



Bold thinking for better health

# **Understanding recruitment to the adult social care workforce**

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# 01 Introduction

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There were 1.6 million people working in adult social care as of 2024/25 (Skills for Care 2025a), employed predominantly by private sector providers. Of this total, 76% were direct care workers and senior care workers, 7% were managerial staff and 5% were regulated professionals. The workforce is larger in headcount terms than that of the NHS, construction, transport, or the food and drink service industries. Almost all adult social care employers (98%) are small and medium-size enterprises (<250 employees) who employ just over half of the adult social care workforce. The remaining 47% of the workforce are employed by a small number of large employers.

In 2024/25, 7% of posts in adult social care were vacant. This was higher than the vacancy rate of the NHS and the wider UK economy. Despite having a skilled and dedicated workforce, the sector is characterised by weak domestic recruitment rates and high turnover. The number of posts in adult social care filled by people with British nationality decreased by 85,000 (7%) since 2020/21. Furthermore, while turnover rates in the independent sector fell between 2023/24 and 2024/25, the turnover rate for international recruits was around 11 percentage points lower than that for people recruited within the UK. This indicates a consistent reliance on international recruitment for national workforce capacity.

Recent policy changes, however, are having a direct impact on this picture. Following increased Home Office scrutiny, the number of entry visa grants for care workers and senior care workers fell by 84% between Q4 2023 and Q1 in 2024. Changes in the rules for those seeking new sponsorship arrangements, and closure of the Health and Care Worker visa for overseas care workers in July 2025, have further restricted recruitment from overseas. As a result, workforce growth is expected to flatten or decline in the short to medium term.

Although the policy context for recruitment and retention of the adult social care workforce in England may be unique, the problems are not. A common set of issues – including low wages, stressful working conditions, lack of career development, and low public esteem for this type of work – have been identified as influencing recruitment and retention internationally. However, the latest adult social care workforce survey highlights variation between different care settings and between areas of the country. This suggests that there are likely to be a range of factors influencing recruitment and retention.

A lack of staff and high churn can impact access to care for those who need it, quality of care and, potentially, timely hospital discharge. Workforce projections show that an extra 470,000 people will need to be employed in the adult social care sector by 2040 if the workforce is to grow proportionately to the number of people aged 65 and over. It is therefore imperative to understand the range of factors that influence domestic recruitment, and how different

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interventions can be employed to encourage a greater proportion of working-age adults in England to choose a role in adult social care.

## 02 Aims and methods

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In 2025, the Department of Health and Social Care (DHSC) commissioned The King's Fund to undertake a review of the evidence on the factors that influence recruitment of the adult social care workforce. The research aimed to address the following questions:

- What influences recruitment to adult social care?
  - Do these factors have a differential effect on professions and demographic groups within adult social care?
  - Do these factors have a differential impact depending on local and geographical characteristics?
  - What is the impact of professional registration on recruitment to adult social care?
- What are the most common recruitment routes into adult social care?
  - Do these routes differ depending on local and geographical characteristics?
- What is the impact of interventions to increase recruitment to adult social care?

We conducted a search of the following databases: Ovid (Medline, Emcare, Social Policy and Practice, PsycInfo), Health Management Information Consortium and The King's Fund Database. The search included both academic and grey literature (not peer reviewed).

The search focused on direct care roles as defined by Skills for Care (Skills for Care n.d.). This includes activities workers, care workers, personal assistants, rehabilitation workers, shared lives carers and advocacy workers. The search excluded other roles such as management, ancillary and other care roles, and registered professionals. The search also excluded international recruitment. The search was limited to literature published between January 2019 and June 2025 to cover a 10-year period.

After removing duplicates, the abstracts and titles of potential articles were screened by one member of the team (librarian) and relevant material was selected for further investigation. Subsequent material was screened and relevant data extracted by a second member of the team (researcher). Reference lists of papers selected for full text review were also scanned to identify any additional relevant papers. Literature included papers from 2010 onwards. See Appendix 1 for a flow diagram of the studies identified. A total of 70 relevant papers and reports are included in this review.

For each included paper, data was captured on the participants, focus, study design and data collection methods to provide additional context for the findings (see Appendix 2).

In addition to the literature review, discussions were held with key informants from three large providers of adult social care and one membership body to explore approaches to recruitment within the context of different service characteristics. The providers cover a range of adult social care provision, including: services for older adults and working-age adults; providers of residential and home care; and private and not-for-profit organisations. These conversations

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sought to identify any additional insights that could support a wider understanding of factors influencing recruitment and practice, which may indicate opportunities for further learning.

## 03 Synthesis of literature by theme

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Relevant content was categorised under a series of themes according to topic focus, informed by the research questions and reported narratively as a series of thematic summaries. The following section outlines the evidence under each theme.

For the purposes of this analysis, literature relating to the recruitment of care workers within domiciliary and residential care settings are addressed together, but where possible we have indicated where there may be differential findings relating to these care settings. The literature relating to the recruitment of personal assistants is presented in a later chapter.

### Social care as a potential job role

#### Perceptions of social care

We identified three studies that had conducted surveys relating to perceptions of social care. A survey of jobseekers (n=3875) on an online job platform found that nearly half would not consider social care because they felt they did not have the required qualifications (Work Foundation and Totaljobs 2021). Two other studies were conducted with employers. In both, participants highlighted the importance of promoting the positives of working in social care in supporting recruitment and retention (Figgett 2017; Mulholland *et al* 2016).

Qualitative studies point towards perceptions of social care as an influence in attraction to the sector and recruitment. For the most part, perceptions of social care are negative. Some perceptions relate to the work itself, including:

- low pay
- unpredictable working hours
- demanding and unpleasant job
- poor working conditions
- lack of value.

Other perceptions relate to the perceived requirements or who the job is aimed at. This includes gender expectations, such as 'men aren't supposed to do care work' (Blythe and Bottery 2024) and perceptions around skills requirements (Bottery *et al* 2024a; Moriarty *et al* 2018). This included perceptions that social care was a less academic or ambitious career option with limited skills requirements, which was also reflected by the focus on values as opposed to academic achievements and qualifications in recruitment. However, conversely, perceived skills and qualification requirements were also highlighted as ruling out social care as an option (Work Foundation and Totaljobs 2021). A final component noted was the framing of social care as 'care work', rather than as a profession (Bottery *et al* 2024a).

The portrayal of social care is noted as a key influence. This includes: negative portrayal in the media, such as scandals and abuse (Moriarty *et al* 2018); presentation of social care as being 'in crisis' (Institute of Health & Social Care Management (IHSCM) and IHSCM Social Care Innovators People Plan Sub-Committee 2021); and a sense of 'burnout' created during the Covid-19 pandemic (Migration Advisory Committee and Revealing Reality 2022). Two studies also pointed to the influence of family members and friends and their negative perceptions of social care (Blythe and Bottery 2024; Bottery *et al* 2024a).

Among the key actions needed to improve recruitment is improving perceptions of social care, through sharing positive aspects of the work (Edwards *et al* 2022), national campaigns and wider public engagement (Bottery *et al* 2024a). The latter includes improving public understanding of social care, such as the value of social care work and the skills needed to do it well. A study of efforts to improve recruitment across countries in the Organisation for Economic Co-operation and Development (OECD) found that most initiatives focus on improving the image of the sector (Organisation for Economic Co-operation and Development 2020). However, a case study analysis of recruitment in Scotland concluded that despite efforts to change the narrative, they were not producing the desired effects on recruitment (Gibb 2023).

One study bucks this trend. In a qualitative study of care workers in the long-term care sector in Hong Kong, participants identified care work as providing job opportunities and security, a stable income and a career development pathway (Yau *et al* 2024). The authors note that the wider context indicates that the long-term care sector in Hong Kong (which combines community care services with residential care) provides care workers with a career pathway and ladder to pursue career development from personal care worker to nursing assistant, enrolled nurse and registered nursing.

## Understanding what the job is about

We identified two surveys that provide different perspectives on recruitment, and which relate to this theme. In a survey of organisations working in social care across European states (n=97), 97% of respondents emphasised providing role clarity as one of the key drivers for recruiting staff. This is also reflected in a survey of employers in the UK, which highlighted the importance of 'being honest about the reality of the job' (Figgett 2017).

Eleven papers include findings and insights that reflect the role of public awareness and understanding what social care work is in relation to recruitment. Studies highlight a lack of clarity and consistency around job titles and descriptions, and application processes (Blythe and Bottery 2024; Urban Foresight 2024). For instance, in one study, participants describe adverts as often being light on detail about what the job entails – using phrases such as 'helping people' or 'getting out and about in the community' or 'supporting people in day-to-day life' but not mentioning key issues such as personal care (Blythe and Bottery 2024). Participants in the same study also reported that there was no clear information about some key aspects of the job, such as needing a driving licence or that travel time would not be paid.

The importance of providing a realistic understanding of the job was described as helping to avoid wasting time on both sides (Moriarty et al 2018). Activities that organisations have suggested or undertaken to improve understanding include communicating organisational values, behaviours and attitudes via employers' websites and social media promotional literature (Figgett 2017). Examples include offering taster sessions which involve people who need care and their families and carers, and open days to promote social care to different community groups (Local Government Association et al 2022). Another suggested route was to increase awareness and knowledge of those involved in providing careers advice, including teachers and job centre staff (Moriarty et al 2018). There are also calls for closer working with organisations that support individuals to apply for jobs (Scottish Care 2019a), including providers forging relationships and delivering interactive and practical sessions that give an introduction to care work (Bottery et al 2024a), and the development of care ambassadors who visit schools to talk about their work (Moriarty et al 2018). However, the latter was reported as having minimal impact because of a negative prevailing attitude to care work among school staff.

## Motivation

The studies we identified include a number of surveys that capture and rank motivations for applying for a job in social care (see Table 1).

Table 1: Surveys outlining motivations for working in social care

Reference	Data source	Motivation for working in social care
<b>Work Foundation and Totaljobs (2021)</b>	Survey of jobseekers (n=3875)	<p>Top factors attracting people to work in social care</p> <ul style="list-style-type: none"> <li>• Knowing the job makes a difference (73%)</li> <li>• Gaining satisfaction from caring for others (72%)</li> <li>• Being proud to work in the sector (63%)</li> </ul>
<b>Silversides and Astakhov (2023)</b>	Survey of care workers	<p>What were your reasons for applying for work in adult social care (top 5)?</p> <ul style="list-style-type: none"> <li>• I wanted to work with and care for/support people (74%)</li> <li>• I had experience of caring for a loved one (27%)</li> <li>• I needed local work (22%)</li> <li>• The job/hours fitted well around my own caring responsibilities (19%)</li> </ul>

- I wanted a career change (18%)

Those in the youngest age range (16–24) were more likely than those in any of the older age groups to cite ‘wanting to work with and care for/support people’ as a reason for applying to work in adult social care. This difference was significant when compared with the oldest age grouping (84% of 16–24s versus 57% of those aged 65+).

<b>Opinion Research Services (2023)</b>	Survey of employees (n=3,059) including care workers (n=2368)	<p>What initially led you to work in social care?</p> <ul style="list-style-type: none"> <li>• Wanted a job that would make a difference to people’s lives (63%)</li> <li>• Felt it would be a job I would love/enjoy (47%)</li> <li>• Felt it would suit their skills/I would be good at it (40%)</li> <li>• Through personal experience of caring for someone (19%)</li> <li>• Felt it would be a job with good career prospects/progression (17%)</li> <li>• Felt it would be a stable/secure job (16%)</li> <li>• Looking for a change in career (16%)</li> <li>• Felt the work pattern suited my lifestyle (13%)</li> <li>• There was nothing else suitable or available to me (4%)</li> <li>• The salary on offer (2%)</li> </ul>
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Care workers were significantly more likely to say they were initially led to work in social care because:

- they had personal experience of caring for someone (20%)
- they were looking for a change in career (16%)
- they felt the work pattern suited their lifestyle (14%)
- there was nothing else suitable or available to them (5%).

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<b>Scottish Care (2019a)</b>	Employers (n=90)	34% of respondents remarked on the mix of contracts and hours applicants looked for when applying for roles.
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Some of the most consistent findings are that people were led to social care work because they had provided unpaid care for family or friends, had themselves received care, or had family members who work within social care (Fisher 2025; Fisher and Simpson 2025; Pace et al 2024; Urban Foresight 2024; Daly 2023; Atkinson et al 2016; Rubery et al 2011; Sims-Gould et al 2010). An aligned motivation was a desire to give back to the care system or community and do a job that would make a difference to people's lives. Qualitative studies describe how this led to a desire to care for others and to do meaningful work – factors that are intrinsic to social care work (Rubery et al 2011). Providing care served to socialise people to care, building an understanding of what care is, an activity they know and therefore a job they could do, which lent a sense of competence and confidence (Fisher and Simpson 2025; Daly 2023; Sims-Gould et al 2010). This served as a form of 'skills by biography' rather than education (Daly 2023).

Interpersonal relationships were noted to be cultivated through people's previous caring experiences. One study found that some people choose social care because of the social nature and the desire to work with people (Sims-Gould et al 2010). The authors found that some workers who took on work in social care had previously worked in other highly interpersonal fields, such as hairdressing and personal fitness, whereas others had previously done unsociable roles and were seeking a second career that was more suitable to their personality and needs.

A common reason given for working in social care is the flexibility of the work, including mix of contract and hours. This provides the ability to fit around school hours and family commitments (including unpaid caring responsibilities) as well as work, studies or other jobs (Urban Foresight 2024; Daly 2023; Migration Advisory Committee and Revealing Reality 2022; Scottish Care 2019b; Moriarty et al 2018; Rubery et al 2011; Sims-Gould et al 2010). As a personal assistant, there was additional flexibility to pick up shifts and take on more clients (or fewer) depending on workload, and this allowed people to determine when they wanted to work (Sims-Gould et al 2010).

A further motivation was the easily obtainable nature of care work, particularly within the context of local geographies. A study of care workers in the UK found that some people chose social care work because of its proximity to home (Daly 2023). This could be related to ability to travel, and be further influenced by low income. For young people who were working in (or had worked in) social care, the role was seen as a readily available route into paid work, or work experience (Moriarty et al 2018).

There were relatively few financial motivations to work in social care, although one Canadian study identified financial benefits as a theme, including access to affordable and timely training, training bursaries and provision of benefits (Sims-Gould et al 2010).

A number of studies indicate that social care may be seen as an option in transitioning to and from other roles. This included people motivated to work in social care for training opportunities (Rubery et al 2011), to gain experience (Daly 2023), or before pursuing higher education (Fisher 2025).

Not all routes into social care were underpinned by perceived values of the sector. In a study of young people doing care work, some participants reported falling into it by 'accident', having been unclear and undecided about career options, or knowing that they wanted to leave school and do something more hands-on but unaware of what care work was beyond spending time with older people (Blythe and Bottery 2024). Three studies found that the care sector may be attractive to jobseekers who have limited alternative options (Urban Foresight 2024; Xiao et al 2021; Moriarty et al 2018). Reasons for this included: few other employment options in an area that they were eligible for or able to join; being unable to commit to less flexible shift patterns; other options being less preferable to care work or unemployment; and few educational opportunities available, leading to people being funnelled into care careers from a younger age, with younger jobseekers sacrificing apprenticeship opportunities to find better paid work in social care.

## National campaigns

We identified papers that covered national campaigns in England, Scotland, Wales, Belgium and Portugal.

Scotland has conducted television (TV) and poster campaigns focused on messaging around: roles being suitable for people who are empathetic and compassionate, reliable team workers, good communicators and non-judgemental; and benefits such as flexible working days, varied work, career opportunities, making a difference, job satisfaction, and meeting/being with new people (Gibb 2023). Results of an evaluation of the first three waves of the campaign obtained by a Freedom of Information request (Pringle 2023) showed that the campaigns were successful in raising awareness and increasing the likelihood of people who may already have been considering a career in adult social care actually taking steps to begin that career, but showed limited success in changing negative perceptions of careers in social care.

Wales has conducted a number of campaigns focused on attracting more people to work in social care, followed by campaigns targeting specific sectors of care. This has been part of a wider programme of work, WeCare Wales, which includes a website, resources and employer dashboard. An organisational report outlines a number of activities in which changes in reach and impact have been measured (WeCare Wales 2022). For a social care campaign, they saw a 176.5% increase in the number of people viewing jobs on the WeCare Wales website compared to the previous year; there was a 21.08 percent increase in new user registrations to the site, the employer dashboard saw 415 new jobs posted, 279 users exited the website to the

employer website directly, and a tool that supports jobseekers to assess themselves against values required for social work was started 212 times.

In England, an evaluation of the national recruitment campaign, Every Day is Different, found that of those surveyed, more than 50% of the target audience (people aged 20–39) took action as a result of seeing the advertisements including actions such as job searches and applications (Skills for Care 2021a). One in four care staff surveyed also reported an increase in enquiries, applications, interviews or vacancies filled. In a question to parliament on the impact of national campaigns in England, government officials reported that the 2021/22 phase of the campaign had met all its key performance indicators, including increased awareness of local roles, awareness that specific qualifications are not needed, and increased intention to apply for a social care role (Whately 2023). Like Wales, they measured the number of visits to the campaign website, and the number of people who went on to search for a job in adult social care in their local area.

In evidence submitted to the Health and Social Care Select Committee, organisations identified gaps in national campaigns and requirements for local messaging as a limitation of such campaigns (Health and Social Care Committee 2022). Local messaging was seen as important in taking into account local workforce gaps, demand, and the ability to tailor recruitment messaging while reducing competition between the NHS and social care. In a consultation conducted by the Institute of Health & Social Care Management (IHSCM) and IHSCM Social Care Innovators People Plan Sub-Committee (2021), participants also identified a lack of coproduction with existing providers and an absence of wider strategy, such as for recruiting young people of school-leaving age or older people wishing to retrain, as contributing factors in national campaigns not fulfilling their potential.

## Routes into social care

We identified a number of studies that have conducted surveys or analysis of quantitative data to understand routes into social care (see Table 2).

Table 2: Surveys and quantitative analysis outlining routes into social care

Reference	Data source	Routes into social care
<b>Skills for Care (2025b)</b>	Data from the Adult Social Care Workforce Data Set (ASC-WDS)	<p>Estimated source of recruitment in adult social care by selected job role (2024/25):</p> <ul style="list-style-type: none"> <li>Senior care worker: 60% within adult social care, 40% outside of adult social care.</li> <li>Care worker: 54% within adult social care, 46% outside of adult social care.</li> </ul>

- Community support and outreach: 52% within adult social care, 48% outside of adult social care.
- Personal assistant: 35% within adult social care, 65% outside of adult social care.

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**Mallorie et al (2023)** Data from ASC-WDS A greater proportion of the direct care workforce who are under 25 years enter social care directly from education or have not been previously employed, compared to those aged over 25 years.

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**Figgett (2017)** Online survey of adult social care employers with turnover rates of <10% (n=140) Most successful methods of advertising job vacancies are:

- via existing employees referring a friend (49%)
- adverts posted on the organisation's website (29%)
- adverts printed in the local newspaper (20%)
- posters in the local community (20%)
- adverts posted on social media (17%)
- adverts elsewhere online (25%).

Which of these groups have you specifically targeted in the past 12 months? (n=107–123 employee respondents)

- young people (60%)
- men (48%)
- university students and graduates (36%)
- Black, Asian and minority ethnic people (32%)
- disabled people (19%)
- older people (17%)
- international workers (16%).

Of those that had not targeted these groups, the vast majority report not having needed to try this, while a small number of employers (between 2% and 8%) report having tried to target individual groups but not successfully.

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<b>Opinion Research Services (2023)</b>	Survey of care workers	<ul style="list-style-type: none"> <li>• Friends of family working in the sector (50%).</li> <li>• A job advertised online or in a newspaper (31%).</li> <li>• Careers advice (4%).</li> <li>• Recruitment companies or fairs (4%).</li> <li>• Education or training colleges (2%).</li> </ul>
<b>Mullholland <i>et al</i> (2016)</b>	Online survey with people involved in recruitment, retention and workforce planning (n=154)	<p>What are the main methods that you use to recruit care/support workers?</p> <ul style="list-style-type: none"> <li>• Online recruitment sites (25/29 respondents who employ this type of staff).</li> <li>• Word of mouth (23/29).</li> </ul> <p>Other reported methods for recruitment of care and support workers included advertising through posters and flyers, open days, recruitment events and attending fairs, guest lecturing at colleges and other interaction with universities or colleges, social media or the radio.</p>
<b>Read and Fenge (2019)</b>	Survey and interviews with care managers (n=17)	Participants noted that care workers across both domiciliary care and residential care settings were recruited exclusively from the nearby resident population, through advertisements in the local press, job websites and word of mouth.

Qualitative studies provide greater detail on routes into social care. Care providers report using social media such as Facebook and TikTok to place adverts, as well as online job boards (Blythe and Bottery 2024; Urban Foresight 2024; Kharicha *et al* 2023). A study of young people working in social care found that almost all reported finding their first care worker role on the job portal Indeed (Blythe and Bottery 2024). However, an analysis of data obtained from the same job-seeking portal found that interest in social care jobs is lower than the average on the website, with jobseeking for the social care sector in the lower half of all sectors since at least 2016, and in the bottom 10 almost continually since 2019 (Migration Advisory Committee 2022). A digital ethnography of job search websites found that adverts for social care roles place increased emphasis on listing responsibilities compared with comparable job ads for roles in hospitality and retail, which focus on benefits available to the employee (Urban Foresight 2024). The same report found that jobseekers often access a variety of places, including social media and online forums, to ask about what particular roles in social care involve. Often, these were not typical jobseeking sites, but other forums such as The Student Room or Mumsnet.

Word of mouth is one of the most commonly reported forms of recruitment (Kharicha *et al* 2023; Read and Fenge 2019; Moriarty *et al* 2018; Figgitt 2017; Hewko *et al* 2015; Rubery *et al* 2011). Recruitment through informal routes such as social networks and personal recommendations were described as having additional benefits, including being able to combine factual information on the job with encouragement to enter from workers who were enthusiastic about their role (Rubery *et al* 2011). This was beneficial for employers, as applicants had some knowledge about what care work entails. The same study found that word of mouth was particularly useful in recruiting younger workers, who were often family members of existing care workers. Other forms of word-of-mouth advertising included open days/evenings, recruitment events and attending fairs (Local Government Association *et al* 2022; Moriarty *et al* 2018; Mulholland *et al* 2016). In one study, participants described these informal arrangements to recruitment as preferable to more formal routes, as they provide an opportunity to meet service users and get a concept of what the job is, and for employers to highlight status as a desirable place to work (Moriarty *et al* 2018).

Other routes of advertising reported by employers include posters and flyers, placement of banners on care home facilities when recruiting, and radio (Institute of Health & Social Care Management (IHSCM) and IHSCM Social Care Innovators People Plan Sub-Committee 2021; Figgitt 2017; Mulholland *et al* 2016). In one study, employers reported receiving most enquiries about work through their own websites (Moriarty *et al* 2018).

In two studies, participants reported applicants from job centres not turning up for interviews or declining offers of employment (Institute of Health & Social Care Management (IHSCM) and IHSCM Social Care Innovators People Plan Sub-Committee 2021; Scottish Care 2019b). Respondents in one study reflected that either there was a lack of genuine intention to take up care posts amongst applicants or a breakdown in communication and understanding about what these posts entail (Scottish Care 2019b). In each case, participants attributed the problems they encountered to requirements of the benefits system in which claimants have to provide evidence of job-searching to receive their benefits. Despite this, employers suggest closer working with job centres and organisations that support individuals to apply for jobs to address the challenge of inadequate response levels to advertisements (Scottish Care 2019a). Suggested activities included support to complete applications properly, better information-sharing about a career in care and the opportunities available, and the realities of the job, to ensure that those applying are motivated to join the sector.

A few studies have identified additional routes into social care. These include volunteering (Gibb 2023; Moriarty *et al* 2018), the use of recruitment agencies, which were noted to be widely used by care providers and those looking for work (Kharicha *et al* 2023), and modern apprenticeships (Gibb 2023; Feeley 2021; Mulholland *et al* 2016). Data from Skills for Care (2026) shows that in 2023/24, there were 24,650 adult social care apprenticeship starts – a small increase on the previous year, but 75% fewer than in 2016/17. Although there has been a decline in the number of apprenticeships across sectors, the rate of decline in social care has been greater. Moreover, a greater proportion of people drop out of adult social care apprenticeships (56.7%) prior to completing, compared to other apprenticeships (38.1%). Uptake of adult social care apprenticeships is greater in people aged 25 and over (83%), and notably lower in London

compared with other areas of the country, taking into consideration the scale of the adult social care workforce in each area.

## Agencies

Two studies refer to the role of agencies in the recruitment of care workers. Agencies were described as offering advantages for employers and workers alike in terms of flexibility, particularly where an employer may only need someone for a few hours or have specific requirements, such as needing a male worker for a particular person (Moriarty *et al* 2018). A study in Canada also found that agencies had the benefits of providing some job security, supportive supervision, conflict mediation, and generally standardised hours (Kelly *et al* 2024). Workers in agencies could also pick up extra shifts and more readily change clients or take on new clients. However, agencies offered less flexibility at the individual level, and notably lower wages.

## Recommendations or referrals from social care workforce

Eight papers highlight recommendations or referrals from other social care workers as a route into social care.

In a case study analysis, employers identified this route to recruitment as being useful in selecting workers who had some knowledge of what care work entailed and were therefore less likely to leave at an early stage due to misconceptions over the nature of the work (Rubery *et al* 2011). This route enabled the sharing of job opportunities and relevant factual information, while the passion of the worker provided encouragement to enter. It was also noted to be particularly useful in recruiting younger workers – often younger family members of existing care workers.

In one survey, employers described the benefits of employee referrals as being low cost and perceived to attract people with the right values and behaviours, because existing staff can share an organisation's core values with people they know (Figgett 2017). Developing a good reputation was identified as vital in facilitating word-of-mouth promotion. The importance of good leadership and a valued and included team are also highlighted in a case example in supporting recruitment through existing staff (Institute of Health & Social Care Management (IHSCM) and IHSCM Social Care Innovators People Plan Sub-Committee 2021).

A study of young people who were (or had been) working in social care reported that after entering their first role, personal contacts and relationships were more important as a route to hearing about and being nominated for care worker roles (Blythe and Bottery 2024). Some heard from previous staff, others followed former managers and colleagues where they had a good experience of working with them, and where they heard that pay and conditions were better elsewhere.

Despite this, a survey of care workers and managers in which participants were asked to rate their readiness to recommend their organisation to others found that although respondents gave positive responses for wanting to work in social care, most did not feel able to encourage others to apply for similar roles (Opinion Research Services 2023).

## Education

A survey of independent providers reported that 56% of applicants do not hold health/and or social care qualifications, and less than 20% of respondents could say that the majority of their applicants had relevant qualifications (Scottish Care 2019a). An analysis of the adult social care workforce data shows that care workers under 25 years of age are half as likely to hold an adult social care qualification compared to older workers (Mallorie *et al* 2023). For those coming straight from education, the proportion of under-25s with a social care qualification increases to 34%.

A number of studies have found that qualifications and skills are regarded to be of low importance when recruiting staff (Feeley 2021; Scottish Care 2019a; Figgett 2017). For instance, in a survey of employers in England, just two mentioned experience and qualifications as being the most important in ensuring that they recruit the right people (Figgett 2017). Similarly, in a survey where employers were asked to rank recruitment decisions according to importance, only 7% ranked qualifications as most important, while 73% ranked it as least important (Feeley 2021). The majority (86%) ranked values and behaviours as most important.

The potential of educational routes to recruitment are explored in several papers. A study of young people entering social care roles heard that those who had studied for a health and social care national vocational qualification (NVQ) felt it would open doors to a range of job opportunities such as childcare or becoming an allied health professional (Blythe and Bottery 2024). Those who had placements in social care settings said these experiences were left a lasting impression on them and led them to consider care work more intentionally as a prospective career. A literature review exploring the potential for former armed service personnel to move into care work also highlighted the role of education in preparing and supporting ex-service personnel as part of a programme (Manthorpe and Bramley 2019). In a second review, schemes such as apprenticeships or pre-employment training are given as examples of actions that can be taken to attract individuals to social care roles (Edwards *et al* 2022). The potential of modern apprenticeships, entry qualifications for young people, and vocational learning are also suggested in two studies conducted with organisations in Scotland (Gibb 2023; Feeley 2021).

## The recruitment process

### Availability of candidates

In a survey of care managers in Wales, 71% of respondents reported challenges with availability of staff for recruitment (Opinion Research Services 2023). A US study exploring data on numbers of care workers relative to population needs indicates that availability may also be affected by geography, with urban areas described as having greater availability than rural areas (Dill *et al* 2023).

### Application processes

When asked in a survey to describe the most important thing an employer can do to ensure they recruit the right people to the role, they highlighted (in order of commonality): a robust recruitment process; clarifying expectations of the work involved so both parties are clear on what is expected; observing and interacting with the candidate, ideally with the involvement of people who need care and their families; taking time with recruitment to find the best candidate; and ensuring that candidates are matched to the work available (Figgett 2017). Employers also noted the value in tailoring job adverts.

However, the same survey found that 64% of respondents reporting having reviewed all job descriptions and person specifications, 14% had reviewed some, and 12% had reviewed them more than a year ago, with the remainder either saying that they would review them as vacancies arose or had no plans to review (Figgett 2017). This suggests that there may be opportunities for strengthening practice.

An overview of social care recruitment in Wales found that there was a lack of consistency in application processes, applications were often arduous, and there was confusion about the required qualifications (Urban Foresight 2024). In a survey of employers, more than half (57%) said that candidates must complete a full application form in order to apply for vacancies in their organisation, 8% accept CVs, and 1% a supporting statement, with a third of employers (32%) requiring all three (Figgett 2017). Some reported accepting a CV initially, and if successful at pre-screening or at interview, the candidate would be asked to complete a more comprehensive application form. Just under a third of employers (30%) have a question in their application process that is designed to eliminate candidates prior to shortlisting. In order of commonality, the questions cover: not having a driving licence; minimum experience criteria; why they want to work in care; and enhanced Disclosure and Barring Service (DBS) checks.

In contrast, young people who were interviewed about working in (or seeking roles in) social care described the process of finding a job as very light touch, taking two weeks to submit an application, have an interview and receive a job offer, followed by DBS and identity checks (Blythe and Bottery 2024). This was facilitated by uploading a CV and submitting a one-click application via a website or completing an application form on a provider's website. As part of the same study, providers reported streamlining and simplifying the application process,

including shortening the form, making it smartphone-friendly, and advertising on sites that support one-click applications, although these actions were generally not targeted at younger people in particular (Bottery *et al* 2024a). Others sought to provide extra information in adverts, such as travel options to the care home. This was described as resulting in an upswing of applications from young people. However, with hindsight, some young people described the speed and simplicity of applying as a red flag and an indicator that ‘companies need us more than we need them’.

The role of reducing requirements is highlighted in three further studies. In a qualitative study, employers reported no longer requiring relevant experience or to provide cover letters (Migration Advisory Committee and Revealing Reality 2022). In a second report, an analysis of online job postings found that compared to competing occupations, care worker roles are less likely to require A-level or equivalent qualifications and less likely to ask for prior experience where explicitly listed (Migration Advisory Committee 2022). They found that most online care worker and competing occupation adverts did not specify any academic or experience requirement, with this proportion increasing for care worker roles since 2016, suggesting that employers are becoming more flexible over these requirements in order to recruit staff. A literature review conducted for the European Social Network also highlighted that reducing the threshold of skills and initial training requirements, while providing tailored training schemes after recruitment, is one way to attract people into the workforce, particularly the social care sector (Baltruks *et al* 2017).

In a briefing on approaches being taken to improve recruitment, organisations highlighted the importance of communicating clearly with applicants on the progress of their application, building positive relationships and keeping them onboard during the process (Local Government Association *et al* 2022). Furthermore, sharing information and timeframes, support with payment for travel, induction and DBS checks could also remove administrative and financial barriers to work. In a US roundtable and panel discussion, participants also highlighted the importance of the process, including ease and transparency of applying, as well as the promptness of the response (Pace *et al* 2024). Suggestions of approaches to support this included technologies such as text, self-scheduling for interviews, and applicant tracking systems. This in turn is contingent on resourcing and capacity for recruitment and human resources (HR) skills such as social media and comms. In a survey of social care stakeholders in Scotland, almost half of respondents reported that the use of a shared recruitment platform would benefit the sector as a whole (Mulholland *et al* 2016).

## The package

Three studies draw attention to a recruitment package that goes beyond just pay. A survey of care workers and managers in Wales identified that in addition to pay, factors such as terms and conditions (including sick pay, holiday pay, mileage and benefits more generally) were important considerations in recruitment (Opinion Research Services 2023). A scoping review in Sweden notes that recruitment and retention may be mediated by the match between job demands and job rewards (Carson *et al* 2024). For example, lower-qualified workers could reasonably be paid less but given training to substitute for higher-qualified workers, while

higher-qualified workers may be more likely to stay in the sector when offered higher levels of pay and opportunities for pay advancement. In a US roundtable and panel discussion, participants noted the relative importance of salary, insurance cover quality, childcare options, retirement benefits, tuition reimbursement and other benefits that vary for each person, indicating that a complete employment package is valuable in tailoring to each person's needs (Pace *et al* 2024). However, as participants noted, this requires HR to have adequate options to offer. Other examples focused on maximising choice, flexibility and self-determination as part of a person-centred approach to job quality, such as offering a lump sum each month as a benefit that workers can spend how they want, or offering higher pay for less-preferred hours.

## Employee checks and processes

In a survey of employers, respondents reported that one of the most important things they can do to ensure they recruit the right people was taking up references and ensuring that candidates pass DBS checks (Figgett 2017). However, participants in a consultation on recruitment to social care and a qualitative study of care workers and managers both highlighted the length of time taken for background checks (including DBS) as a barrier, resulting in some people securing other jobs in the meantime (Institute of Health & Social Care Management (IHSCM) and IHSCM Social Care Innovators People Plan Sub-Committee 2021; Atkinson *et al* 2016).

A study exploring safeguarding practices found that high staff turnover is creating poor recruitment practices, as the drivers are around crisis resolution (Moriarty *et al* 2018). This included poor practice in DBS checks, ineffective checks on immigration status, and lack of assurance in place to ensure that non-contracted service providers adhere to the principles of safer recruitment. The same study also heard that staff recruited by people on direct payments are not subject to the same degree of scrutiny, and that there was a lack of agencies working together to impose a safer recruitment culture across a transient workforce, especially agency and bank staff.

## Values-based recruitment

Values-based recruitment is an approach that encourages the selection of people who align with the organisation's values. It has been widely supported within the health and education sectors, as well as within health and care settings.

In a survey of employers, asked about the most important thing a social care employer can do to ensure they recruit the right people, establishing that candidates have the right personal attributes, motivation and values topped the list (Figgett 2017). The authors of that study note that lots of comments were related to attributes that fall under values and attitudes, including kindness, compassion, reliability, honesty, professionalism and positivity. Employers also spoke about establishing how candidates relate to other people, about their need to be sensitive and empathetic in their role, and to maintain dignity for the people they are working with, and having a genuine passion for working in a caring role. Closely linked in terms of rating was establishing a candidate's commitment if they genuinely care, and taking the job seriously. A second survey of employers using values-based recruitment highlighted the value in enabling them to identify

similar attitudes and attributes that they believed could not be taught or learnt (Consilium Research and Consultancy Ltd 2016). Interviews with care workers and managers also drew attention to the use of tools such as situational interview questions as part of a values-based approach to assess that a person really cares and will deliver care with dignity (Atkinson *et al* 2016). A survey of people supported by personal assistants (PAs) had similar findings, highlighting the requirement of a PA to be patient, caring and committed to this type of work, with a good work ethic and personal responsibility (Skills for Care 2020).

The evidence on the impact of values-based recruitment is mixed. There are emerging insights based on the practice knowledge of people working in adult social care. In a survey of social care providers, 72% of employers using a values-based approach to recruitment and retention reported that staff perform better or much better overall than those recruited through traditional approaches (Consilium Research and Consultancy Ltd 2016). This included measures of sickness absence, skills required for the role, and punctuality. They also reported a 5.6% lower staff turnover rate than those using traditional methods. However, other authors have concluded that evidence of overall impact is limited. In particular, they note that values-based recruitment is not well defined and there is a lack of evidence on the effectiveness of different approaches (Griffith 2023). Among the literature on values-based recruitment interventions, recruitment outcomes receive relatively limited attention compared with those related to retention.

In a study of young people's experience of recruitment in social care, participants described interviews as seeking to get a measure of their character and interest in care, and what they have to offer, rather than being a test of their knowledge or prior experience (Blythe and Bottery 2024). Employers implementing a values-based recruitment approach report seeing the process as opening up care work as a potential career for people who might not feel they have many career options, including those who were unemployed or not academically inclined at school (Bottery *et al* 2024a). However, employers also noted that the emphasis on values in recruitment rather than academic excellence and qualifications was also part of the problem – further undermining the nature of care work and its potential as a career. This tension is widely evident in the literature around professionalisation of the care workforce.

A study on levers to improve recruitment and retention identified the need to make sure enough staff were on duty, as one of the biggest barriers to values-based recruitment (Moriarty *et al* 2018). This meant that employers sometimes had to make difficult decisions balancing being short-staffed or employing someone who was unlikely to stay in post for long. Participants described a limited pool of people with the necessary skills and ethos to provide care at the wages offered, and care providers may have limited/no response to recruitment campaigns. At interview stage, providers may look to compromise and employ people who are not well-suited to the job, because mediocre or poorly performing staff are preferable to no staff.

## Quality of candidates

In a survey of social care managers, 70% reported concerns with the quality of candidates applying (Opinion Research Services 2023). In a further survey in Scotland, participants reported that availability of skills, or lack of relevant skills and experience, were the main barrier to recruitment (Mulholland *et al* 2016).

## Use of incentives

A review of recruitment approaches across OECD countries found that most initiatives to boost recruitment focus on incentives to (re)enter the long-term care sector (Organisation for Economic Co-operation and Development 2020). The studies and reports we reviewed gave several examples of incentives offered by employers.

Interviews with employers identified examples of offering bonuses to staff for referring people for jobs, and the introduction of life insurance, although it was noted that for the latter this decision was based on affordability and their preferred option would have been to increase wages (Migration Advisory Committee and Revealing Reality 2022). The use of sign-on bonuses and regional recruiters were also recommendations from a roundtable and panel discussion in the United States (Pace *et al* 2024).

A study of levers to improve recruitment and retention identified several examples of incentives. However, it noted that they were not necessarily sufficient to attract enough people, especially those who were willing to work full-time and at unsocial hours, such as weekends and evenings (Moriarty *et al* 2018).

## Pay

Pay was identified as a key factor in recruitment. In a survey of social care employers, 73% of respondents identified poor wages as a major challenge in recruiting staff (Baltruks *et al* 2017). A second survey asking employers to rate the most important thing a social care employer can do to attract more people to vacancies had similar findings, putting pay at the top of the list. Several employers noted that in order to be competitive, they should pay above the National Living Wage to reflect the worth of their staff (Figgett 2017).

One area that has received attention is implementation of the National Living Wage. In a survey of providers, the largest proportion of respondents neither agreed nor disagreed that the UK living wage has had a positive impact on their ability to recruit to posts (Mulholland *et al* 2016). A report by Skills for Care (2018a) concluded that there was no evidence of the National Living Wage having a large impact on recruitment and retention in the adult social care sector. This may be partly due to increases in pay across providers having little effect (Hafner *et al* 2017), rather than between providers, where there is more evidence of an effect in social care (Ebell *et al* 2018). A survey of independent providers similarly concluded that the Scottish Living Wage may not have helped address the inequalities between sectors in terms of workforce reward for similar roles, including care staff in local authority-run care services (Scottish Care 2019a).

Research has also highlighted issues around flat pay structures in social care. In one study, participants reported a flat pay structure in which a high proportion of the workforce was paid the National Living Wage, but with few enhancements for unsocial hours or levels of experience. This was perceived to create uneven capacity in terms of providing a 24-hour service, with it proving hard to recruit staff willing to work at night, in the evenings and at weekends (Moriarty *et al* 2018).

Two studies have explored how the size of the workforce is likely to change in response to changes in wage rates through the modelling of wage elasticity. Research indicates there is a lack of consensus on the size of the elasticity for the adult social care sector (ie, how many additional people would become adult social care workers for a 1% increase in wages) (Alma Economics 2024). In one study, modelling based on the Adult Social Care Workforce Data Set (ASC-WDS) found that a 5% increase in real wages in the adult social care sector (keeping everything else constant) is likely to increase employment by 9%–11% (Vadean *et al* 2024). Calculations also show that aligning ASC pay to NHS Agenda for Change Band 2 rates (ie, pay rates for health care assistants), representing about a 7% overall wage (ie, costs) increase for currently employed direct care workers, would lead to an employment increase of between 7% and 13%. However, the authors of that study flag that within studies of labour supply and recruitment, the effect does not account for wage responses in other sectors. Were employers in non-ASC sectors to increase their wages to stem the outflow of their workers, predictions would overstate the impact of wages on employment in the sector.

A second study used the ASC-WDS to model wage elasticity of labour to the sector to assess the potential impact of three policy recommendations on recruitment of adult social care workers (Alma Economics 2024). Table 3 outlines their findings.

Table 3: Impact of policy recommendations on cost, recruitment and wider cost savings

Policy recommendation	Cost	Impact on recruitment	Wider impact and cost savings
<b>Enforcing the 2023 National Living Wage</b>	Approx £42 million per year, out of this cost, £30.4 million would be paid by the state, while the remaining £12 million would be paid by self-funders.	It would attract an additional 7,100 domiciliary care workers (and reduce turnover).	The additional people recruited will create new care placements leading to approx. £111 million benefits in wellbeing for adults in care, and £15 million in NHS savings per year.

<b>Aligning pay to NHS Band 2</b>	Approx £2.3 billion per year to public finances and £1.3 billion to self-funders.	Preventing approximately 493,600 workers from leaving their jobs and attracting an additional 299,000 people in the sector by 2037.	Create savings of approx. £580 million in 2023 due to avoided recruitment costs, £2.2 billion in improved wellbeing and £298.6 million in NHS savings per year. The respective savings over the 15-year period are £4.8 billion, £33.5 billion, and £4.5 billion.
<b>Aligning pay to NHS Band 3 with under 2 years of experience</b>	Approx. £2.7 billion per year to public finances and £1.5 billion to self-funders.	Preventing approx. 568,200 workers from leaving their jobs and attracting an additional 344,000 people in the sector by 2037.	Would lead to savings of approx. £659.7 million in 2023 due to avoided recruitment costs as well as £2.5 billion in improved wellbeing and £341.8 million in NHS savings per year. The respective savings over the 15-year period are £5.5 billion, £38.3 billion, and £5.1 billion.
<b>Aligning pay to NHS Band 3 (2+ years of experience)</b>	Approx £4 billion per year to public finances and £2.3 billion to self-funders.	Preventing approximately 850,700 adult social care workers from leaving their jobs and attracting an additional 514,000 people in the sector by 2037.	The workers remaining in employment would create savings through avoided recruitment costs equal to £949 million in 2023. Similarly, recruiting additional care workers allows more adults to receive care, which creates approximately £3.8 billion in wellbeing savings and £503 million in NHS savings per year. The respective savings over the 15-year period are £8.2 billion, £56.4 billion, and £7.5 billion.

In their study, Vadean *et al* (2024) found that take-up of a job in the sector (ie, experience of less than 2 years) is less related to pay. They suggest that at this early stage and with low entry requirements, sector entrants may seek to try out care jobs without having a strong motivation for working in adult social care, or that new sector entrants may perceive their first years of employment as a period of accumulating skills and experience, rather than being driven by pay alone. The same study also found differences in responsiveness to changes in pay by geography. They found that the supply of people to work in adult social care is more responsive to wages in the South of England, where economic activity and job density is higher. In contrast, the supply of people to work in residential care in the Midlands and in domiciliary care in the North were less responsive to increases in wages. The authors suggest that these differences relate to specific market dynamics in adult social care, including number of providers, responsiveness of employment outside the sector, and rates of unemployment or inactivity. This indicates that pay needs to be considered within the context of the wider market.

Regional differences in the impact of pay on recruitment are also noted in qualitative studies. In a study of personal assistants, participants living in the South of England generally said that it was very hard to recruit because pay for PAs was comparatively low, and the cost of living was high (Woolham *et al* 2019). By contrast, in North-East England, participants said that local wages were low, and unemployment levels were higher, which meant that the PA wage was more 'meaningful' (ie, being able to recruit the right person rather than just any person) and recruitment was easier. A second study in Canada found that individuals in one region, where unionisation had led to higher wages, meant that more of those individuals were more likely to report wages and benefits as the main attractors to social care compared with other regions (Sims-Gould *et al* 2010).

## Regulation and registration

In England, a workshop exploring stakeholder expectations of the social care workforce found that there was no agreement about the issue of regulation/registration of social care workers (Bottery *et al* 2024b). Supporters tended to emphasise the perceived benefits identified in the literature review: the image of the sector, improved workforce standards, integration and safeguarding. However, people who employed their own personal assistants felt strongly that they would not want to be limited to recruiting from a register.

Both Wales and Scotland have taken steps to register and regulate social care workers. A report reviewing professionalisation of the social care workforce found that the experience in both countries was that registration and professional regulation can introduce unnecessary barriers to recruitment (Hemmings *et al* 2022).

A survey of organisations involved in social care in Scotland found that the largest proportion of respondents neither agreed nor disagreed that the opportunity to be trained and gain qualifications in order to be registered has had a positive impact on their ability to recruit to posts (Mulholland *et al* 2016). A later survey of independent social care providers in Scotland found very mixed views on the general impact of a registration qualification on recruitment

(Scottish Care 2019b). For home care services, 44% of respondents were positive, with some seeing these as a demonstration of development opportunities within the sector. Others gave a more mixed response – with a strong focus on the fact that the current qualification routes will suit some individuals but not others. There are limited alternative routes to registration available, and the current bar may be set too high. Some respondents identified regulatory obligations as having a negative impact on potential applications, such as the cost of registration and checks required for working with vulnerable groups (equivalent to DBS in England), increased paperwork associated with care delivery, with better or equivalent wages available for jobs with less responsibility, accountability, registration and training requirements.

In Wales, a report on the national approach to social care recruitment found that the requirement for care workers to be registered with Social Care Wales may cause time and financial pressures for potential candidates (Urban Foresight 2024). The sector in Wales supports a philosophy of ‘entry first’ where it is possible to join the sector in some capacity before engaging in relevant qualifications and training to progress. The changing entry requirements might cause some confusion around who needs to be qualified and how strenuous the process is.

## Barriers to recruitment

A series of surveys and quantified responses on the barriers to recruitment have been conducted. Table 4 outlines the findings of those studies. In two studies, the question covered both recruitment and retention; this is indicated as appropriate.

Reference	Data source	Barriers to recruitment
<b>Care England (2024a)</b>	Survey of providers – <i>recruitment and retention</i>	<ul style="list-style-type: none"> <li>• Pay rates on offer to staff (86%).</li> <li>• Poor perceptions of social care as a career (63%).</li> <li>• The challenging nature of work in social care (55%).</li> <li>• Better job opportunities in other sectors (51%).</li> </ul>
<b>Skills for Care (2018b)</b>	Consultation responses from social care providers	<ul style="list-style-type: none"> <li>• A perception of low pay (80%).</li> <li>• Not enough people are applying for vacancies (70%).</li> <li>• A perception of poor terms and conditions of employment (69%).</li> <li>• Poor public perception of adult social care locally (61%).</li> <li>• A lack of awareness of different roles (56%).</li> <li>• Candidates' expectations do not match the reality of the work (40%).</li> <li>• Applicants do not have a genuine interest in the roles (33%).</li> </ul>

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		<ul style="list-style-type: none"> <li>• Applicants lack the right values (27%).</li> </ul>
<b>Baltruks et al (2017)</b>	Survey – <i>recruitment and retention</i>	<ul style="list-style-type: none"> <li>• Lack of career progression opportunities (70+%).</li> <li>• Level of remuneration.</li> <li>• Ageing workforce.</li> <li>• Lack of men in the workforce.</li> <li>• Local issues (living costs; remote rural area).</li> <li>• Recruiting a culturally diverse workforce.</li> <li>• Competition with other sectors.</li> <li>• Reliance on migrant workers.</li> <li>• Fewer people volunteering.</li> <li>• Workers holding multiple jobs.</li> </ul>
<b>Mulholland et al (2016)</b>	Online survey	<ul style="list-style-type: none"> <li>• Low pay (20 of the 29 respondents who employ this type of staff).</li> <li>• Competition from other sectors (20 out of 29).</li> </ul>

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Qualitative content from the above studies and from other reports highlights a range of additional issues. Two studies cited issues with the commissioning process. Evidence submitted by organisations to an independent review described how commissioning frameworks that involve one-off, short-term pieces of work are very difficult to recruit staff for (Feeley 2021). In a survey of organisations involved in the commissioning and delivery of social care, respondents reported concerns that the commissioning process does not allow providers to offer guaranteed hours, which impacted negatively on recruitment (Mulholland *et al* 2016).

Respondents to an online survey reported issues around staff not wanting to work out of hours or anti-social hours, and the demand for flexible working patterns (Mulholland *et al* 2016). Several respondents reported that the type of work, as well as anti-social hours, can be a deterrent. One key issue related to staff wanting to work limited, flexible or, alternatively, set hours, and providers not being able to offer these because of service demands.

A report on recruitment for the Welsh government highlighted how negative aspects associated with the work can dissuade jobseekers who are otherwise attracted to the sector (Urban Foresight 2024). These include low pay and difficult conditions, lack of understanding or misunderstanding about the sector, changing entry requirements, lack of diversity in the sector, and limited career progression. That report found that although some providers have taken steps to try and engage other groups to increase diversity in the sector, this has proved difficult. A study of the role of migrant labour in social care concluded that one of the main benefits for employers was ‘their willingness to do work that may be seen as unattractive by the local population’ (Turnpenny and Hussein 2022).

Particular barriers were noted around recruitment in rural areas and those areas that are more affluent or already have a buoyant employment market (Skills for Care 2016). Examples include care homes located in prosperous areas where people could afford to pay for their own care (self-funders) reporting problems recruiting care staff who live within easy travelling distance (Moriarty *et al* 2018).

One other report found that recruitment agencies were just not engaging with potential applicants (Institute of Health & Social Care Management (IHSCM) and IHSCM Social Care Innovators People Plan Sub-Committee 2021).

## Local employment and competition

Seven studies identified local employment and competition as factors influencing recruitment. Competition was noted as having a negative impact on recruitment. Factors that influenced competition included a lack of pay differentials between roles in social care (where the work was described as more skilful and demanding) and work in other sectors such as hospitality and retail, and the ability to offer higher wages for less responsibility and physical strain (Migration Advisory Committee and Revealing Reality 2022; Scottish Care 2019b; Woolham *et al* 2019; Moriarty *et al* 2018). Other factors that impacted on competition for care worker roles included better employment terms and conditions, and working conditions (Scottish Care 2019a; Atkinson *et al* 2016).

Competition was also noted among other health care employers, notably as a result of higher salaries in the NHS and among temporary employment agencies (Migration Advisory Committee and Revealing Reality 2022; Atkinson *et al* 2016).

A survey of independent social care providers in Scotland identified employment competition as impacting on recruitment in areas where unemployment levels were low, including cities, or in rural areas where the recruitment pool is smaller (Scottish Care 2019a). All responses refer to difficulties in competing with other sectors and industries in terms of pay, terms and conditions or status. In contrast, a study in Wales found that there were fewer challenges in attracting and recruiting workers in rural areas, but within a context where a lack of alternative options encourages people to seek jobs in care (Urban Foresight 2024). Employers have also reported that a loss of European Union (EU) nationals has also increased the availability of jobs in other sectors (Migration Advisory Committee and Revealing Reality 2022).

## Travel and transport

Travel, and the need to have a driver's licence and own a car, were identified as an important consideration in recruitment. The impact of travel and transport is particularly noted in relation to rural areas.

Some of the issues with travel and transport include not wanting to travel, a reluctance or inability to drive, lack of public transport, and the cost of travel and running a car (Health and Social Care Committee 2022; Migration Advisory Committee and Revealing Reality 2022; Xiao *et al* 2021; Scottish Care 2019b; Moriarty *et al* 2018). Particular issues were noted if people needed to travel some distance to work (Feeley 2021) and for recruitment in rural or remote areas (Health and Social Care Committee 2022; Moriarty *et al* 2018). Additional costs associated with car ownership for younger people were also noted to be a barrier (Scottish Care 2019a; Moriarty *et al* 2018).

Limitations on travel resulted in workers often seeking shifts that were near to their home, and at acceptable times for that employee (Migration Advisory Committee and Revealing Reality 2022). In a study of care workers in Australia, barriers associated with travel and transport led to applicants preferring to work in residential care, rather than community settings (Xiao *et al* 2021).

## Housing and cost of living

Evidence submitted to the Health and Social Care Committee indicated that if staff cannot afford to live within a reasonable distance, a care provider will struggle (Health and Social Care Committee 2022). The evidence included a number of important insights. For example, in many seaside towns, care workers live in holiday caravans or chalets and are at risk of becoming homeless for the summer months. Recruitment and retention issues were reported in rural and coastal locations, as well as the South West and Lake District, due to the rising cost of living and lack of affordable housing in these locations. A second qualitative study reported similar findings, with the West Country and Lake District identified as areas where the high cost of housing impacted on recruitment (Moriarty *et al* 2018). These areas also experienced high levels of retirement migration, with a consequent need for more care workers.

One of the barriers shared by organisations submitting evidence to the committee was that social care workers are not designated as key workers, and so cannot access affordable rented housing from local authority and registered providers (Health and Social Care Committee 2022). This lack of affordable housing meant that care workers had moved (or planned to move) to areas with more affordable housing (Kharicha *et al* 2023).

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## 04 Synthesis of literature by theme – personal assistants

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We identified seven studies that explore issues related to recruitment that are specific to personal assistants (PAs). This section outlines the findings by theme.

### Social care as a potential job role

In a survey of people supported by PAs (n=995), participants reported that the role of a PA was not well understood (Think Local Act Personal 2022). Similarly, participants in a qualitative study of PAs noted a lack of visibility and understanding of the role, including some confusion with similar-named administrative or office-based roles (Woolham *et al* 2019).

In a study of PAs and their employers, there were mixed views on the level of detail that should be provided around job tasks when recruiting PAs (Woolham *et al* 2019). Some employers saw role clarity as important in assessing suitability for a PA role and avoiding boundary issues and conflict. In some cases, this included spelling out some of the more menial elements of a role, so there was no mismatch in the expectations between the employer and PA, in addition to where there may be specific requirements, such as not being allergic to pets. However, some PAs reported that providing such detail may deter people from applying. Other PAs noted that 'fit' was more important than skills, which could be better established through an informal conversation. This was also important as the employer's health and needs could fluctuate, and their requirements may change over time.

### Routes into social care

We identified one quantitative study that explores routes into adult social care for PAs (see Table 5).

Table 5: Survey and quantitative analysis of routes into social care for PAs

<b>Skills for Care (2025c)</b>	Survey of PAs (n=1268)	What was your last role? A job not within adult social care or health care (39%).
	Skills for Care Workforce estimates, 2023/24	A job elsewhere within adult social care (22%). A job elsewhere within health care (13%). A PA with another individual employer (13%). Not previously employed (13%).
		How did you find your current role as a PA? Knew the employer already (family/friend) (49%). Through a social care organisation (such as the local authority) (11%). Word of mouth (9%). Using specific job sites (4%). Recruitment agency (1%).

Two surveys of employers of PAs identified hiring someone you know as one of the most common routes into the role (Figgett 2017; Skills for Care 2016). Employers shared that people have a better understanding of specific needs and were flexible about the hours required (Figgett 2017). Family members were also favoured because they were easier to recruit and may have been carrying out some of the elements of the role already but without pay (Woolham *et al* 2019).

Studies of employers of PAs commonly report using word of mouth, including peer groups or Facebook, which enabled people to share PAs, offer additional hours or notify others that their PA is looking for more work (Think Local Act Personal 2022; Woolham *et al* 2019; Figgett 2017; Skills for Care 2016). In a study of PAs, participants described recruitment by word of mouth as beneficial, as the potential PA was known and it was possible to assess more easily if they would be 'compatible' with an employer (Woolham *et al* 2019). It was also seen as less time-consuming, less 'risky' (because the person was known or came with a personal recommendation) and less expensive in respect of advertising.

A further route advocated by both local authorities advising people on recruiting a PA as well as employers themselves was using people's existing networks (Woolham *et al* 2019; Skills for Care 2016). This included other institutional settings that provide an environment where workers may encounter potential clients, and where potential clients offered care workers a position as a PA (Kelly *et al* 2024; Woolham *et al* 2019). Other examples include local community organisations that prospective employees had participated in, such as clubs, societies, churches or other religious institutions (Woolham *et al* 2019). This extended to local advertising, including putting postcards in local shops, advertising in local newspapers and radio stations. A key advantage was the very local nature of applicants, which reduced travel time and costs and offered more opportunities for flexible working hours. However, employers noted that this had to be weighed against the need to maintain privacy in small, close-knit communities.

Studies also highlight the use of organisations affiliated with the local authority, general internet job sites, Facebook groups and other brokerage sites (Skills for Care 2025c; Woolham *et al* 2019; Skills for Care 2016). Although commercial websites were identified as one route to recruitment, the use of intermediary organisations as part of that process could lead to additional costs as national websites such as Gumtree regarded those organisations as commercial recruitment agencies, incurring a more expensive rate for advertising (Woolham *et al* 2019). In another study, employers of PAs highlighted that while advertising often incurs costs, many local authorities do not include any funding for this (Think Local Act Personal 2022).

Like employers of care workers, employers of PAs also noted issues with applicants from job centres, including receiving applications from people regarded as manifestly unsuitable (Woolham *et al* 2019).

## Personal assistant registers

PA registers are online platforms where people seeking work as a PA can register. In a survey of local authorities and NHS organisations, PA registers were described as having the potential to be more than just recruitment tools by assisting efforts to make the PA workforce more visible or enable the development of a community of PAs at a local level. In order to be effective, however, they need to be used proactively.

A study of PAs and people supported by them explored the role of PA registers in more detail (Woolham *et al* 2019). They found that registers often served different purposes and functions. Some registers are just platforms, where people upload information about themselves, their experience and expertise, and the tasks they are willing (and not willing) to do; there is no vetting of this information, or efforts to match employers with employees. Other registers had a few core 'factual questions' but again, the hosting organisation plays no role in matching PAs with employers. Other registers operated as brokerage agencies, sharing information with PAs/employers if there is a match.

The amount and relevance of information contained on registers also varies. Some allow PAs seeking work to provide detailed CVs, including their interests and values, and a passport-type photograph. Information about the interests of the prospective PA was valued because it helped employers to match people against their own interests and possibly also their values and beliefs. However, this could also lead to misuse, with reports of some employers choosing PAs based on certain characteristics and discriminatory behaviours.

The requirements of registers also varied. Some had no requirements and conducted no background checks; others required the person registered to have a DBS, which PAs in one study identified as good practice (Woolham *et al* 2019). Some registers had more considerable conditions for registration, and in one case complaints received about a PA could lead to removal from the register. Participants saw the opportunity for using registration as a form of PA accreditation; however, requirements for registration limited who could register, and there was

also a risk that registers could offer false reassurance, putting organisations who set up registers at risk of legal action.

Overall, there were mixed opinions about registers – who should set up, manage and pay for them, what information they should contain, and their relative value for employers and PAs alike. Registers were seen as one way of supporting recruitment of PAs, in a context in which there was often a lack of public knowledge of the role. Conversely, registers were seen as potentially inflexible if they became compulsory and could lead to control being taken away from employers. The value of registers being managed or co-produced by user-led organisations was highlighted as a mechanism to ensure that registers met the needs of those they seek to support.

Studies noted some additional limitations of registers, including mistaking the PA register for an agency register and expecting that they could contact them for short-term agency cover. It was also important that registers were kept up to date, which requires resourcing. Available resourcing also influenced the level of information and management that organisations hosting registers could undertake. Finally, the geographical coverage of registers was raised as an issue, with some areas described as having several registers all requiring different information and operating in different ways.

Participants shared that some areas had tried to set up registers but had not been successful due to lack of interest. Reasons given for the lack of success included time and resources to establish and maintain a register, the ease with which it could be used, reliability of the information, and relevance to prospective employers. Wider factors include employment levels, the proportion of local populations needing PA services, and local cost of living.

## Agencies

Two studies covered the role of agencies within recruitment. In a qualitative study, PAs shared reservations about agencies as they led to PAs not being able to choose employers, which could lead to hard choices about working for someone where the relationship was not a positive one (Woolham *et al* 2019).

In a survey of people supported by PAs, most participants reported that agency rates were above what they as employers were able to pay (Think Local Act Personal 2022). Even within this context, some funders still signposted to them. Concerns were also raised about agencies offering better rates of pay, as well as additional benefits (such as a sign-on bonus) and the impact this could have on taking affordable PA capacity out of the local market. Some participants were supportive of councils taking on the task of PA recruitment, including vetting and training of a local pool of trusted PAs who could offer a range of support from emergency cover to highly specialist and skilled support. Local authorities were described as being more invested than independent agencies in making sure that care arrangements are working for people.

## The recruitment process

### Availability of candidates

A survey of employers of personal assistants found that of those who said that recruitment was more challenging, 45% said it was due to a shortage of suitable candidates, and 23% said a shortage of any applicants (Skills for Care 2025c). Among people supported by PAs who were in receipt of direct payments, a shortage in supply of PAs not only limited choice but transferred the onus of creating a market onto individual employers (Think Local Act Personal 2022). Participants commented on a lack of knowledge and unrealistic expectations of funders and commissioners about the local PA market and the effects that competition, low pay, and poor terms and conditions were having on ability to recruit PAs. A specific barrier identified was where local authorities had prevented the use of direct payments to contract with self-employed PAs. This was described as significantly limiting the pool of applicants, and in a context where people were leaving care agencies to become self-employed as micro-providers of home care. It could also skew the market towards self-funders who remain able to contract with whomever they choose.

### Application processes

Two studies on recruitment of PAs indicate that employers face particular challenges around application processes and recruitment. Key informants in one study reported that many prospective employers of PAs had no previous experience of recruiting, and needed a great deal of help with the process (Woolham *et al* 2019). Some felt the amount of time needed to do this was sometimes disproportionate to the funding that was available for this purpose. Similarly, a survey of people supported by PAs found that most wanted more help with PA recruitment from councils, NHS funders and government, such as lists of experienced PAs, or PA brokerage (Think Local Act Personal 2022). Some of the most positive feedback in the survey was about the recruitment and employment support from councils' in-house direct payment teams. Other council and NHS funders have commissioned local or national organisations to recruit, employ and manage PAs, or to provide services like payroll or advice on recruiting and managing PAs. People's experiences of the support provided by these organisations were very mixed; they felt that funders and commissioners should seek regular feedback from them about how effective these organisations were in providing the right help. People also felt it was unfair if funders limited who could be supported by these commissioned organisations, which meant (for example) that people self-funding their PA support were excluded from this source of help.

### Quality of candidates

One qualitative study found that employers of PAs placed more importance on being able to deliver the task, and where the overriding issue is the relationship between the employer and the employee, given the particular roles (Woolham *et al* 2019). Within this context, training and equipping PAs with core skills was regarded as less important by some participants than the life

experience of a PA. In some localities, a possible need for PA applicants to be able to speak the same language as their employer was also mentioned, because impaired communication would affect the ability of both employer and PA to 'get on' with one another.

## Incentives and pay

A survey of local authorities and NHS organisations noted the value in considering how flexible employers and organisations could be around working arrangements, training, pay and support, to incentivise take-up of a PA role (Skills for Care 2016). A second survey of people supported by PAs found that direct payments often resulted in PAs being paid a flat rate regardless of length of service and experience or specialist skills, which was not in line with the skills set required of a typical PA, thereby creating a barrier to recruitment (Think Local Act Personal 2022). Participants also highlighted how a combination of low pay, and the limited permitted hours that people who work part-time and claim Universal Credit can work, make working less financially viable.

## Barriers to recruitment

Three surveys explored barriers to the recruitment of PAs (see Table 6).

Table 6: Surveys outlining barriers to recruitment for PAs

Reference	Data source	Barriers to recruitment
<b>Figgett (2017)</b>	Survey of individual employers of PAs	<ul style="list-style-type: none"> <li>• Constraints with funding and pay (63 mentions).</li> <li>• Finding people for the hours they need (55 mentions).</li> <li>• Finding suitable staff to meet your needs (46 mentions).</li> <li>• Finding PAs able to travel to where you live (10 mentions).</li> <li>• Finding PAs due to cultural or language barriers (5 mentions).</li> <li>• Impact of bureaucracy (2 mentions).</li> </ul>
<b>Skills for Care (2025c)</b>	Survey of PAs and individual employers	<ul style="list-style-type: none"> <li>• Shortage of suitable applicants (45%).</li> <li>• Shortage of applicants (23%).</li> <li>• Unsociable, undesirable or low hours (14%).</li> <li>• Care needs are complicated or challenging (12%).</li> <li>• Other (13%) including wages too low, issues with trust in relation to PAs, or needing more support with recruitment.</li> </ul>

<b>Think Local Act Personal (2022)</b>	Survey of people supported by PAs	<ul style="list-style-type: none"> <li>• People taking jobs with better pay instead of PA jobs (69.46%).</li> <li>• Harder to recruit PAs able to work the hours I need (59.40%).</li> <li>• Harder to find PAs with the right skills, values or training (58.89%).</li> <li>• People taking jobs with better hours or working conditions (47.82%).</li> <li>• Fewer people are available to work as a PA because of Brexit/immigration changes (40.10%).</li> <li>• People are put off care work if they do not want a Covid vaccination (35.74%).</li> </ul>
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In a survey of PAs and their employers, an employer questioned the extent to which local authorities understood the local market and availability of support to find PAs (Skills for Care 2025c). Other examples given include council websites being out of date, and employers being given a list of PAs who they could not contact or who were charging more than they were able to pay.

A survey of local authorities and NHS organisations identified problems in relation to recruiting PAs for smaller packages of care – particularly where no mechanism exists for a PA to work with more than one employer (Skills for Care 2016). A further challenge included recruiting to perform more complex health tasks. Some respondents articulated a desire for a ‘pool’ or ‘bank’ of skilled PAs they could call on.

In a survey of people supported by PAs, respondents reported challenges with the ‘fixed hours’ that had been decided by their funders as suitable to meet their support needs and structured along traditional ‘time and task’ lines, with specific hours allocated to certain tasks (Think Local Act Personal 2022). This, combined with low rates of pay, and the implication of multiple short visits (potentially increasing travel costs), acted to limit the pool of people able to support them.

Three final barriers to recruitment that were identified included limitations with the HMRC employment status categories (for tax purposes), which were described as unhelpful, because many of the requirements for self-employed workers were largely not applicable to PAs (Woolham *et al* 2019). In the same study, respondents highlighted how employers could have unrealistic expectations, which could create delays in the recruitment of PAs if they were waiting for exactly the right applicant.

## Local employment and competition

Local employment rates were also reported as greatly influencing the ability of PAs to find work (Woolham *et al* 2019). Some PAs discussed having to turn work away due to high local demand, while others were concerned about finding work. Low pay and high costs of living were also noted to impact on recruitment, and competition for applicants with other sectors (Think Local Act Personal 2022; Woolham *et al* 2019). In a survey of people supported by PAs, some PAs reported being shown adverts for jobs by care support workers, or told they had been

offered to go and work in other jobs, particularly in the NHS, doing bank work or other jobs as they are able to offer more money (Think Local Act Personal 2022).

## Travel and transport

There are a number of transport-related issues affecting recruitment of PAs. These include the challenges of finding a person who can drive, a lack of public transport, and ability to fully refund the costs of travel through direct payments or personal health budgets (Think Local Act Personal 2022; Woolham *et al* 2019). Particular issues were noted for recruitment in rural or remote areas (Think Local Act Personal 2022).

Employers of PAs reported finding it very challenging to recruit when specified hours were split across the course of the day and for work during unsocial hours (Think Local Act Personal 2022). Interviewees' experiences were that funders usually did not permit use of a personal budget or direct payment to refund the additional costs associated with having to make multiple journeys and travel time, making this one of the main reasons why PAs found it was not worth their while financially to take these hours on.

Limitations on travel reduced the available pool of PAs to work unsociable hours, making it harder to recruit in remote areas (Think Local Act Personal 2022). In a qualitative study of employers of PAs, participants shared how finding a PA who lived reasonably close to the employer had the benefit of reduced travel costs and greater potential for flexibility over time but posed potential risks to privacy as noted earlier (Woolham *et al* 2019).

## 05 Comparative differences in recruitment

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The following section outlines three areas in which there are notable differences or interactions between employers or settings, and their impact on recruitment.

### Residential versus home care

Three papers indicate movement care workers between care settings. In England, qualitative research with care providers and care workers found that care workers had moved (or were moving) from home care to care homes (Kharicha *et al* 2023). Similarly, in a survey of independent social care providers, a number of responses pointed towards increased competition between care at home and care home services (Scottish Care 2019a). That survey found the same trajectory – for home care staff to increasingly move to care home services, particularly in areas where more care homes were being developed.

A study in Australia found that some personal care assistants disliked undertaking domestic work that was assigned to them in home care settings such as cleaning and vacuuming (Xiao *et al* 2021). In addition, participants perceived there to be greater risk of being falsely accused of wrongdoing within home care settings, and a lack of team support as a result of working on one's own, influencing their choice to not work in this setting.

### Local authority versus independent and voluntary sectors

Four papers highlight differences in recruitment between local authority and independent sector providers. A survey of independent social care providers in Scotland found increasing movement of home care staff to care home services, particularly when the latter were run by the local authority (Scottish Care 2019a). In a second survey in Scotland, participants commented that local authorities are able to offer more competitive rates, terms and conditions for similar posts (Mulholland *et al* 2016). In qualitative interviews with care managers in Wales, participants from local authorities reported fewer difficulties recruiting than other service providers (Atkinson *et al* 2016).

In England, the majority of care workers in adult social care are employed by independent sector providers. However, a small number of local authorities employ care workers in reablement teams and some own care homes. A study modelling the relationship between turnover, hiring and employment growth using the data from the ASC-WDS found that relationships between employment growth and turnover, and employment decline and hiring, are relatively stronger in the private and voluntary sectors compared to the public sector (Teo *et*

*al* 2022). The authors conclude that the impact of staff retention and barriers and challenges to recruitment have a greater impact on employment in private and voluntary sector organisations than in public sector organisations.

## Urban versus rural

An issue with recruitment in rural areas arises in a number of different papers, and features in the ranking of barriers to recruitment in a survey for the European Social Network (Baltruks *et al* 2017).

A US study exploring data on numbers of care workers relative to population needs indicates that availability may also be affected by geography, with urban areas described as having greater availability than rural areas (Dill *et al* 2023).

Several studies highlight the impact of challenges in relation to the wider employment market within rural areas. As reported earlier (see p25), employment competition has been noted in relation to rural areas (Scottish Care 2019a; Skills for Care 2016). Recruitment in rural areas may be less affected however where there are a lack of alternative options (Urban Foresight 2024). Additional factors, including rising cost of living and lack of affordable housing, and issues with travel and transport were also noted to negatively impact recruitment in rural or remote areas (Health and Social Care Committee 2022; Think Local Act Personal 2022; Moriarty *et al* 2018).

A final unique insight relates to advertising for PAs. The use of local advertising to recruit to roles, such as putting postcards in local shops, and advertising in newspapers and radio stations, was seen as advantageous in recruiting applicants from a local area, reducing travel time and costs, and offering more opportunities for flexible hours. However, in rural areas, this was seen as less positive, as it could lead to a greater likelihood of the employer being known to people who might read the advertisement, thereby compromising their privacy (Woolham *et al* 2019).

## 06 Evidence on interventions to improve recruitment

This section outlines the evidence on interventions that are perceived, or have been implemented, to improve recruitment to adult social care.

Two surveys have explored what employers have done to try to support recruitment, and the perceived effectiveness of their efforts (see Table 7).

Table 7: Surveys outlining interventions employers have tried to address recruitment

Study	Method	Interventions
<b>Figgett (2017)</b> <b>UK</b>	Survey of employers	<p>Q. What have you done to try and attract people to work in your organisation in the past 12 months and you would try again in the future?</p> <ul style="list-style-type: none"> <li>• Invested in staff development (75%).</li> <li>• Offered flexible working patterns (74%).</li> <li>• Ensured that people are aware that staff are paid the National Living Wage or more, challenging the perception that social care is low-paid work (61%).</li> <li>• Worked to develop and promote the organisation's culture (55%).</li> <li>• Used a values-based approach to recruitment (47%).</li> <li>• Promoted the organisation at local events to raise awareness of potential opportunities (41%).</li> <li>• Offered volunteering opportunities (38%).</li> <li>• Offered apprenticeships (34%).</li> <li>• Promoted the organisation's ethos by signing up to the Social Care Commitment (31%).</li> <li>• Offered incentives for existing employees who introduce potential new employees (31%).</li> </ul> <p>What have you tried in an effort to take on the right people for your organisation over the past 12 months and you would try again in future?</p> <ul style="list-style-type: none"> <li>• Offered work experience, candidate visits or 'taster' shifts (45%).</li> </ul>

- Included people who need care and support and/or their advocates, family, friends in the recruitment process (45%).
- Included pre-interview assessments (31%).
- Offered pre-employment training (25%).
- Worked with apprenticeship agencies or learning providers to find the right apprentices (22%).
- Included useful sources of advice about becoming a care worker in the application pack (20%).

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<b>Mullholland et al (2016)</b> Online survey (n=29)  <b>Scotland</b>	What have you tried to mitigate issues with recruitment and how successful were they?
	<ul style="list-style-type: none"> <li>• Improved recruitment materials (more user-friendly) and support for applicants (17/29) [success score 6.75/10].</li> <li>• Shared recruitment platforms (4/29) [success score 6.67/10].</li> <li>• Enhanced pay (14/29) [success score 6.08/10].</li> <li>• Flexible and agile working (13/29) [success score 6.08/10].</li> <li>• In-house training / paying for training (23/29) [success score 5.90/10].</li> <li>• Enhanced employment conditions (12/29) [success score 5.67/10].</li> <li>• Increased opportunities for in-house staff to move post (8/10) [success score 5.63/10].</li> <li>• Increase in advertising / positive promotion of the sector / service (19/29) [success score 5.00/10].</li> <li>• Shared advertising / positive promotion of the sector / service (2/29) [success score 5.00/10].</li> <li>• Increased use of employment agencies (9/29) [success score 3.56/10].</li> <li>• Offer to pay registration fees / disclosure fees (7/29) [success score 2.80/10].</li> </ul>

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## Local interventions

### Routes into social care

Several studies report interventions by employers to improve recruitment, including increasing advertising and using creative strategies to advertise. This included use of a company (Recruitomate) that focuses on social media (Institute of Health & Social Care Management (IHSCM) and IHSCM Social Care Innovators People Plan Sub-Committee 2021), and trying new routes, including advertising in magazines and leaflet drops, although employers who had

tried the latter reported limited success (Migration Advisory Committee and Revealing Reality 2022). Another route to increasing recruitment was creating relationships with other organisations, including community-based organisations (Pace *et al* 2024; Woolham *et al* 2019), and working with universities, colleges and schools to promote careers in the sector to young people (Bottery *et al* 2024a; Mulholland *et al* 2016). More than one study notes the focus of their activities at a local level.

Interviews with organisations involved in the development of the PA workforce at a local or national level found that some organisations had contacted local universities and colleges and were offering PA employment to students on vocational courses in health and social care as work experience placements or part-time work (Woolham *et al* 2019). These were generally regarded as successful, with some students continuing to work as PAs even after they had graduated.

Three papers refer to interventions to support employee referral. The use of care ambassadors was reported in one study, to socialise care work in schools and encourage students to work in social care (Moriarty *et al* 2018). However, that study also noted that the initiative had minimal impact because the prevailing attitude towards care work was so negative. A second intervention was the use of a digital referral app, Care Friends (Care England 2024b; Institute of Health & Social Care Management (IHSCM) and IHSCM Social Care Innovators People Plan Sub-Committee 2021). A case study reported that providers were sourcing between 15% and 30% of their annual hires via referrals from Care Friends, up from an average of between 0% and 7% from traditional referral schemes (Care England 2024b). In addition, hires through this route had up to 6.5 times lower turnover in the first year of employment than hires from internet job boards. The ability to refer people digitally was reported to improve rates of participation among staff as it negated some of the effort and risk of missed payments associated with traditional employee referral schemes. The report states that in 2023, between 1% and 2% of all care workers starting a job in England were a result of referrals via the app, from just 2% of providers, indicating potential for increased recruitment if a greater proportion of providers adopted the same approach. Feedback from local authorities was positive about its success in comparison to other recruitment initiatives, and with greater levels of retention.

Examples of the use of financial incentives to improve recruitment and retention were reported in one study (Moriarty *et al* 2018). One participant reported that workers were given £350 for every new employee they introduced to the company once that worker had been in post for 6 months. The participant reported that around 1 in 5 of the workforce had been recruited this way.

A scoping review conducted in 2019 identified a DHSC-funded pilot of a scheme whereby people with a criminal record undertake a level-1 course, 'Preparing to work in care' (Norrie *et al* 2019). Following successful completion of this course, it was suggested that learners would have the knowledge needed to go on to complete the Care Certificate, which involves completing a work placement.

## The recruitment process

Evidence submitted as part of an independent review for the Scottish government presents a case study of ENABLE, an organisation that supports people with learning disabilities, their family and carers (Feeley 2021). ENABLE Scotland invested in a workforce development unit, ENABLE Recruits. It comprises a team of skilled recruitment consultants who develop a bespoke recruitment campaign with each individual that they support, and lead the end-to-end recruitment and onboarding processes. The PA model works to a principle of over-recruitment, filling 105% of commissioned hours in order to manage relief costs and eradicate impersonal and expensive agency staff.

In addition to their workforce development unit, ENABLE Scotland implemented an increased rate of pay in excess of the real Living Wage in a number of demonstration sites. They found that payment of £10 per hour in these sites led to significant improvements in attracting and retaining the highest quality candidates through a bespoke recruitment process. In one area, where ENABLE Scotland had stepped in to support individuals following provider failure, the enhanced reward demonstration resulted in recruitment levels increasing from less than 80% to 100% in 8 weeks.

A second study highlighted the example of a company that had taken the decision to replace increments with performance-related pay of up to £0.15 per hour (Moriarty *et al* 2018). Taken alongside the pay rise as a result of the National Living Wage, some workers were earning £0.45 an hour more.

A report by the Institute of Health & Social Care Management includes a case example of a provider who had introduced a booking system for applicants to book their own interviews around office diaries. In addition, they had introduced a Question of Care situational judgement test within the application as part of a discussion piece at interview (Institute of Health & Social Care Management (IHSCM) and IHSCM Social Care Innovators People Plan Sub-Committee 2021). These were reported to have had less effect on boosting recruitment, but more on reducing wasted time on applicants who were not very interested, allowing them to spend more time on those invested in the role.

Skills for Care conducted three evaluative studies of the implementation of a values-based recruitment toolkit. A survey of social care employers found that almost three-quarters of respondents who reported implementing a values-based toolkit for recruitment considered that it represented an improvement on previous non-values-based arrangements and cited at least one benefit (Skills for Care 2020). Among those who reported benefits, 20% said it helped with recruiting staff with the correct values. The toolkit comprises a range of components. A survey of employers during the first 12 months of implementation found that one of the tools – an online profiling questionnaire – did not provide sufficient assessment about the applicant's suitability during the recruitment process but did prove beneficial to processes subsequent to recruitment (Goode 2014). However, the authors of that study note that there were early signs of good practice as a result of using the toolkit, with 68% of employers reviewing their recruitment process.

A case study of implementation of another values-based recruitment tool, Care Character, by one of the largest UK not-for-profit providers of social care, reported that 30%–35% of disengaged candidates self-deselected early, ensuring that only the most committed applicants progressed (Care England 2024b). The employer reported that interview no-shows dropped by 50%, saving time and resources, and personalised interviews led to a 20% increase in job offers, securing the best candidates. More generally, studies indicate that the impact of values-based recruitment primarily relates to retention.

## Barriers to recruitment

One paper highlighted interventions that seek to address barriers related to housing and travel. In a qualitative study, employers shared examples of providing short-term accommodation aimed at helping newly appointed workers – particularly those arriving from outside the UK (Moriarty *et al* 2018). However, longer-term arrangements were also thought to be needed.

Participants in the same study also shared examples of successful recruitment and retention initiatives that involve transport. The first was of a public sector organisation having a staff car subject to a 3-year lease. However, it was also noted that this could lead to potential inequity around recruitment, as the same benefit was not available in the private sector. A second example was of employers in rural areas recognising what is important to candidates in those areas and offering free lunches at work if there are no shops nearby, or supporting with transport to and from work, or offering flexible hours where appropriate. A final example was of a care home company in a semi-rural area providing a transport service for staff to get to/from work (a sizeable number of care staff do not drive, so were deterred from applying for jobs they could not easily get to). The company reported having 100% staffing for the first time in three years.

## National interventions

In England, the Workforce Recruitment and Retention Funds aimed to support local authorities to take actions that would improve recruitment and retention in adult social care. An evaluation of the Funds' impact found that the difference in the number of staff recruited between the funded and the baseline period was not statistically significant, suggesting that the Funds had no measurable (positive or negative) impact on overall recruitment during the funded period (Department of Health and Social Care 2023). This was supported by qualitative feedback, which highlighted that the lead-in time or fund period was too short to have a tangible impact on recruitment activities (due to both a challenging recruitment landscape and the time required to recruit to adult social care posts).

A study to inform the development of a social care workforce strategy (Moriarty *et al* 2018) found that few participants were familiar with the 2014 Recruitment and Retention Strategy (Skills for Care 2014) and of those that remembered it, a minority were critical. There was a sense that the strategy was constrained by wider influences outside its remit, such as pay, perception and austerity. There was wide agreement that while certain decisions were better

made locally, there was an important role for central government in making decisions about funding for social care and providing leadership.

A report by the Local Government Association (2024) outlines the development of health and care academies, which deliver recruitment campaigns and services, and offer careers advice and training to those interested in pursuing health and social care careers. As a minimum, activities typically involve guidance and signposting for those interested in a career in care, as well as basic recruitment services, such as job boards or linking jobseekers with employers in the region. Larger academies often run additional targeted projects, such as those focused on the recruitment of under-represented groups, young people, or training courses.

Case studies of health and care academies indicate that each takes its own approach to measuring impact. For instance, the North Central London Health and Social Care Academy has a monitoring framework that is outcomes based and centred around specific performance metrics. The academy publishes a quarterly impact report that includes what activities they have undertaken, the number of learners on courses, what has been done to address sector needs and impact, and case studies. Its key performance indicators include numbers of new employers engaged, and people participating in education, undertaking work experience placements, entering employment, entering apprenticeships, or undertaking paid work placements. It also records numbers of under-represented groups in these categories. Similarly, Caring Plymouth has tracked the number of people it has supported, along with their destination outcomes. The report notes that currently, however, most academies are missing a framework to evaluate their strategic impact, including overarching goals such as improved recruitment. It also notes the potential for academies to more clearly define and measure how they have contributed towards the achievement of strategic goals – for example, through the development of a theory of change (Local Government Association 2024).

The Care First Careers pilot was designed to attract unemployed young people to work in the care sector. The scheme, run by the Department for Work and Pensions (DWP), offered employers in the care sector a choice of taking candidates who had been through a two-week pre-employment training (PET) programme with an entitlement to a recruitment subsidy of £650 (for the employer), or just a recruitment subsidy of £1,500 (for the employer) without PET. Interviews conducted as part of an evaluation found that employers generally preferred training interventions to recruitment subsidies, although large employers preferred subsidies to support their own in-house training (Dobson and Byrne 2010). Those who preferred PET felt it filtered out uninterested candidates, saving time and resources. Pre-employment training was found by the Jobcentre Plus providers to be important in building basic care skills, improving interview preparation and confidence. Just under three-quarters of employers surveyed believed that PET enhanced recruitment, and employers who experienced recruitment or retention difficulties favoured PET over the subsidy.

The Kickstart Scheme was a national government programme that provides funding to create new six-month jobs for 16–24-year-olds on Universal Credit who are at risk of long-term unemployment (Skills for Care 2021b). The scheme offers 100% of the National Minimum Wage or National Living Wage (depending on the age of the participant) for 25 hours per week for six

months, as well as associated employer National Insurance contributions, minimum automatic enrolment pension contributions and a set-up grant for each job. This means that the government pays the Kickstart employee's salary rather than the employer. The National Care Forum created a scheme in conjunction with a dedicated social enterprise that supports young people with employability skills and employment opportunities, and an organisation that specialises in recruitment and retention in social care. Activities included a programme of monthly webinars to support workplace mentors and employers, a dedicated Kickstart forum enabling participants and managers to share learning and promote best practice, and full support for Kickstart placement participants. Although the Kickstart Scheme was evaluated, there is no specific information about its impact on social care recruitment (IFF Research 2023; DWP and Government Social Research Profession 2024). An audit on the implementation and value for money of the Kickstart Scheme provides a ranking of the number of vacancies advertised and filled by sector, but does not specify figures (National Audit Office 2021).

WeCare Wales is a national multi-media campaign to increase awareness and recruitment to social care roles for adults, early years and children. The campaign is a collaboration between Social Care Wales and leading organisations representing social care, early years and childcare in Wales, as well as other national bodies involved in jobseeking and careers advice. WeCare Wales has developed a range of career promotional activities, including a website describing roles in care and different settings, ambassadors, career cards, working with jobs and careers advisors, working with Health Education and Improvement Wales to include content on social care, and case studies highlighting roles from different perspectives. A report by WeCare Wales (2022) describes a range of measures of impact in relation to several individual activities. These include the following:

- Data on website use – they have identified a correlation between campaign activities and website visitor data.
- A jobs portal for employers to raise awareness of vacancies – which now has more than 700 employers.
- A survey of workers who started employment in the past six months (n=494) – one-third recall seeing WeCare Wales adverts, and remembered TV and social media; half recalled seeing the adverts and indicated that they made them interested in working in social care, and the advert was a realistic representation; 60% indicated that the adverts made them feel more positive about social care.
- A three-day pre-employment programme including insights into social care, job coaching and support for applications. Between January and December 2022, 505 participants completed the programme: 66 gained employment in social care, 10 outside social care, 7 in education, 4 in volunteering and 7 took up apprenticeships. Website traffic also increased significantly.
- A webinar for employers – more than 100 have signed up to support guaranteed interviews to participants who complete the pre-employment programme.

## International interventions

A review conducted for the European Social Network found that the Nordic countries (Denmark, Finland, Norway and Sweden) and Japan have successfully enhanced the number of long-term care workers over the past 10 years (Baltruks *et al* 2017).

One of the case studies that the review highlights is New in Care, an initiative in the Swedish city of Östersund, which targets long-term unemployed people, giving them the opportunity to undertake a work placement of two to six weeks, full-time or part-time, in a social care organisation. It was initially developed by the local health and social care administration, which then started co-operating with the employment services and subsequently with managers of social care institutions and trade union representatives. The review states that about half of the participants who applied for the programme are now working in the social care sector. The initiative has now become a permanent programme in the municipality to address staff shortages and reintegrate people into the labour market.

The review also reports a 20% increase in the number of long-term care workers in Japan from 2011 to 2025, which has been achieved by sponsoring basic training programmes for new students and experienced workers willing to return to work after a long break. The authors note that Israel, the Netherlands and the United States are also providing financial support for such training.

Two further case examples were identified from a review of the professionalisation of the care workforce. Men in Health is an intervention that has been implemented nationwide in Norway. It targets men who are unemployed or have previous work experience in a different field. The programme is two and a half years in duration, and involves eight weeks of classroom training, a 12-week trial period in a nursing home, and mentoring by an alumnus of the programme (Hemmings *et al* 2022). The 'health recruits' receive state benefits or a salary from their municipality alongside wages from the employer. The final goal is for participants to complete a vocational certificate and transition into employment. The scheme has expanded through a snowballing strategy whereby graduates recruit men they know who would otherwise not have typically considered a career in care. An analysis based on 527 participants from 4 counties from 2014 to 2021 found that most participants transition into employment and experience a substantial increase in income (Lamoy 2025). After completing the programme, few participants continue to rely on financial support from government. The programme found that societal benefits exceed costs as early as three years after the programme starts. However, the authors note that the study did not control for differences between the intervention and control group, such as motivation or health, and therefore the results should be interpreted with caution.

The second case example is of a collaboration in 2020 between the Swedish government, local authorities and the trade union Kommunal to offer 10,000 permanent contracts to graduates of a nursing assistant programme (Hemmings *et al* 2022). The authors note, however, that at the time of publication, it was too early to know what impact the programme had on recruitment.

The Israeli Employment Service offers jobseekers the opportunity to work as home care workers based on their qualifications/education level, previous employment experience and/or training, and language. A study of the factors that influence people to become home care workers reported that over a six-month period, 19,000 jobseekers were offered work as home care workers, 3,200 accepted the offer, and 16,000 refused (Shinan-Altman *et al* 2020). A survey conducted with 1,492 jobseekers in the study found that 32% had accepted the offer to become a home care worker and were no longer on the job market, 36.7% had accepted the offer and had worked in the past but were no longer working in home care work, and 31.2% had refused the offer. The odds of no longer working in home care were higher for participants who were younger, with poorer health and higher perceived ageism. The odds of refusal were higher for males, those of Arab descent, younger participants, those with more education, lower ageism, and fewer personal relationships with older adults. The authors concluded that younger adults were less interested in working with older adults. The odds of remaining in the job were lower for those with poor health – which may have been due to the demanding nature of the job.

A final example we identified was an evaluation of wage pass-through schemes in the United States (Feng *et al* 2010). Several states have implemented wage pass-through, which represents an additional allocation of funds provided through Medicaid reimbursement for the express purpose of increasing compensation for direct care workers. The evaluation found that among states where it was implemented, the policy is associated with a net increase of between 3% and 4% in certified nurse aide hours per resident day in the years following adoption.

## 07 Insights from key stakeholders

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In our interviews with key stakeholders from three organisations, we asked about their own learning on approaches to workforce recruitment, the actions they have taken to improve recruitment, and how this may vary depending on the type and location of services they provide.

It is important to note that the number and type of organisations we spoke to are not representative of the wider sector; notably, they are much larger and have collectively more of a focus on self-funders than the provider sector as a whole, in addition to having centralised recruitment support and paying above the minimum wage. However, the insights they generate provide further understanding about the knowledge and evidence that is captured and not captured within the current evidence base.

### Understanding social care

Interviewees noted that press coverage of social care has presented a tough and negative message about it. At the same time, one provider noted that feedback from care home managers still reflected a lack of recognition from some applicants about the physical nature of care work and a perception of social care as 'playing bingo and drinking tea'.

What is evident from our interviews is the diversity of provision that constitutes social care. For instance, staff providing care for working-age adults were often required to be out in the community, engaging in activities with clients and supporting independence. Provision of live-in care was also noted as another area of care that deviated from common perceptions, including recruitment of carers who were often not local and with greater requirements for experience and skills. Furthermore, a shift towards the delegation of services and increase in provision of health care at home by social care providers has led to an increasing need for staff with skills and experience related to delivering health care tasks.

The differential requirements of these settings and roles influence recruitment. For example, a provider of social care for working-age adults noted that they attract more young people and a more ethnically diverse workforce compared to services for older adults. Another provider noted that people who were used to delivering task-based care could struggle with their model of providing a minimum of one-hour contact with each client. As a result, their workforce comprised a 50:50 split between those new to social care and those who were moving from other social care roles.

### Values, brand and attraction

All three provider organisations described values-based recruitment as fundamental. However, in contrast to the literature, which focuses on identifying people with the right values to work in social care based on a generic set of values, providers highlighted the importance of identifying

and embedding specific values as part of a corporate brand. This then served to attract people to roles, communicate expectations around the care that both staff and clients can expect, and inform recruitment processes. Within this, providers drew attention to factors that clients value, such as kindness, as well as the nature of social care as purposeful work and the difference people make as a result.

## Recruitment processes

Although all three organisations noted challenges in recruiting, they also reflected on receiving large numbers of applications. Managing these applications required considerable resource and typically included a lot of people who were not eligible. However, even in this context, one provider noted receiving surplus applications. With each organisation competing to attract candidates, and no mechanism or incentive to redirect candidates to other local organisations, this is likely to result in people being lost to the sector.

In recruiting the right staff, interviewees noted that no one action was likely to solve recruitment challenges, but it required 'a bit of everything'. Common emphasis was placed on responsiveness, particularly as applicants for entry-level jobs were seen as applying for several jobs across different sectors. Part of being responsive was being able to build values-based connection with candidates. Factors such as familiarisation and expectation-setting were also highlighted, making sure that candidates understand the environment they are coming into, and what they are signing up to do, to ensure that they do not leave in the first few weeks. Interviewees noted the importance of a solid induction and buddying in the early stages, particularly when people are new to the sector.

## National versus local

All three organisations that we spoke to provided varying degrees of centralised capacity for recruitment, combining development of a strategic approach with localised support for managers. Examples of centralised support and interventions include the following:

- Developing and raising brand awareness, centralised marketing and messaging.
- Setting frameworks for pay rates.
- Developing a package of support/offer – career progression, salary advances, wellbeing fund, apprenticeship programmes, learning platform.
- Use of data, including collecting and analysing their own data on recruitment and retention to inform strategic decision-making and support local managers. Developing a deep insight into what services need and what works.
- Developing corporate infrastructure to support sponsored workers and international recruitment.
- Investing in a rostering system to support managers and monitor rostering. Easing the burden on managers in care homes and providing flexibility while capitalising on availability of workforce.

- Developing unique propositions for bank workers – ability to work more flexibly across a cluster of care homes in a locality. Over time, this has evolved to provide guarantees on pay, providing stability for workers. Built into the resourcing model of care homes, the roles provide a buffer for sickness or cover for people to attend training.
- Developing a screening tool, increasing ability to identify those with the right values.
- Developing an artificial intelligence (AI) screening tool – to respond quickly to applicants.

At the same time, organisations noted that successful recruitment was often dependent on local approaches, with one interviewee reflecting that at a local level, managers who relied solely on the digital space (such as applications from job portals) were most likely to struggle with recruitment. A core component of local approaches was being part of the community, whether that was through going out into the local community to engage people or contributing to community activities such as running dementia cafés or awareness talks. This could open up the idea of social care to those who might not have thought of it as a job, as well as demonstrating your values. Knowing the local area and community was also described as important when matching carers with clients, including being able to find the right people and understanding how someone might travel to and from a client. A few examples were provided of activities that supported local recruitment, such as setting up a minibus to pick up around a cluster of villages, but where each was a reflection of a creative response to local needs.

## Pay

All three organisations noted that although pay is important, it is part of a package. Pay was described as being fundamental to attracting people in the first place, particularly as people applying for entry-level jobs are likely to be applying for jobs in different sectors with equivalent pay.

Each organisation described setting pay rates above the minimum wage, to create blue water between themselves and other providers. However, a provider of social care for working-age adults noted how differential funding by local authorities (some accounting for the real Living Wage and others not) created too much uncertainty in setting higher pay rates. Providers also described accounting for local factors, including location, rurality and the workforce market in setting pay rates.

Our interviews highlighted how understandings of pay also need to account for different types of social care. For example, in setting pay rates, providers of home care noted a need to account for both contact time with the client and non-contact time (such as travel and waits between clients and may also include mileage incurred). In addition, roles may include a number of additional benefits, for which the provider covers costs. These different elements were described as being poorly understood, and there is often a lack of transparency in what advertised pay constitutes to those applying for roles.

## What is the role of government?

We asked all three organisations what support, if any, they would find helpful from government agencies in enabling recruitment.

The first area relates to national approaches to planning and recruitment of the adult social care workforce. This included recognition of the value of national recruitment campaigns in prompting people to consider social care as an option of a job. However, one interviewee felt this could go further, with more support for joined-up campaigns between health and social care, highlighting opportunities and developing more integrated career pathways across sectors. This could be further supported by joined-up workforce planning across sectors, and increased recognition of the diversity of roles and skills within the adult social care sector, particularly given the increasing role of social care in delivering delegated services.

A second area of focus was on addressing key factors that influence the administrative burden of recruitment. This included the following:

- Addressing requirements of the benefits system that result in providers receiving large numbers of applications from people who are not necessarily interested in working in social care, and who subsequently do not attend for interview.
- Considering requirements for background checks where they may be disproportionate to the role.
- Addressing delays in obtaining DBS checks. One interviewee described delays of up to 12 weeks in some parts of the country, resulting in potential candidates accepting job offers outside the sector in the meantime.

The final suggestion relates to the provision of childcare support, given the high proportion of carers seeking work in the social care sector. This included provision of subsidised childcare and facilitating access to childcare beyond traditional working hours to better match the requirements of shift working.

## 08 Discussion

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Our review highlights a considerable body of literature on the factors that influence recruitment in social care. Although our focus was limited to the factors that influence recruitment, we found that often, recruitment and retention are approached together, but where in practice the findings relate to retention, it is important that they are not conflated. At the same time, evidence indicates that retention positively influences recruitment – so if you get retention right, it will benefit recruitment (Teo *et al* 2022).

Although our review was broad in focus, it is important to note that it is unlikely to be exhaustive, and reviews designed to focus on specific factors may identify further insights able to support opportunities for improvement.

### Quality of evidence

This review did not undertake a formal evaluation of the quality of the literature reviewed. However, a notable feature of the literature is that it is dominated by surveys and qualitative studies describing the experiences of employers and care professionals, while there are relatively few studies that seek to evaluate the impact of policies and interventions on recruitment, taking into account the wider context. It is also important to note that literature included in the review has been generated and compiled by a range of authors and organisations with varying degrees of independence. As a result, risk of bias should be considered when using evidence from individual studies.

Among the studies we identified there was considerable consistency of findings across different papers and methods, giving validity to the issues identified. However, the literature largely captures the indirect evidence of impact, rather than measuring the direct impact on recruitment or subsequent quality of provision. A number of studies have sought to establish the relative impact of different factors as identified by providers of social care. However, a survey of social care employers found that of the 54% who reported having a recruitment plan, only 39% actually measured its impact (Figgett 2017). This raises questions about the extent to which individual employers are able to identify the specific impact of actions to support recruitment.

Overall, this makes it harder to identify which factors are likely to have the greatest impact on recruitment and their impact on workforce capacity, capability and quality of care over time.

### Understanding the heterogeneity of social care

Although some studies have sought to understand recruitment from the perspective of particular settings and types of work, or differentiated between staff and settings within studies, our literature search found that the social care workforce is often approached as a ubiquitous group.

However, as our interviews highlight, social care is heterogeneous, and the workforce and issues that providers face in recruiting vary depending on the type of care, and type of role. This suggests that greater attention should be paid to learning within these parameters as different approaches may be more or less relevant to different job role categories, as outlined in the care workforce pathway (Department of Health and Social Care 2025), as well as different types of care and care settings.

One staff group for which there is a notable evidence base is personal assistants (PAs). Although there are common issues across the social care workforce, there are also distinct recruitment challenges within this area of care. Some of these challenges relate to the structuring of care, and the high value placed on relational care in addition to the skills required to meet an individual's needs. The fundamental differences between commissioning of care by organisations compared to individuals warrant separate consideration and attention.

The literature highlights that as well as understanding the differences in recruitment within social care settings, a considerable proportion of recruitment can be accounted for by the flow of staff between social care settings. Sometimes this may be within a particular type of care, but as the literature demonstrates, a range of factors also influence movement, particularly between residential and domiciliary care, and potentially between local authority and independent or voluntary sector care providers, which warrants further attention.

Finally, the literature highlights that recruitment in social care has to be understood within the context of a market. One group that is largely absent from the literature (and indeed from national data on adult social care) is self-funders. In theory, providers can adjust prices and costs (including wages) in a way that is able to attract clients and provide quality care, and is also profitable. In contrast, local authorities have disproportionate monopsony powers, so companies have much less scope to adjust prices and costs. As a result, most care homes have a mix of self-funding and local authority clients, with self-funders paying higher fees to balance the lower fees paid for local authority clients.

Social care providers also sit within a wider market. Our interviewees highlighted how people, particularly at an entry level, may be applying for multiple roles across different sectors, while an analysis of data from the Office for National Statistics found that the most common source occupation for lower-paid social care roles is sales and retail assistant, with the next most prominent being nursing auxiliaries and assistants, and cleaners and domestics (Kelly *et al* 2022). As examples of pay modelling demonstrate, the attractiveness of working in social care may be both affected by internal factors (such as the conditions and package of support associated with a role) in addition and relative to the external environment.

## Support for recruitment – national, organisational and local

At an organisational level, each of the social care providers we interviewed had developed capacity and capability to both develop a strategic approach to recruitment (including using their own data and insights to inform their approach) as well as an associated offer. However, as one interviewee noted, successful recruitment is dependent on an understanding of the local

community and context, and the ability to tailor approaches in relation to this. As such, activities to support recruitment commonly described in the literature, which at first sight may appear to be somewhat informal in nature, can be best understood as mechanisms for building local engagement, awareness and knowledge of social care within an area with the purpose of facilitating recruitment.

A key element of this was the support that these organisations offer to local service managers. This provided a framework for recruitment and common processes but could also facilitate learning. In addition, national capacity provided support to develop associated elements that contribute to making the offer of working in social care attractive. Developing a better understanding of this flow of information and learning may provide insights into tools and support that could be beneficial to local managers.

A key limitation of our approach was that all three organisations are large providers, whereas most social care providers are small to medium-sized. This raises questions about capacity and capability to develop and implement approaches to improve recruitment, and should be a key consideration. The overarching role that large providers are able to play in supporting local recruitment raises questions as to the potential role that national bodies and larger local organisations (including local authorities and NHS trusts) could play in supporting the local social care economy.

## Policy enablers

At a national level, there can be a tendency to position social care within the context of the NHS – ‘the NHS **and** social care’. Yet the literature and our interviews highlight how the independent nature of social care, its structuring, and the importance of local approaches for recruitment require policy-makers to consider different approaches to workforce planning and management. At the same time, research on the source and destination occupations of lower-paid social care workers indicates that there is some degree of flux, with social care acting as a feeder for NHS roles (Kelly *et al* 2022). Although the literature highlights competition with the NHS as a factor influencing recruitment, the need for greater integration between health and social care suggests there may be opportunities to consider career pathways that span both sectors – if not more joined-up workforce planning, which can account for labour market flow between the two sectors.

In the literature review, no one enabler stands out. Rather, as one of our interviewees noted, ‘there isn’t one fix, but it needs a bit of everything’. However, the research and our interviewees all point to a number of specific barriers that could be addressed, as outlined in the previous section.

The interdependency between social care and wider systemic factors also speaks to a role for national bodies and policy-makers in considering interventions that are most impactful for social care recruitment. For example, factors such as unemployment and market dynamics have been shown to play a key role in recruitment to social care. There may be only so much that changes

in social care policy and practice can achieve without addressing the wider factors that influence the attractiveness of social care as a career.

Government has played a key role in driving national campaigns around social care. Although these have succeeded in raising awareness, they may be limited in improving recruitment. The literature and our interviewees indicate that there may still be learning in terms of articulating what social care roles involve and, importantly, the heterogeneity of roles available. One area that all of our interviewees had invested in was developing their own brand. Although each had sought to develop a unique proposition, there are strong commonalities, with a focus on kindness and purposeful work. Many of these organisations have drawn on key factors that influence the motivation of people to work in social care, as well as articulating values that are important to their clients and staff, which may provide further learning for national campaigns.

A final area where policy-makers and national bodies could play a greater role is in testing and evaluating interventions to improve recruitment. It is notable that many of the interventions we identified that have robust evaluations have come from the international literature. We identified a number of national interventions, but they have had too short a duration to measure impact, focused on learning rather than measurable impact on recruitment, or failed to capture specific data on the impact on social care. Ensuring that government-commissioned interventions to address recruitment in social care are evaluated effectively would be an important stepping stone and vital to ensuring value for money.

## Competition and collaboration – new opportunities for learning

Although our interviews with providers have notable limitations, we were also struck by how much learning resides in these organisations, and how they are applying this to develop systematic approaches to recruitment. In addition to this learning, we heard how they are developing tools that seek both to optimise recruitment and address some of the fundamental barriers the sector faces. Importantly, whereas the literature tends to focus on specific elements or concepts in recruitment (such as values-based recruitment), we heard how these elements are considered in the round, from brand development and awareness, to recruitment processes and the subsequent offer.

Yet at the same time, we heard that when it comes to recruitment at the local level, each provider is in active competition, with the primary aim of serving their own organisation. As our interviewees reflected, if recruitment in social care has been identified to be an issue at the local, national and international levels, are there opportunities to serve the wider sector (such as sharing learning, capability or even prospective candidates), and what policies and incentives are necessary to facilitate this? This offers opportunities for new conversations, new ways of working, and consideration of how the market can be shaped to the benefit of the sector and the people it serves.

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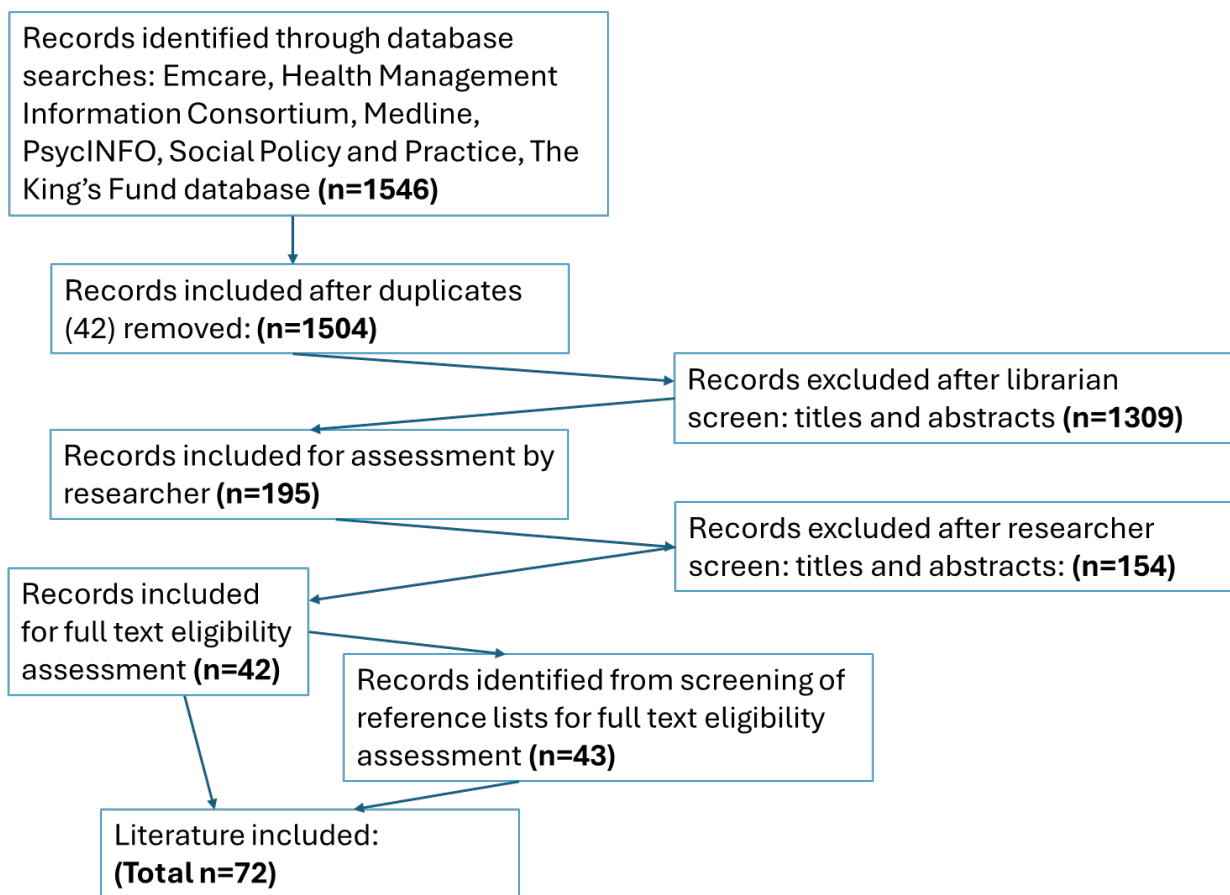
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# Appendix 1: Flow diagram of studies identified



## Appendix 2: Overview of included papers

### Summary table of included primary studies for social care workers

Author, setting, location	Participants, focus	Study designs, data collection methods
<b>Alma Economics (2024)</b> <b>Adult social care England</b>	Adult social care workforce data set  Economic modelling of policy recommendations on adult social care workforce pay	Quantitative  Economic modelling
<b>Atkinson et al (2016)</b> <b>Adult social care Wales</b>	Care workers, managers and commissioners (n=113)  Factors that affect recruitment and retention of domiciliary care workers	Qualitative  Interviews, focus groups and workshops
<b>Baltruks et al (2017)</b> <b>Social services Europe</b>	Organisations working in social services (n=97) Group discussion (n=100)  Planning, managing and training the social service workforce of the future	Mixed methods  Scoping review, survey and group discussions
<b>Blythe and Bottery (2024)</b> <b>Adult social care England</b>	Young care workers (n=16)  Role of young people in the social care workforce	Qualitative  Interviews
<b>Bottery et al (2024a)</b>	Employers (n=11)	Qualitative

<b>Adult social care England</b>	Role of young people in the social care workforce	Interviews
<b>Bottery et al (2024b) Adult social care England</b>	Key stakeholders, including people who use services, providers, workforce representatives, charities, NHS organisations, academics and think tanks (n=30)  Expectations of the future social care workforce	Mixed methods  Literature review, document analysis, interviews and workshop discussions
<b>Care England (2024a) Adult social care England</b>	Employers (n=122)	Quantitative  Survey
<b>Consilium Research and Consultancy Ltd (2016) Adult social care England</b>	Employers (n=112)	Mixed methods  Online quantitative survey and qualitative interviews
<b>Daly (2023) Adult social care England</b>	Care workers (n=115)  What ties care workers to their jobs and what constitutes care work	Mixed methods  Survey with quantitative data and interviews
<b>Department of Health and Social Care (2023) Adult social care England</b>	Local authorities (n=150)  Evaluation of Workforce Recruitment and Retention Funds	Quantitative  Analysis of monitoring data
<b>Dill et al (2023) Adult social care USA</b>	Occupational Employment and Wage Statistics dataset (2021)  Measuring care workers relative to population of older	Quantitative  Descriptive statistics

	adults in rural and urban areas	
<b>Dobson and Byrne (2010)</b> <b>Adult social care England</b>	Employers (n=30) Evaluation of the Care First Careers pilot	Mixed methods Interviews (with open and closed questions that generated qualitative and quantitative data)
<b>Feng et al (2010)</b> <b>Adult social care USA</b>	Online Survey Certification and Reporting (OSCAR) data, and state Medicaid nursing reimbursement policies from 1996 to 2004  Impact of wage pass-through payments on staffing	Quantitative Statistical modelling
<b>Figgett (2017)</b> <b>Adult social care England</b>	Employers (n=140) Individual employers of personal assistants (PAs) (n=917)  Learning from employers what works well for recruitment and retention	Mixed methods Survey (with open and closed questions that generated qualitative and quantitative data)
<b>Fisher (2025)</b> <b>Adult social care England</b>	Prospective, current and former care workers (n=17)  Care trajectories of young adults	Qualitative Interviews
<b>Fisher and Simpson (2025)</b> <b>Adult social care England</b>	Current and former care workers (n=11) Young people jobseeking in social care (n=6)  Care trajectories into paid adult social care work	Qualitative Interviews
<b>Gibb (2023)</b> <b>Adult social care</b>	Four organisational case studies	Qualitative

<b>Scotland</b>	Recruitment of young people to social care in remote and rural contexts	Case study methods
<b>Goode (2014) Adult social care England</b>	Employers (n=102)  Evaluation of a 12-month pilot of a value-based recruitment toolkit	Mixed methods  Surveys with organisations involved in the pilot and organisations on the waiting list, evaluation workshop
<b>Griffith (2023) Adult social care UK</b>	Participants in a recruitment-based network	Qualitative  Action learning
<b>Kelly et al (2024) Home care workers Canada</b>	Home care workers (n=20)  Experiences and factors that influence choice of work setting	Qualitative  Interviews
<b>Kharicha et al (2023) Adult social care England</b>	Care providers (n=22) Care workers (n=29) Agency representatives (n=8) Sector experts (n=15)  Understanding the impact of changes to the UK visa system on the workforce	Qualitative descriptive  Interviews
<b>Lamoy (2025) Healthcare Norway</b>	Men seeking work (n=527)  Recruitment programme for men providing training and employment in health care	Quantitative  Evaluation of intervention vs control group, including cost-benefit analysis
<b>Mallorie et al (2023) Adult social care England</b>	Adult social care workforce dataset  Recruitment and retention of younger people in adult social care	Quantitative

<b>Migration Advisory Committee and Revealing Reality (2022)</b> <b>Adult social care UK</b>	Employers (n=27) Migrant care workers (n=14)  Understanding current practice in recruitment and retention and the impact of ending free movement	Qualitative descriptive  Interviews
<b>Moriarty et al (2018)</b> <b>Adult social care England</b>	People working in social care or in receipt of (or caring for someone in receipt of) social care, and organisations involved in commissioning and delivering social care (n=140)  Implementation of the social care workforce strategy and levers to improve recruitment and retention in social care	Qualitative descriptive  Interviews and responses to emailed questions
<b>Mullholland et al (2016)</b> <b>Social care workforce Scotland</b>	Employers (n=163)  Recruitment and retention in the social service workforce	Mixed methods  Survey (with open and closed questions that generated qualitative and quantitative data)
<b>Opinion Research Services (2023)</b> <b>Care workers Wales</b>	Domiciliary care worker (n=1203) Adult care home worker (n=1035) Residential childcare worker (n=130)  Social care workforce survey	Mixed methods  Surveys (with open and closed questions that generated qualitative and quantitative data)
<b>Read and Fenge (2019)</b> <b>Adult social care England</b>	Domiciliary care managers (n=11) Residential care home managers (n=11)  Perspectives of social care managers on the impact of	Qualitative  Questionnaire survey and interviews

	Brexit on recruitment and retention	
<b>Rubery et al (2011)</b> <b>Older people</b> <b>England</b>	Local authorities (n=92) Interviews with commissioners and contracting in LA (n=14) Telephone survey with independent providers and local authorities (n=115) Telephone survey with national chains (n=10) Case studies (n=98)	Mixed methods  Two surveys, interviews and case studies
	Factors influencing recruitment and retention in the independent private and voluntary sectors	
<b>Shinan-Altman et al (2020)</b> <b>Older adults</b> <b>Israel</b>	Jobseekers who applied to the Israeli Employment Service and were offered work as a home care worker for older adults (n=1492)	Quantitative  Interviews using standardised measures
	Factors associated with a decision to become a home care worker	
<b>Silversides and Astakhov (2023)</b> <b>Adult social care</b> <b>England</b>	Current care workers (n=539) Interviews (n=10)	Mixed methods  Quantitative survey of care workers and qualitative interviews
<b>Sims-Gould et al (2010)</b> <b>Adult social care</b> <b>Canada</b>	Home support workers (n=57)  Factors that attract individuals to employment in home care work	Qualitative descriptive  Interviews
<b>Skills for Care (2016)</b> <b>Adult social care</b> <b>England</b>	Responses representing 72 local authorities and 46	Mixed methods

	clinical commissioning group (CCG) areas	Surveys (with open and closed questions that generated qualitative and quantitative data)
	The supply and recruitment of PAs	Interviews with specific sites.
<b>Skills for Care (2020) Adult social care England</b>	Employers (n=300)	Mixed methods  Survey (with open and closed questions that generated qualitative and quantitative data)
<b>Skills for Care (2021a) Adult social care England</b>	Employers (n=8,941)	Quantitative  Survey
<b>Skills for Care (2025c) Adult social care England</b>	Individual employers of PAs (n=2,356) PAs (n=1,268)	Mixed methods  Surveys (with open and closed questions that generated qualitative and quantitative data)
<b>Teo et al (2022) Adult social care England</b>	Adults social care workforce dataset (Oct 2016–Oct 2019)  Exploring relationship between turnover, hiring and employment growth	Quantitative  Fixed effects estimation methods
<b>Think Local Act Personal (2022) Adult social care England</b>	People who employ PAs or are supported by a self-employed PA or pay for a PA with a direct payment or their own budget (n=995)  Recruiting and retaining PAs.	Mixed methods  Surveys (with open and closed questions that generated qualitative and quantitative data)

<b>Urban Foresight (2024)</b> <b>Adult social care Wales</b>	Job adverts on job search websites	Qualitative  Digital ethnography and thematic analysis
<b>Vadean et al (2024)</b> <b>Adult social care England</b>	Adult social care workforce dataset (Oct 2016–Oct 2022) Staff providing direct care in care home and domiciliary care  Estimating wage elasticities of labour supply to the social care sector	Quantitative  Economic modelling
<b>Woolham et al (2019)</b> <b>Adult social care England</b>	PAs (n=105) People supporting the development of the PA workforce locally or nationally, or PA employers or representatives of national organisations (n=26)  Understanding the PA role	Mixed methods  Interviews comprising both open and closed format questions
<b>Work Foundation and Totaljobs (2021)</b> <b>Adult social care UK</b>	Totaljobs candidate pool (n= 3875)  Perceptions of working in adult social care sector	Mixed methods  Evidence review, semi-structured interviews and surveys
<b>Xiao et al (2021)</b> <b>Aged care Australia</b>	Aged care workers (n=32)  Factors affecting a sustainable aged care workforce	Qualitative descriptive  Interviews
<b>Yau et al (2024)</b> <b>Health care workers working in long-term care Hong Kong</b>	Nurses (n=13) Health workers (n=8) Personal care workers (n=9)  Perceived meaning of residential care	Qualitative descriptive  Interviews

## Summary of evidence from organisational reports and reviews

<b>Citation</b> <b>Type of publication</b>	<b>Broad focus</b> <b>Geographical location</b>
<b>Care England (2024b)</b> <b>Report containing case examples</b>	Case examples of interventions that can improve recruitment and retention  England
<b>Carson <i>et al</i> (2024)</b> <b>Scoping review</b>	Strategies for addressing workforce shortages in rural care  International
<b>Edwards <i>et al</i> (2022)</b> <b>Rapid review</b>	Innovations for attraction, recruitment and retention of social care workers  UK
<b>Feeley (2021)</b> <b>Report including evidence submitted to review</b>	Review of adult social care  Scotland
<b>Health and Social Care Committee (2022)</b> <b>Report including evidence submitted to inquiry</b>	Inquiry into recruitment, training and retention in health and social care  England
<b>Hemmings <i>et al</i> (2022)</b> <b>Evidence review</b>	Evidence on professionalisation of care workers  International
<b>Hewko <i>et al</i> (2015)</b> <b>Scoping review</b>	Evaluating the breadth and depth of the health care aide workforce  International
<b>Institute of Health &amp; Social Care Management (2021)</b> <b>Report based on a consultation with care managers, providers, leaders and frontline staff</b>	A workforce people plan exploring current issues and examples of good practice and recommendations  England

<b>Local Government Association <i>et al</i> (2022)</b> <b>Website including case study examples</b>	Top tips and approaches to reduce staff turnover and help retain people in the care and health workforce  England
<b>Local Government Association (2024)</b> <b>Report including case studies</b>	Health and care academies in England  England
<b>Manthorpe and Bramley (2019)</b> <b>Rapid review</b>	Current practices for employing former armed services personnel and potential to recruit them to social care roles  International
<b>Migration Advisory Committee (2022)</b> <b>Report including unique analysis of job vacancy data taken from online job platforms</b>	Interest in job vacancies in social care compared with other sectors  England
<b>National Audit Office (2021)</b> <b>Report outlining findings of audit of government employment programme</b>	Evaluation of design, implementation, management and oversight of government's Kickstart employment programme  England
<b>Norrie <i>et al</i> (2019)</b> <b>Scoping review</b>	Current practices for employing people with criminal records in adults social care and the potential to recruit them to social care roles  International
<b>Organisation for Economic Co-operation and Development (2020)</b> <b>Report including results of a scoping survey, questionnaire and interviews</b>	Recruitment policies across countries and actions to improve recruitment in the care of elderly people  OECD countries

<b>Pace <i>et al</i> (2024)</b> <b>Report of policy recommendations formed from a roundtable and panel discussion</b>	Key touchpoints for hiring and retaining direct care workers in long-term care  USA
<b>Pringle (2023)</b> <b>Website reporting findings of evaluation of national campaign obtained by Freedom of Information request</b>	Evaluation of national marketing campaign  Scotland
<b>Scottish Care (2019a)</b> <b>Report based on survey data collected from organisations who are members of Scottish Care, organisations operating in the independent social care sector (n=90)</b>	Experiences, ideas and solutions relating to recruitment, retention, regulation and representation  Scotland
<b>Scottish Care (2019b)</b> <b>Report including survey of Scottish Care members, comprising independent sector providers with an interest in social care regulation and qualifications (n=65)</b>	Social care registration qualifications  Scotland
<b>Skills for Care (2018a)</b> <b>Report including impact of National Living Wage</b>	Adult social care workforce  England
<b>Skills for Care (2018b)</b> <b>Report including findings from scoping study for a National Recruitment campaign</b>	Adult social care workforce  England
<b>Skills for Care (2021b)</b> <b>Website outlining national employment programme</b>	Employment of young people in social care  England
<b>Skills for Care (2024)</b> <b>Analysis of adult social care workforce dataset</b>	Adult social care workforce  England
<b>Skills for Care (2025b)</b>	Adult social care workforce

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<b>Analysis of the adult social care workforce dataset</b>	England
<b>Skills for Care (2026) Analysis of Department for Education data</b>	Apprenticeships in adult social care England
<b>Turnpenny and Hussein (2022) Scoping review</b>	Migrant care home workers UK
<b>WeCare Wales (2022) Report containing evaluation of activities and surveys on impact of national campaign</b>	Care workforce Wales
<b>Whately (2023) Answer to written question in parliament</b>	Impact of national recruitment campaign England

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# About the authors

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**Helen Gilbert** joined The King's Fund in 2013 as a fellow in health policy. She has expertise in health service research and a particular interest in mental health and the involvement of patients and the public. She has led on a number of publications produced by The King's Fund, including understanding staffing, quality and costs in mental health trusts, new roles to support integrated care and on the role of volunteers in NHS services.

**Simon Bottery** leads The King's Fund's work on adult social care, which includes the annual Social Care 360 report on the key trends in the sector and research areas including access to social care, the care workforce, the provider market, integration with health, and social care funding. He is chair of the School for Social Care Research's advisory board and a trustee of Age UK London.

Before joining The King's Fund in September 2017, Simon was Director of Policy at the older people's charity Independent Age. He has wide experience in policy, communications and journalism, including as Director of Communications at Citizens Advice. He has also worked for the development charity ActionAid, in the commercial sector for Guinness and in BBC local radio.

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