Evaluation of the Care First Careers Pilot

Employer research

Chris Dobson and Yvonne Byrne

A report of research carried out by PricewaterhouseCoopers LLP on behalf of the Department for Work and Pensions
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Summary and key recommendations

Summary
The Department for Work and Pensions (DWP) are currently running the Care First Careers (CFC) Pilots in three English districts (these began on 19 October 2009) and in South West Wales (from 26 October 2009). This pilot is designed with the aim of attracting unemployed young people to work in the care sector. The intervention offers employers in the care sector a choice of taking employment candidates who:

• have been through a Pre-Employment Training (PET) programme and give entitlement to a recruitment subsidy; or

• give entitlement to a subsidy alone in each district.

Over the course of the evaluation, PricewaterhouseCoopers LLP (PwC) interviewed 30 employers across the four pilot districts. The results have been diverse due to the differing size and structure of employers interviewed. But clear patterns have emerged which will help to provide the optimal outcome for employers and candidates for employment in the national roll out of the programme.

Main findings included:

• recruitment and retention of staff, particularly young people, were key issues for many employers interviewed;

• employers welcomed the CFC initiative and appreciated DWP engaging with them to obtain their views and preferences for employment initiatives such as this;

• training interventions were broadly seen as more valuable than recruitment subsidies. Though some of the larger employers preferred the recruitment subsidy to support their own in-house training while the majority preferred PET;
• employers who favoured PET believed it provided a useful ‘taster’ or insight into the care profession for potential candidates. The benefit of this to the employer was that it tended to filter out uninterested candidates at an early stage and therefore, saved time and resources on recruiting and training uninterested candidates;

• when asked for their preferences on the length of the training course (either two- or six-week PET) small employers leaned toward a six-week PET while larger employers leaned towards a two-week PET;

• lack of experience and an inappropriate attitude were continually highlighted by employers as barriers for entering or retaining young people in the care profession; and

• when asked to provide suggestions to improve the appeal of the care sector as a profession to young people, employers felt a targeted promotion campaign focusing on the career opportunities within the sector and the rewarding nature of the profession would be beneficial.

Key recommendations

Based on the research findings from the employer interviews, a national roll out of the CFC initiative should reflect the following:

**Training/PET**

• Offering: training should be included as part of any national intervention.

• Duration: as noted above, the preferences with regard to duration varied depending on employer size. Smaller employers tended to prefer a six-week PET while larger employers leaned towards a two-week programme.

• Content: this was raised as an important issue. If possible, training should be tailored to specific needs, care setting and take cognisance of whether employers run in-house training.

• DWP may wish to consider offering a number of options with respect to training. One such solution could involve modular-based training with core training covering essential topics available to all employers and elective or additional modules, tailored per care setting, could also be offered to employers who did not have in-house training facilities or who preferred training over a recruitment subsidy.
Subsidy
- Offering: there was significant interest in this method particularly with certain employers. But in general most viewed the recruitment subsidy as an incentive rather than a key lever. In other words, the recruitment subsidy was not generally seen to be as valuable as training. However, for some of the larger employers the recruitment subsidy, while it will not sway a recruitment decision on its own, was seen as more valuable to them than training.

- Content: the majority of employers believe a £1,500 subsidy would cover costs if a recruit did not stay in the job long term. However, it is difficult to ascertain from the research the exact amount or value of subsidy which would change the intervention from an incentive to a key lever for employment.

- It is clear that for some employers the subsidy offers more value and should be considered as part of any national intervention. However, DWP may wish to consider the level of additionality that would be associated with such an option.

Overall
- Employers were asked to give a preference among a number of options. Of these, most employers said they would favour a £650 subsidy and two-week PET, so if only one method is undertaken this would appear to be the best.

- However, given a variation of preferences and needs it is more likely that offering a menu of options – for example £1,500 subsidy or £650 subsidy and two-week PET or a six-week PET – equating to the same overall value, will enable DWP to optimise the impact of a national intervention.
1 Background and terms of reference

1.1 Project background

The DWP are currently running the CFC Pilots in three English districts (these began on 19 October 2009) and in South West Wales (from 26 October 2009). This pilot exercise offers employers in the care sector a choice of taking employment candidates who have:

- have been through a PET programme and give entitlement to a recruitment subsidy; or
- give entitlement to a subsidy alone in each district.

The model for achieving this varies between the participating districts as follows:

- in both Cheshire, Halton and Warrington and South Wales Valleys: £1,500 subsidy plus a PET or simply a £1,500 subsidy for CFC vacancies; and
- in both South Tyne and Wear Valley and Coventry and Warwickshire: £650 subsidy plus PET or a simple £1,500 subsidy.

The objective of the on-going pilot is to monitor and assess the take-up of each option and discover whether PET is a key lever for employer recruitment, even if this is paired with a reduced subsidy in order to (notionally) fund that training.

If the pilot and accompanying research finds that PET is a primary lever for recruiting candidates, DWP will explore commissioning a bespoke CFC PET across the country for delivery in May/June 2010.

1.2 Terms of reference

DWP commissioned PwC to complete thirty qualitative interviews with employers across the four pilot districts and to make recommendations as to how the CFC initiative could be rolled out nationally. These recommendations are to be shaped by the feedback obtained from the employers, based on the research findings.
2 Overview

2.1 Questionnaire structure
At the outset of this project PwC liaised closely with the DWP to agree and develop a comprehensive questionnaire that would address the key themes outlined in the terms of reference. The structure and approach to the final questionnaire is detailed in Figure 2.1.

Figure 2.1 Questionnaire structure

<table>
<thead>
<tr>
<th>Screening 2 questions</th>
<th>Employer background 9 questions</th>
<th>Experience/views on policy 16 questions</th>
<th>General policy 6 questions</th>
<th>Total 31 questions plus Screen</th>
</tr>
</thead>
</table>

2.2 Employer response profile
The following report and analysis is based on 30 completed interviews across the four participating districts as detailed in Figure 2.2. These interviews were conducted between 19 November and 17 December 2009. All interviews were conducted by PwC consultants in accordance with the UK Market Research Society’s Code of Conduct which guarantees confidentiality and anonymity.

A detailed analysis of results can be found in the Appendix.

Please note the four districts will be referred to as Districts 1-4 from this point on, in order to provide anonymity. The numbering of the districts has taken place in no particular order.

Figure 2.2 Summary of completed interviews by district

<table>
<thead>
<tr>
<th></th>
<th>District 1</th>
<th>District 2</th>
<th>District 3</th>
<th>District 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews complete</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>5</td>
<td>30</td>
</tr>
</tbody>
</table>
2.3 Profile of respondents

During the field phase of this research a comprehensive profile of respondents in terms of employee age groups, employer size, care settings and type of need that each employer caters for was developed. Figures 2.3 and 2.4 illustrate the profile of employer size and the care settings in which they work.

Of the employers interviewed 60 per cent (18 employers) had more than 20 full-time care posts in their organisation. As evident from Figure 2.4, 60 per cent (18 employers) operated in a residential care setting and a further 20 per cent (six employers) work in a domiciliary setting.

**Figure 2.3** Approximately how many full-time care posts do you have within your organisation?
The employers who took part in the interviews worked with a range of age groups and needs, 44 per cent (13 employers) worked with older people and with 33 per cent (ten employers) working with more than one type of need. More detailed analysis can be found in the Appendix.
3 Key findings

3.1 Awareness of respondents

The results from the research indicated that a substantial majority of the respondents (22 employers) had an awareness of DWP/Jobcentre Plus initiatives to encourage long-term unemployed young people to work in the care profession. However, a minority of the respondents (six employers) had actually received a recruitment subsidy or taken on a candidate who had been through a programme of PET.

3.2 Recruitment findings and barriers to recruitment

Figure 3.3 shows that the majority of employers advertise at least one vacancy per month, so most employers would have awareness of the local labour market and the believe DWP/Jobcentre Plus initiatives could help them.

The results show that 43 per cent of respondents (13 employers) did not regularly advertise vacancies each month, but given the nature of the industry, where there is relatively high turnover of staff, a majority of employers advertised five to six vacancies every year. Clearly, one factor which must be accounted for is the likely correlation between the number of employees in an organisation and the average number of care vacancies advertised per month.

Figure 3.4 highlights the most popular methods deployed amongst respondents to fill their care vacancies. Fifty-four per cent (16 employers) used a local Jobcentre Plus office while a further 30 per cent used various channels of recruitment which also includes local Jobcentre Plus offices.
Figure 3.1  *What is the average number of care vacancies advertised per month?*

![Pie chart showing distribution of average number of care vacancies advertised per month]

- No regular vacancies: 20%
- 1-2: 43%
- 3-4: 27%

Figure 3.2  *How do you normally fill your care vacancies?*

![Pie chart showing methods of filling care vacancies]

- Advertise in local paper: 54%
- Website: 13%
- Jobcentre: 3%
- Various: 30%

The research has identified recruitment as a key issue amongst interviewed employers, with a significant minority reporting problems with filling care posts (30 per cent or nine employers), as demonstrated in Figure 3.5.
The retention of young people, as shown in Figure 3.6, is a matter for concern, with 37 per cent (11 employers) highlighting that this is a continuing problem and a further 20 per cent (six employers) stating they did not hire young people due to a variety of reasons. These reasons ranged from attitude problems, client preference (mainly from older clients) to insufficient levels of experience.

In order to better understand which employers have experienced recruitment difficulties, further analysis has been carried out. The profile of the nine employers who raised issues concerning general recruitment were largely:

- based in District 1;
- operating in a residential or domiciliary setting; or
- working with older people.

The profile of the 11 employers who raised issues with respect to the retention of young people were largely:

- operating in a residential or domiciliary setting; or
- working with people who had learning disabilities or mental health needs.

Figure 3.3  *Do you have any current problems with filling care posts?*
3.3 Barriers to recruitment

A key issue for those employers who experienced recruitment difficulties was the lack of experience from applicants, particularly among younger candidates. This served to act as a critical barrier to recruiting more young people. For these employers, experience in the sector was the key factor for their recruitment needs, although this would suggest that a PET programme for those without the necessary experience would begin to address this experience deficit.

Respondents were also frustrated by candidate referrals from Jobcentre Plus that did not show an interest in becoming employed in the care profession. Respondents noted that recruitment could prove to be a financial burden if Criminal Records Bureau (CRB) checks are performed and the candidate either does not take the job or is in fact unsuitable for it.

Concern with respect to the nature of the work that a new candidate would be expected to undertake was also raised by some respondents. This included working unsociable hours, including overnight, uncertainty with respect to working patterns and job security. Employers felt this deters candidates from seeking employment or being retained in the care profession.

Small employers in particular stressed the need for caution when recruiting employees, commenting on the investment of both time and money in training employees, which can be particularly costly in the event that a candidate leaves
the position shortly after being offered a post. Similarly, it has been noted that the proposed PET may in part address this issue by way of introducing a candidate to the rigours of the job before agreeing to a contract of employment.

‘We mainly hire part-time workers, with an inability to guarantee regular hours, so there is a lack of security.’

‘Wrong hire could be costly.’

3.4 Retention of young people

Many employers echoed the sentiments previously expressed with respect to general recruitment when referring to the difficulties in relation to retention of younger people.

A lack of experience was cited as the most common barrier to recruitment by employers. Again, as noted previously, the PET may help to alleviate this problem and prepare candidates appropriately, as well as providing the proposed employee with the necessary insight into what a career in the care sector is likely to entail.

As previously noted, attitude was a key issue raised by a significant proportion of employers. The care profession is a rewarding profession but employers believe this is not promoted or highlighted effectively. The general perception of the industry acts as a barrier, with employers suggesting young people and, in part, the wider public, associate a role in this sector as dominated by personal care. This creates a negative perception of the industry. Employers suggested, personal care is only carried out with certain types of needs and can be a minor part of the day-to-day tasks that one would be likely to face. Therefore, a key challenge for all stakeholders appears to be promoting and advertising the reality of working in this sector while also dispelling historical perceptions.

The research has also suggested that there is a certain level of maturity, empathy and patience required from a person working in the profession, with a significant degree of responsibility in terms of caring for often very dependent clients. Employers interviewed have also commented that their primary competitors in local job markets are often local retailers where failure to attend work does not have major implications compared to the impact this would have in the care profession. Therefore, these comments suggest that a certain level of responsibility and maturity is required to work in this sector above and beyond what is required from competing sectors.

‘Advertise – The care profession is a good experience for those moving on to nursing or medical careers, people between 18-25 can work in the care sector then move on.’

‘Promote health and social care sector to change the attitude of young people.’
3.5  Employer suggestions to improve youth retention

Employers were asked for suggestions with respect to initiatives to increase employment and retention of young people, based on their past experience and what they believe is achievable.

The responses tended to focus on promoting and advertising the industry as a rewarding profession which has opportunities for career progression. This will require a concerted effort by relevant stakeholders with suggestions including taster days, apprenticeships and career fairs as possible ways to improve attitudes towards the profession. Additionally, links with local schools and colleges have been suggested as a means to improve the awareness and reward of the sector.

A greater support network for both prospective employers and candidates was suggested as a means of improving youth retention. Currently, Jobcentre Plus assign a dedicated business manager when an employer posts a vacancy with them. However, some employers indicated that more direct contact and information on Jobcentre Plus initiatives would be welcomed; the option to pick up the phone to a dedicated care profession manager in local Jobcentre Plus offices would also be of benefit.

In terms of support for candidates recommendations put forward by employers included having a youth network, group or centre which would bring youth care workers together. It was felt that such an initiative, where those of similar peer groups would come together to discuss the challenges they may face, would have a positive impact.

In relation to the training programmes, there were suggestions for a formally recognised certificated PET course, so the participants will be able to build up their qualifications and employability whilst also allowing employers to eliminate some risk from the hiring process. This would potentially allow the sector to be marketed more effectively as a career building and rewarding occupation.

Other employer suggestions included:

• **Driving lessons**: one such initiative was to offer driving lessons as part of a work scheme. This would benefit employers within a domiciliary setting as more staff could drive to customers’ home locations.

• **Greater flexibility**: employees should be more flexible with the working hours of young staff members who have educational commitments. Also, there are opportunities for employers, as young people are generally more flexible and fill problems shifts, e.g. night shifts.

  ‘It is all about awareness and support.’

  ‘Care can be a career not just a job.’
3.6 Pre-Employment Training views

Employers were asked about the effectiveness of PET and the preferred structure in terms of length and content, with the questions aimed at determining the optimal PET course for employers.

The majority of employers interviewed preferred a six-week PET course (16 employers), as shown in Figure 3.7. However, there were a significant number of employers who preferred the two-week course or who were undecided on their preferred structure. The employers who were unsure stressed that the content of the course would be the key factor in determining whether this would be their preferred option. The employers who raised the issue of training content felt that this could be improved by involving them in these programmes so that they could have a practical input into what prospective candidates were learning.

In terms of effectiveness, 67 per cent (20 employers) believed that a PET course would enhance the recruitment of young people into the care sector (see Figure 3.8). The feedback suggested that tailoring PET courses to specific employers, depending on their size and type of need, would be of benefit. It was felt that this approach to PET training, with more emphasis on job mentoring rather than classroom-based teaching, would increase the recruitment of younger people.

The majority of employers stressed that PET would be an effective way of streaming or filtering candidates, ensuring that applicants had the appropriate awareness and the requisite dedication that a post in this sector would demand. In the past, interviews and suitability checks were undertaken only for applicants to subsequently withdraw, which had an impact in terms of the resources available to the employers, particularly prevalent for Small and Medium Sized Enterprises (SMEs).

The employers who preferred the six-week PET tended to be smaller in size of workforce. In total there were 12 respondents who had less than 20 full time care posts in their organisation, eight of these employers preferred the six-week PET. This finding would appear to support the anecdotal evidence that small employers tend to favour the longer training courses, as their training infrastructure, not to mention the cost of training, was an issue. Larger employers tended to have the resources and their own in-house training programmes which all candidates would need to complete in any event. This meant that while larger employers like the idea of longer PET programmes it did not carry the same importance as compared with the smaller employers.

The employers who favoured the two-week programme tended to operate in a residential setting and were larger employers (i.e. 20 plus full-time care posts).

The feedback from the Jobcentre Plus providers in the four districts, which has been conducted alongside this piece of research, has been broadly consistent in that the six-week course would be the preferred option but in cases of bulk recruitment by one employer, a tailored two-week PET course would be the preferred option.
Additionally the Jobcentre Plus provider found that PET was important in terms of building basic care skills, interview preparation and confidence. The consensus emerged that PET may not be vital for all employers but it is desirable. The result being better candidates and ultimately better employees.

‘Make training more accessible, focus should be quality training opposed to quantity of training. Some formal qualification or certificate should be issued.’

**Figure 3.5** *Would you prefer a short two-week PET so the candidate can start asap or longer, say, six weeks to facilitate more comprehensive training?*

![Pie chart showing preferences for PET duration](image-url)
3.7 Recruitment subsidy views

Figure 3.9 illustrates that 70 per cent (21 employers) felt that the £1,500 subsidy would cover the recruitment costs if the person did not stay in the job long term.

Interestingly, half of employers felt that the recruitment subsidy was not a key lever for taking on a candidate (see Figure 3.10). The general consensus was that experience and aptitude of the candidate were the key recruitment factors. Whilst the recruitment subsidy provided an incentive or ‘sweetener’, other factors had to be considered.

The 14 employers who considered the subsidies as a key lever tended to be located in District 2 (seven of the nine employers in District 2 stated it would be a key lever), and also operate within a residential setting. The size of employer did not appear to be a factor.

‘The greater the subsidy, the better from an employer point of view, but in reality it is not a key reason for taking on a candidate.’
Figure 3.7  *Would this amount cover recruitment costs if the person did not stay in the job long term?*

![Pie chart showing 70% 'Yes', 20% 'Unsure', and 10% 'No'.]

Figure 3.8  *Are subsidies a key lever for taking on candidates?*

![Pie chart showing 47% 'Yes', 50% 'No', and 3% 'Unsure'.]
3.8 Intervention preferences

Figure 3.11 illustrates that 70 per cent (21 employers) preferred training above a recruitment subsidy. Further support for training provision can be found in Figure 3.12, where employers were given a choice between a £1,500 subsidy and no PET or £650 subsidy and two-week PET, 60 per cent (18 employers) chose the latter.

Those employers who worked with adults and those with learning disabilities tended to prefer the £1,500 subsidy, though there was no clear profile that emerged, particularly in relation to the size of employer.

In isolation this may lead to a focus being placed on training. However, the qualitative and quantitative information obtained indicated that a significant minority (40 per cent or 12 employers) preferred the recruitment subsidy. This demonstrates that there is scope for a ‘menu’ or range of services to be offered to ensure the optimal outcome for all the stakeholders involved, as different options appeal to different employers dependent upon their unique circumstances.

Further analysis of the intervention preferences of the employers who experienced recruitment or retention difficulties was undertaken. It was evident a clear consensus did not exist but the employers with recruitment difficulties leaned toward training over a recruitment subsidy. More employers with youth retention difficulties favoured the recruitment subsidy than the whole sample, but the subsidy was still in the minority.

Figure 3.9 Given a choice which is the more important to you – training or subsidy to aid recruitment for care vacancies?
Figure 3.10 If you had to choose a £1,500 subsidy and no PET or £650 subsidy and a two-week PET, which would you choose?
Appendix
Detailed analysis

Screener questions

The two initial screener questions were to establish interviewees’ awareness of Jobcentre Plus initiatives and whether they had taken on a candidate who had PET or availed of a recruitment subsidy.

**Screener 1** Are you aware of Jobcentre Plus initiatives to encourage long-term youth employed into the care profession?
Screener 2  *Has your organisation received a subsidy or PET to support the recruitment of a long-term unemployed person?*

![Pie chart showing the responses.](chart)

Background questions (1-9)

These questions were designed to understand the context which each employer worked within. Setting and size of employer will impact on responses, as will recruitment difficulties (plus recruitment barriers) they have experienced in the past.
Question 1 *What care setting(s) does your organisation work in?*

![Pie chart showing the percentage of organisations working in different care settings. Residential: 60%, Domiciliary: 20%, Hospital: 3%, Multiple settings: 17%.]

Question 2 *What age groups do you work with?*

![Pie chart showing the percentage of organisations working with different age groups. Older people: 44%, Adults: 30%, Children: 3%, Various: 23%.]
Question 3 *What type of needs do you work with?*

![Pie chart showing types of needs with percentages: Nursing care 33%, Domiciliary care 17%, Learning disability 17%, Mental health/elderly mentally ill 7%, Terminally ill 7%, Multiple 3%]

Question 4 *Approximately how many full-time care posts do you have within your organisation?*

![Pie chart showing number of care posts with percentages: 0-5 17%, 6-10 17%, 11-15 13%, 16-20 60%, 20+ 3%]
Question 5 What is the average number of care vacancies advertised per month?

Question 6 How do you normally fill your care vacancies?
Question 7 *Do you have any current problems with filling care posts?*

![Pie chart showing 70% Yes and 30% No responses.]

**Question 8 What is the nature of the recruitment problems that you have encountered?**

This question was only relevant to the minority of respondents who reported having experienced recruitment problems. However, a key theme emerging from these employers was that they found applicants, particularly younger candidates, to be lacking in relevant experience.

Respondents were also frustrated by referrals from Jobcentre Plus that did not show interest in becoming employed in the care profession. Respondents noted that recruitment could prove to be a financial burden if CRB checks are performed and the candidate either does not take the job or is in fact unsuitable for it.

Other less recurring issues were the lack of full-time positions and therefore, a risk in job security, some respondents found that unsociable shifts are harder to fill for this reason.

‘As the organisation mainly hires part-time workers, few full-time workers, there is a lack of security.’

‘Wrong hire could be costly.’
Question 9 *Do you have any problems with retention of young people in care roles?*

Experience/views on policy

This section of questions was aimed at interviewees who stated in the screener, that they had awareness of Jobcentre Plus initiatives and explicitly CFC. In order to find out their awareness and knowledge of CFC. (Note: when probed further, several interviewees who previously stated they knew of CFC did not. Hence, there is a discrepancy in the numbers between the screener and the respondents in the next series of questions.)
Question 10a  You previously stated that you aware of the CFC initiative. How did you hear about it?

- Conference: 43%
- DWP/Jobcentre Plus mailing: 17%
- Local Jobcentre Plus office: 20%
- Word of mouth: 10%
- Not applicable: 10%
Question 10b  *What do you know about it?*

The analysis of these questions has been omitted as there was inconsistency from employer response in this section compared to the screener. The omission is not material as the responses have been reflected throughout this report.
Pre-Employment Training views

This series of questions focused on the attitude toward PET, the length of course preferred and if it would be a positive step in encouraging more young people into the care profession.

Question 14  *Would you prefer a short two-week PET so the candidate can start asap or longer, say, six weeks to facilitate more comprehensive training?*
Question 15  *Do you think that PET is an effective way of increasing the recruitment of young people into care vacancies?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>67%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Question 16  *How did the training prepare candidates appropriately for your vacancies?*

Respondents did, by and large, report that training does prepare candidates for vacancies, however, many respondents felt that candidates need to receive specific training within the organisations where they intend to work.
Another common response was that the PET offered a good experience to those taking on roles in terms of insight into the care profession and the responsibilities that are entailed.

‘In-house training is the key, each employee has own training plan.’

‘Training generally helps them learn the key components of personal care. Plus it helps to dispel myths about the profession.’

**Question 17  How could it have been improved?**

Suggestions for improvements were more often than not centred on tailoring the training programme for specific roles and providing more on-the-job mentoring rather than classroom-based teaching.

Respondents highlighted that it is difficult to gain experience in the profession and that this should be incorporated into training.

Other respondents believed that it was important to incorporate accredited qualifications into training sessions as they are more reputable.

‘Training should be tailored for specific needs or for specific employers.’

‘More practical input, less classroom sessions, more care-based exercises.’

**Question 18  What should a good PET course cover?**

Almost all respondents cited mandatory training as the most important aspect of a good PET course, including moving and handling, first aid, health and safety and infection control. However, many also believed that these aspects should be covered without question and should include certified training.

Many respondents cited softer skills on top of mandatory training, including respect and empathy, dignity and respect, values and good practice. On top of this, respondents believed that candidates should be informed of what to expect on the job and the benefits in terms of job satisfaction that performing the role includes.

As well as this the theme of on-site training was once again made apparent among respondents. Many stressed the importance of work shadowing and practical experience.

‘Induction very important, stress should be on values, personal care, dignity and respect.’

‘The elements and delivery of care potential. The basics are necessary as is practical experience.’
Recruitment subsidy views

Questions 19-22

Only one employer had received a recruitment subsidy, so there was no scope for analysis of these questions.

Question 23  *Would this amount cover recruitment costs if the person did not stay in the job long term?*

![Pie chart showing yes, no, and unsure responses](image-url)
Question 24  *Are subsidies a key lever for taking on candidates?*

Of those who responded to this question there was generally a positive reaction to the idea of any form of subsidy, particularly in the current squeeze on the finance of employers. The majority of respondents felt that £1,500 was either ‘adequate’, ‘reasonable’ or ‘good’ with only one respondent indicating that a larger threshold was necessary, quoting £2,500 as the sort of subsidy that would fully cover the costs incurred.

For the remainder of respondents (six employers) a subsidy was not considered as a key factor but the quality and experience of the applicant was of much more importance.

‘£1,500 is reasonable.’

‘Greater subsidy the better from an employer point of view, but in reality not a key reason for taking on a candidate.’

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Question 25  *What level of subsidy would make it worthwhile claiming?*

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‘£1,500 is reasonable.’

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Intervention preferences/general policy

The final section perhaps is the most revealing in terms of employer preferences. The questions attempt to find the optimal outcome for employers and the stakeholders involved. This is done by gauging intervention preferences and provides an opportunity for employers to suggest possible solutions which stakeholders could undertake.

**Question 26**  Given a choice which is the more important to you – training or subsidy to aid recruitment for care vacancies?

![Pie chart showing responses](chart.png)
Question 27  **If you had to choose a £1,500 subsidy and no PET or £650 subsidy and a two-week PET which would you choose?**

![Pie chart showing 60% choose £1,500 subsidy and no PET, 40% choose £650 subsidy and two weeks.]

Question 28  **What else could Jobcentre plus do to help you take on more 18-25 year old candidates?**

The majority of respondents felt that more intensive advertising of the available roles within the care sector would make a real difference, as well as using this as a tool for dispelling myths about the nature of the work which a new candidate would face.

Of the remainder, it was generally felt that Jobcentre Plus are playing a positive role in terms of encouraging take-up and many felt that they were currently doing a good job and that there were positive existing relationships. Some other employers felt that communications could be improved and more regular conversations about the availability of potential applicants would be of value.

In general, however, the majority of respondents felt that both advertising the sector and promoting the benefits of a career in the care sector should be key levers in the recruitment of candidates within the 18-25 year old age group.

‘Advertise – The care profession is a good experience for those moving on to nursing or medical careers, people between 18-25 can work in the care sector then move on.’

‘Promote health and social care sector to change the attitude of young people.’
Question 29  **Is there anything else that government/stakeholders more widely could do to help you take on more young people into care roles?**

As before, the dominant view from the perspective of employers concerned increasing the promotion and awareness of a career in the care sector. It was felt that this could be achieved by ensuring full accessibility to the right training (potentially free) as well as greater remuneration for certain roles.

Some employers also suggested closer partnerships between the care sector and schools and colleges to help raise the awareness and appeal that this sector can provide. Despite this, at least six of the respondents felt that there was nothing else specific that either Government or wider stakeholders could do to help more young people into the sector.

‘More awareness of what the care profession actually do, not just personal care. Particularly need to work with local schools.’

‘Make training more accessible, focus should be quality training opposed to quantity of training. Some formal qualification or certificate should be issued.’

Question 30  **Are there any other barriers to taking on young people in care roles? (e.g. CRB checks, attitude to care work, attitude to work generally)**

The dominant issue raised by the employers in response to this question concerned the CRB checks and particularly the length of time that can be taken for this process to be completed. This issue was said to be of particular relevance to young people who may find alternate employment in the period in which a CRB check is carried out.

It was suggested that this process is also costly to employers as well as being a barrier to recruiting young people.

‘Length of time would be an issue, CRB take a long time, candidates find employment elsewhere.’

Despite this, a sizeable minority of respondents felt that the CRB checks are often used as an easy issue to raise when in fact it is not a crucial consideration in the wider context of recruiting young people in particular. This group of employers felt that the attitude and experience (or lack of them) of young people was much more important.

‘Age and experience is the key, there is no substitute for it.’

‘Attitude of young people / lack of responsibility as some will go out clubbing at the weekends before a shift.’