal reward ▪ Poaching by NHS and other statutory bodies ▪ Problems as we need staff to live-in ▪ Staff prefer to work less hours rather than lose benefits ▪ People having skills to complete satisfactory application form ▪ Cost of training staff whilst on their 1-2 week induction ▪ Lack of deaf awareness/sign language ▪ Transient population ▪ Do not get many male applicants which is a problem as we only support men with mental health problems and many women are frightened off 	<p>2 3 2 1 1 2 2 1 1 1 1 1</p>
9. SUPPORT WANTED WITH RECRUITMENT?	
9.1 More positive image/awareness <ul style="list-style-type: none"> ▪ Campaign or access to materials that promote the importance of the work to show positive and worthwhile career with career prospects. Advise how care is changing and has moved on from traditional role ▪ Leaflet and/or DVD demonstrating the value of the work and prospects. Show in schools/colleges (build on national campaign locally) ▪ Awareness of autism and domiciliary services - what support means ▪ Better profile in media – only poor performing homes highlighted ▪ Better appreciation by Central Government ▪ Invite staff into schools/colleges to talk about their role ▪ Encourage younger people to come into care business 	<p>17 2 1 3 2 1 1</p>
9.2 Funding issues <ul style="list-style-type: none"> ▪ Finance/better pay - suggestions include: Increase payments for residents; government put in more money; better pay, better retention; equality of funding with social service run homes ▪ Funding for CRBs ▪ Funding for uniforms ▪ On-going funding – voluntary sector often rely on short term funding ▪ Funding for administration ▪ Funding for advertising ▪ More management funding ▪ Real and meaningful investment in career paths for care workers ▪ Increase free training and funding for person whilst on course/induction 	<p>17 2 1 1 1 1 1 1 3</p>
9.3 Recruitment process <ul style="list-style-type: none"> ▪ Training for example on interviewing skills ▪ Clear job specification and set format outlining appropriate questions ▪ Guidance to most effective and productive recruitment methods ▪ Clear detailed guidelines and clear legal guidelines ▪ Workshop pointing to problems an agency may have with recruitment ▪ Free advertising 	<p>4 2 1 1 1 5</p>

9.4 Joint working <ul style="list-style-type: none"> ▪ Joint job fairs ▪ Joint advertising – full page advert ▪ More recruitment days/open days ▪ Sharing best practice. 	5 1 2 1
9.5 Websites <ul style="list-style-type: none"> ▪ Central resource of those seeking care work on website with their skills, qualifications and knowledge of care sector ▪ Web linked local advertising – ensuring search engines bring it to the top and good advertising about the site ▪ A free easy to access website (not just for LWDP users) ▪ Network of places to send adverts 	3 1 4 2
9.6 Others <ul style="list-style-type: none"> ▪ A trainee or apprenticeship programme starting age 16 ▪ Taster days for applicants ▪ Ease restriction on recruiting from outside EU ▪ Joined up thinking by all legislative bodies ▪ Support with Home Office and B/A ▪ Job Centre better assistance and not sending time wasters ▪ Having a list at job centres of time wasters ▪ A ready CRB would be helpful ▪ Speed up CRB process (? On-line checks) ▪ Liaison with colleges providing health & social care courses ▪ Cheaper bus fares to out of town locations ▪ Encourage people to work rather than increase their benefits ▪ Support to help people identify their skills and put these on their application form ▪ Low cost training packages 	1 1 1 1 1 3 1 1 10 1 1 1 1 1
10. PROBLEMS WITH RETENTION?	Number
<ul style="list-style-type: none"> ▪ Staff move once trained/experienced ▪ Pay - Challenging role not paid accordingly ▪ Failure to recruit quality staff at the beginning leads to higher fall out rates ▪ Shift patterns, nights and sleep-overs ▪ Holiday cover over Christmas/seasonal problems ▪ Staff don't want to pay for CRB - need a new one if they change jobs ▪ Travelling costs & transport issues ▪ Inability to offer 'guaranteed hours' ▪ Consistency of hours in domiciliary care (no payment from Social Services when client goes into hospital) ▪ More block contracts rather than spot contracts easing fluctuations ▪ British Immigration system ▪ Progression – not a lot of opportunities ▪ Lack of understanding the challenges, demands or commitment required ▪ Too much emphasis on training at support level – puts people off 	5 22 1 9 6 1 6 1 1 1 1 4 2 1

11. SUCCESSFUL WAYS TO RETAIN STAFF?	
<p>Training & development</p> <ul style="list-style-type: none"> ▪ Regular and good quality training ▪ Good induction training ▪ In-house training ▪ Clear training pathway ▪ Training in related skills – palliative care, bereavement, counselling, aromatherapy ▪ Opportunities to develop career 	<p>49 6 2 1 1 9</p>
<p>Good management</p> <ul style="list-style-type: none"> ▪ Regular contact with staff/good communication ▪ Open door policy to manager ▪ Building confidence in staff by allowing them to make decisions ▪ Good supervision/supportive managers ▪ Regular staff appraisals ▪ Being flexible ▪ Good team work ▪ Delegate some responsibilities to staff, ie health & safety, palliative care ▪ Listening & team building ▪ Matching staff to the individual works best 	<p>16 7 2 22 7 5 13 1 4 1</p>
<p>Staff welfare</p> <ul style="list-style-type: none"> ▪ Mentoring staff in early stages ▪ Introduction of buddy system ▪ Value staff and help with problems – work or personal ▪ Maintain good morale by socialising as friends ▪ Confidential 24 hour helpline free for employees and their families 	<p>2 2 12 1 1</p>
<p>Conditions of service</p> <ul style="list-style-type: none"> ▪ Good conditions of service – pension/sick leave/holidays ▪ Free meals and paid meal breaks ▪ Free fruit daily ▪ Offer allowance towards mileage ▪ Bonus scheme ie long service, attendance ▪ Extra weeks pay at Christmas ▪ Pay increases for positive team members ▪ Regular pay rises ▪ All staff get an Easter egg and a Christmas present ▪ Staff benefits: child care voucher scheme ▪ Long service reward (voucher after 2 years) ▪ Refer a friend scheme – bonus payment ▪ Pay increased as staff complete NVQs or one off payment ▪ Flexible/good working conditions ▪ Extra allowances for unsocial hours ▪ Carer of the year award/employee of the month ▪ Staff recognition programme ▪ Staff given opportunity for promotion before advertised outside ▪ Special offers at high street outlets 	<p>7 3 1 1 11 1 1 1 1 1 2 5 4 12 1 6 1 1 1</p>

OPPORTUNITIES FOR IMPROVEMENT

1. **Least Effective Recruitment Method (Ref 6b)**

LWDP are arranging to host a workshop for care providers in Greater Lancashire and senior representatives from Job Centre Plus to discuss the issues raised in this report and try to develop ways for improvement.

2. **Support wanted with recruitment (Ref 9)**

Building on recommendations from this report, LWDP will explore the possibility of funding a Recruitment & Retention Officer for Lancashire. This person could pick up issues raised eg:

- Access to materials and raising the profile (Ref 9.1)
- Opportunities for co-ordinated recruitment events (Ref 9.4)
- Development of a central resource (Ref 9.5 Websites)
- Explore further the issues around CRBs

3. **Training & development opportunities (Ref 9.3)**

LWDP will look to include the following in their HR training schedule:

- Interviewing skills
- Clear legal guidelines
- Communication skills

POINTS TO NOTE

Repeatedly throughout this report are issues on pay, length and time taken for CRBs and travel costs. LWDP cannot offer any solutions to these issues other than to say they have been extensively mentioned throughout. Having commissioned this work, it is hoped that Skills for Care will pass the information on these important matters to those people who can influence and effect decisions.

A copy of this report will be sent to all who have contributed and it is available to download on the LWDP website www.lwdp.org.uk

Finally I would like to acknowledge the efforts, support and help from the following people:

- The Reference Group for their guidance and knowledge
- LWDP admin team and networkers for assisting with the distribution of the questionnaires which has made an invaluable contribution to the final outcome
- Organisations for taking time out of their busy schedules to complete and return their questionnaire.

Ann Love
Project Development Manager (LWDP)
ann@integratepreston.org.uk
31 July 2008

USEFUL RESOURCES

The Department of Health's website www.socialworkandcare.co.uk gives information about careers in social care. It includes:

- A booklet about working in social care
- Information on 'what is social care' – how to get started – training opportunities
- Stories from people working in social care
- Information on where to look for jobs
- A Recruitment Resource pack for employers
- Short videos showing real-life experiences of three social care workers working in different roles within the community
- Posters & Flyers

These materials can be downloaded or ordered free of charge.

INTERNATIONAL WORKERS IN SOCIAL CARE

Skills for Care NW, together with the Merseyside Social Inclusion Observatory, have put together a good practice guide to recruiting and retaining migrant workers in the social care sector. Merseyside Social Inclusion Observatory undertook the research in Greater Merseyside due to the recent increase of international workers arriving in the sub-region. The research found that, on average, in the participating group of employers, international staff accounted for 16% of all staff.

The guide aims to provide help and guidance to employers and looks at issues such as timescales when recruiting from overseas, professional recruitment agencies, continuing good communication with existing staff, advertising, interview tips and eligibility to work in the UK and references.

Click on the link below then look under the item added on 2 June 2008.

www.skillsforcarenw.org.uk/nwmainpages/regnews.htm

MIGRANT WORKERS SURVEY

LWDP are also conducting a survey, funded by Skills for Care, on Migrant Workers in Lancashire. It will help identify what kind of support employers and workers may need and the findings from this will be available later in the year. If you have any queries or a special interest in this topic, please get in touch with Katy Mercer katy.mercer@lancashirecare.org.uk

SOCIAL CARE BEST PRACTICE AUDIT

There is a wealth of resources available to help support recruitment and retention in social care. This document aims to showcase best practice examples – ideas, plans and experiences - from a range of organisations to inspire further positive recruitment and retention initiatives.

www.skillsforcarenw.org.uk/0705docs/scbpa.doc

I CARE - WORKING IN SOCIAL CARE

Skills for Care developed materials to help support organisations in recruiting staff. The I care... range includes a leaflet giving information on various job roles and also 12 cards each depicting a different case study. To view the materials click on the link below or you can email Catherine Wilson at Skills for Care to order your free copies on catherine.wilson@skillsforcare.org.uk
www.thinkcare.co.uk/index.cfm?pid=205

Also on this website are links to other good practice guides.

CHANGES TO RULES ON 16-18 YEAR OLDS PROVIDING PERSONAL CARE

Skills for Care say major changes in care regulations allowing well trained 16 -18 year olds to provide personal care will help recruit more young workers. The Department of Health's National Minimum Standards for care used to state that 'staff providing personal care to service users must be aged 18' and Skills for Care have been campaigning to have this restriction lifted for young people with the right training and supervision.

The Commission for Social Care Inspection (CSCI) and the Department of Health have worked closely to develop a more flexible approach, allowing 16-18 year olds to provide personal care as long as they are suitably trained/competent and are appropriately supervised. The new guidelines also make it clear that care homes must fulfil appropriate regulations and the person who receives the care must have their choices respected as far as possible regarding who performs the task for them. For more information go to: www.skillsforcare.org.uk/view.asp?id=1010

CARE AMBASSADOR

With a grant from Skills for Care, Greater Lancashire have recruited and trained 15 Care Ambassadors. Care Ambassadors are care professionals with the commitment and enthusiasm to change perceptions of careers in Social Care. They engage with students, teachers, parents and other target groups to explain about job roles in Social Care, qualification pathways and career routes. They facilitate workshops, make presentations and act as mentors. For further information contact Sam Frankland at LWDP on 01772 761855 or email samfrankland@lwdp.org.uk

GOOD PRACTICE GUIDE TO STAFF RETENTION

During the summer of 2006, Care Sector Alliance Cumbria carried out research with a variety of social care workers across Cumbria. It focussed on issues that impacted on staff and influenced their decision to either stay with their employer or leave.

Over 200 people responded and from the information received a staff retention Good Practice Guide has been produced on this information. From late August 2008 report available to download www.cumbria.gov.uk/adultsocialcare/partnerships/csac

RECRUITMENT & RETENTION IN LEARNING DISABILITIES & MENTAL HEALTH

In June 2006, a telephone research project was undertaken across 98 providers in the learning disability and mental health sectors in Lancashire. Feedback was received from 68 providers. The results of this service can be seen in appendix 1.

DEVELOPMENT OF RECRUITMENT RESOURCES IN LEARNING DISABILITIES

The 2006 research project in learning disabilities highlighted a general lack of understanding of what a learning disability is and what opportunities exist to work within this sector. Lancashire Learning Disability Consortium (LLDC) initiated a project, funded by LWDP, to develop recruitment resources to encourage people to consider the joys and challenges of working with people with a learning disability.

The recruitment pack has been developed in partnership with service users and support staff from three of the LLDC organisations. It consists of a 20 minute DVD, a leaflet and a 2 metre pull up banner. Free copies of the DVD and leaflet have been distributed to LD providers in Lancashire and will be sent to schools and colleges in September.

For further information or to view a 5 minute clip from the DVD please visit www.lldc.org or contact me at ann@integratepreston.org.uk



Recruitment and Retention in the Learning Disability and Mental Health Sector

Summary

The Lancashire Workforce Partnership database contains 98 providers. The researchers received feedback from 68 of these providers, a 70% response rate.

More than 50% of providers questioned felt that there is a major problem of recruitment and retention for the learning disability and mental health sector. There are many reasons for this. Amongst the key areas are pay and conditions, status, competition from other employers, lack of a positive profile in the job market and lack of knowledge of the sector from potential employees.

The providers were very positive about coordinated activity taking place from within the Lancashire Workforce Development Partnership (LWDP), although there was a great deal of confusion over which body was which and who did what.

The sharing of approaches and avoidance of "reinventing the wheel" was seen as potentially very useful.

Methodology

The database of providers was used as the core data set for investigation. This database is maintained by the Lancashire Workforce Development Partnership and gave the scope of the research. The questionnaire was developed from a set of requirements of areas to cover, following previous work in this area.

The aims were to:

Identify the current position regarding recruitment and retention

Identify sector specific issues both positive and negative

Identify novel and unusual methods— Effective and Specific

A secondary output was to introduce the LWDP to providers and also provide involvement in the process to those providers.

The questionnaire was piloted on a small cross section of providers and refined to best fit the requirements.

To ensure the best opportunity for response the ground was prepared by a communication from the agency link for the LWDP, outlining the purpose and approach of the study. This addressed some of the problem areas of confidentiality and helped with the credibility of the researchers.

Telephone researchers carried out the study. Due to the resource available for the project, the opportunity to persist with some providers who were unavailable was limited and therefore not all providers on the database are represented.

The aim of the research was to produce a snapshot of the sector with the emphasis on documenting a feel for the position rather than a strict statistical analysis.

To this end, the focus of the researchers was to try and capture the phrases and comments that summed up the position and viewpoint of the provider as graphically as possible.

Observations

The approaches from the researchers resulted in 70% of those represented on the database taking part in the study. This allows us to feel that the findings are relevant and representative of the sector in Lancashire.

Looking at Lancashire as West and East, around 60% in each felt that the issues of recruitment and retention were problems. Interestingly some providers with staff turnovers above 15% still felt that retention was not an issue.

There was a very polarised view of the issue, from "we have no problems and have a waiting list of candidates" to "it's a nightmare".

The issues fell into a number of categories:

Pay and Conditions

The level of pay was the most common major problem. Providers feel in competition with the big supermarkets and call centres, and even if the pay is comparable, the working patterns are more flexible or accommodating.

The need to work unsocial hours, early mornings and evenings do not fit well with those needing to fit their work around school hours.

Qualifications

The need for qualification has a variety of aspects attached to it. The provision of training is seen as positive to develop staff and improve the working conditions. There is demand from some employees for career development and NVQs can be a positive aid to this.

Training has been viewed as a double-edged sword. Some of the smaller providers find that as soon as staff gain qualifications they leave for improved conditions.

Other providers have found that the need to qualify is problem as older staff that are ideal candidates can be deterred by the thought of "going back to school at my age".

This issue also affects those who have taken early retirement and want to "give something back". They want to work but are not interested in qualifications, as this is perceived as "too much trouble".

A feeling within the smaller providers is that as their people are trained and become more qualified they leave to work for larger organisations, which can provide more career development opportunities.

There was a lot of frustration over the time taken for CRB checks to be completed. This has resulted in potential carers finding alternative work whilst waiting for the certificate.

Image of the Sector

There is a general lack of knowledge about the sector from the general public. The vision of "home helps and wiping people's bottoms" is very much the view of the kind of work that is carried out.

The terms "learning disability" and "mental health" are understood to mean the same. "Mental health" problems are seen as outside people's experience and capability: expressed as "oh, I couldn't cope with that".

The profile of carers in our society needs to be raised and given a positive image.

The sector of carers sits in a gap between childcare and old age care and there is little knowledge or understanding about what it does.

The role is felt to demand particular skills. It was described as "specialised but there is no special training".

As the work is only available to those over eighteen, there is a group who may well have considered this line of work but are unable to engage in it. The 16 – 18 year olds who may have been involved in youth and volunteer work and

interested in developing this experience into a career may be lost to the sector.

Location

The more rural locations have issues relating to the need for staff to be mobile and the increasing fuel costs are another financial disincentive.

The proximity to alternative employment including supermarkets again is an issue.

Providers using students were finding difficulties as many were non-drivers and again unable to travel.

Recruitment

More than 70% of providers found Job Centres to be of no use, seen to involve merely a "box ticking exercise". The types of people sent for interview were often totally unsuitable. Many applicants had not wanted this type of work but had been required to attend.

Two providers had very positive things to say about the Job Centres. These were situations where time had been invested in creating a relationship with the centre so that they fully understood what the jobs entailed and the sort of people required.

Almost all used local press, Lancashire Evening Telegraph etc, which was found to be relatively expensive and often did not attract the suitable type of applicant.

On more than one occasion the expression "beggars can't be choosers" was used. Also the feeling was expressed that occasionally unsuitable staff have been taken on, as there was no alternative.

The internet has been tried, mainly as part of the Lancashire Learning Disabilities Consortium pilot project and this was not viewed as successful.

Personal recommendation and word of mouth was strongly supported by the majority of respondents. This may well be part of the previously referred to issue of understanding what the job is all about. Applicants who know people working in the sector tend to have much clearer ideas about what the role entails and what they will be expected to do.

Recruitment of EU workers has been very successful for a small number of providers but others felt that there are sufficient suitable individuals locally and that "we just need to find a way to tap into them".

Career Structure

The larger providers have found that being able to establish a career structure within the organisation has helped with recruitment and especially retention.

Recruitment Strategy

The majority of providers either had no strategy for recruitment or did not have the time to dedicate to it. This was an area where almost everyone felt it was important and would be very grateful for any assistance with development.

What Attracts People to the Sector?

Working in the sector offers a challenge with "no two days the same". There is a high degree of job satisfaction for those wishing to care and help. It allows people to feel that they have made a difference in someone's life. Those with personal experience of the sector, either family or friends, can see the rewards in the work. The work also offers the opportunity for flexible working.

Why Do People Leave?

The most common reason for leaving was for more money or "better prospects". This tends to reflect the problem of creating a career structure within an organisation.

Unsociable shifts and the difficulty of combining with childcare also was a very frequently given reason.

The work being unsuitable could well be linked to the lack of knowledge or understanding of the job. There is a strong thread of comments about applicants not knowing what the job is. Candidates are appointed before they find out what is involved in the job.

"Don't really know" was a surprisingly frequent response and is an area that may be worth exploring further.

What do Organisations do Differently?

The following are a series of approaches taken by some providers that seem to be effective:

The term "Carer" was felt to be an inaccurate word to describe the role. One provider used the term "Enabler" as the aim was to enable clients to live as normal a life as possible. Another provider employed "Support Workers", as again the role is one of supporting clients.

Some providers have the opportunity to have volunteers working with them and this then creates a bank of potential recruits who have knowledge of the sort of work involved.

Open days at local colleges allow potential recruits to get more of an understanding of the job. Similarly Garden Fetes at the providers' premises let people see what it is all about.

A financial bonus to staff for introducing new recruits who remain with the provider helps the word of mouth advertising system.

Creating a structure within the organisation allows career development and progression for a carer to prevent them from leaving to seek this elsewhere.

What Do Organisations Want Help With?

Initially it was difficult to identify areas of potential help, as there was an issue of "not knowing what you don't know."

However frequent topics were:

- Recruitment
- Advertising
- Interview techniques
- Induction Training
- Team work/Team Building
- Management
- Stress Management

The emphasis usually focussed on short sessions highlighting that providers typically feel under pressure for time.

Are There Any Recruitment Issues Specific to Either Mental Health or Learning Disability?

Whilst this issue was not directly investigated in the research, some of the responses identified the following:

As referred to earlier there is a lack of understanding about the difference between the two by prospective employees.

"People don't want to work in mental health" was expressed, highlighting the lack of positive image in the sector.

Apart from this no obvious differences appeared in the responses, from providers of MH, LD or both.

The Role of LWDP

As part of the research the activities of the Lancashire Workforce Development Partnership were queried. Approximately 25% recognised it and were aware of what it did. Around 30% had heard of it but were very unsure about what it was and the rest were generally unclear. This may in part be due to the general lack of time available for future planning which many providers expressed.

Only two providers did not want further involvement in the project. The rest wanted a copy of the findings and 25% wanted Phil McHugh, the sector's network worker, to contact them.

There was also an interest in workshops covering recruitment, management training and team working, especially if these were short sessions.

Especially for the smaller providers, there appeared to be a feeling of "being on their own" and an opportunity to discuss mutual issues was welcomed. The researchers found a willingness to share the issues and there is a need to develop some kind of forum to develop this.

Recommendations

It is clear that one of the key issues in recruitment is the level of pay available. This is not something that can be addressed unilaterally however, the changes in quality of provision will require this issue to be resolved.

Materials specific to the sector require to be developed in order to increase awareness of the opportunities available. There is currently very little information available for potential applicants.

The image of the sector requires improvement. The learning disability and mental health care sector needs to become more high profile to be more visible and attract recruits.

Positive images of the sector need sourcing and publicising.

This project focussed on the providers who were the employers. To get the opinion of the carers themselves may give a different picture and is worth considering.

A further consideration would be to build on the raised awareness as a result of this project to involve more providers.

There was a request for an approach from the Network worker that will also allow the database to be updated as in a number of instances the contacts have changed.

To capitalise on the momentum generated from this work the contact should be made within the next 4 weeks.

All providers on the database should receive a copy of the report to acknowledge their contribution.

R J Marshall, June 2006

Appendix A

Providers Taking Part in Research

Beech House
Fernhaven
Pathways NW
Clover Care Group
The Barn
Beechdale
The Lynden
Primrose House
Pendle Residential Care
Carleton House
Crystal Hall
Lawwood
Margaret House
Oakmount
Townfield & Coach House
Abbeydale HC
Allcare Home Care Agency Ltd
Astra Care Services
Bare Hall Carers
Brentwood Home Care
Broadfield Care
Burnley Crossroads
Burrowbeck Community Care
Chorley Crossroads
Croston Park Home Care
Cumbria View
Domiciliary Care
Elmwood Home Care
Brothers of Charity
Castle Supported Living
Catholic Caring Services
Fylde Community Link Ltd
integrate
L'Arche Community
Link Ability
Ormerod Trust
Shared Approach
Spire
24hr Homecare
Highway Care Agency
Homecare Services
Hyndburn Crossroads Ltd
Leonard Cheshire (Lancaster)
Practicare Ltd
Priory Home Care Services
Ravenscroft Home Link

Acom Supported Living
Dawaking Care Ltd
Sunnyfield Services
Rockmount
UBU
New Era Housing Assoc
Carr-Gomm Society
National Autistic Society
Lifeways
Holywell Home
Morecambe Bay Care Centre
St Gregory's Homecare
Parkhouses
Healy Care
Millerbank
Paragon UK
Belvedere
Making Space
Affinity
Elite Care Providers
Progress
Pendle Residential Care Ltd

Appendix B Example of Questionnaire Used in Research

R & R Learning Disabilities and Mental Health Providers: outline of information to gather

Provider:	<i>Name</i>
ID No.	
Contact:	<i>Name</i>

Items marked with an asterisk are mainly for background and context, and to make sense of differences that may not otherwise be easy to explain. Remember we are looking for specific examples and thoughts to capture. Try to catch the actual phrase or statement

*Where are they based – <i>general geographic location</i>
*How many premises –
*How many staff- How many carers – <i>Managers/support – Staff not in mh or ld care</i>
*Type of client - Learning Difficulty-Mental health How many
* Types and details of other care provision
Is there a recruitment or retention problem – <i>Yes/No</i>
How do you recruit – <i>Jobcentre, papers, web, etc</i>
Do you have a recruitment policy
What is your turnover of carers -%
Recruitment and Retention problems - <i>specifics including issues of race, gender etc and the nature of service delivery.</i>

<p>Strategies used for recruitment and with what success – <i>mainly interested in what has worked well and what they have tried and abandoned against commonly used methods but with an eye to more creative/imaginative approaches.</i></p>
<p>Strategies not used and why if there are obvious omissions <i>are they are aware of these methods? Why have they not tried them?</i></p>
<p>Are there any local factors influencing recruitment-<i>aging population etc</i></p>
<p>Things that attract people to the work and things that cause them to leave – <i>not interested in the well documented items</i> For both mental health and learning disabilities we want specific examples of good practice and anecdotes about what staff have found rewarding.</p>
<p>What would help you in your recruitment-</p>
<p>What would you do more of if you were able-</p>
<p>Would you be interested in further involvement with the project –<i>e.g. feedback workshop, copy of report, use of materials developed etc</i></p>