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A rapid review of the international evidence on the most effective approaches to staff recruitment, development and retention in social care

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1 Introduction

The health and social care sector faces significant problems with high rates of staff turnover and job vacancies. The turnover rate in this sector is 31% compared to the UK average across other employment sectors of 15%. The job vacancy rate is also high at 8% compared to the UK average across other sectors of 3% (The Health Foundation, 2019). There are a number of specific, current challenges for Praxis Care related to the wider context of the social care workforce and to the specific issues related to working with people with high levels of complex needs. High levels of staff vacancies and turnover create barriers to providing the skilled and consistent interventions that are needed to achieve the best possible outcomes for service users.

1.1 Aims and objectives

The main aim of this project is to identify the most effective approaches to staff recruitment, development and retention in Praxis Care.

In order to achieve this aim, this project has a number of specific and related objectives:

1. Conduct a rapid review to identify the international evidence on the most effective approaches to staff recruitment, development and retention in social care
2. Complete in-depth interviews with key Praxis stakeholders to explore the current work to address these issues and the ongoing challenges
3. Design and conduct an online survey, informed by the rapid review and the in-depth interviews to be completed by Praxis Care staff to provide further direction on what would work for Praxis
4. Produce a report and presentation based on the rapid review, interviews and survey, including clear recommendations to improve recruitment, development and retention

It is intended that the report and its recommendations will inform developments across Praxis Care to improve outcomes for service users and staff.

1.2 Rapid review questions

- What are the definitions and concepts relevant to staff recruitment, development and retention in social care?
- What are the most effective approaches to recruitment in social care?
- What are the most effective approaches to developing and supporting staff in social care?
- What are the most effective approaches to retaining staff in social care?
- What are the possible implications of the current evidence for Praxis Care?

2 Methodology

A rapid review approach was used to enable an efficient review of the literature in relation to staff recruitment, development and retention. Rapid reviews provide more thorough syntheses than narrative reviews and are valuable when a robust synthesis is required but without requiring the time or resources needed to undertake a full systematic review. The design follows the UK Government's Social Research Unit and the World Health Organisation's guidance on conducting rapid reviews to inform policy.

The key features of the rapid review methodology are summarised below:

Searching: Searching is the process of locating evidence that might be relevant to the review questions. Targeted, focused strategies were developed for the review questions.

Screening: Screening is conducted to determine which of the located studies/sources are directly relevant to the review questions. That is, each identified study was screened to determine whether it should be included in the review. Clearly defined inclusion criteria were used and a sample of 10% of studies were double-screened to ensure inter-rater reliability.

Quality assessment: The quality of included papers were considered and any major issues with quality or methodological rigour of the specific research was highlighted.

Data extraction: A comprehensive data extraction tool was developed to capture the key information from all included papers into an Excel spreadsheet. This spreadsheet is available to Praxis Care to ensure transparency and reproducibility of the review.

Data synthesis: Data synthesis is the process by which trends and possible conclusions across the body of evidence reviewed is presented.

2.1 Search

Literature searches were conducted across ten databases: CINAHL (EbscoHOST), MEDLINE (OvidSP), MEDLINE In-process and Other Non-Index Citations (OvidSP), PsycINFO, PubMed, SCIE, Social Policy and Practice, Social Sciences Citation Index and EconLit. The following key words were used to search the databases (Workforce OR staff OR personnel OR human resources OR people and culture) AND (Social care OR mental health OR disabilities) AND (Recruitment OR staff development OR staff training OR staff support OR staff resilience OR staff recruitment). The key words were broad to

ensure a comprehensive search. A timespan limit was imposed with studies from 2010 included and seminal research from before 2010 was also included.

2.2 Eligibility Criteria

Types of studies

The main focus is on systematic reviews of evidence that are summarising research that reports primary data on the effectiveness of approaches to staff recruitment, development and retention including:

- Randomised controlled trials and other quasi-randomised controlled trials
- Before and after studies assessing outcomes after a change in guidance, policy or legislation
- Observational studies comparing outcomes from different jurisdictions
- Qualitative studies reporting views of staff, service users and providers
- Economic analyses of the interventions and policy changes
- Systematic reviews of comparative studies
- Narrative reviews that report primary data from such studies

Population

Social care staff (particularly in mental health and learning disability services) are the population of interest. Studies may also include service users and social care providers.

Intervention

Studies that investigate the effectiveness of approaches to staff recruitment, development or retention in social care.

Comparators

Suitable comparisons include no intervention, another intervention or usual practice.

Outcomes

Measures of effectiveness of recruiting and retaining staff in social care, developing and supporting staff and quality of staff training.

Context/setting

Primarily focusing on community settings but hospital and secure settings will also be included. No restriction on location or country.

Language

Only studies in English will be included.

Screening

Papers were identified through database searching and duplicates were removed. Results from each database were screened for eligibility by title and abstract by a single reviewer with 10% of the papers also being screened by an additional reviewer and papers that did not meet the inclusion criteria were excluded at this stage. As a result, 115 full text papers were screened for eligibility by a single reviewer with 10% also being screened by an additional reviewer. There were 61 papers that were deemed eligible for inclusion in this review.

3 Results

3.1 Included papers

The search identified 3299 papers across all ten databases, which were screened against the eligibility criteria. As a result of screening by title and abstract, 3184 papers were excluded as they did not meet the inclusion criteria. Reasons for exclusion included: 1) not the population of interest; 2) not conducted in a community, hospital or secure setting or 3) did not include recruiting or retaining staff in social care, developing and supporting staff and quality of staff training.

Subsequently, 115 full text papers were assessed for eligibility and 48 papers were deemed to meet the inclusion criteria. As a result, 48 papers were included in this review.

3.2 Overview of included studies

A total of 48 studies were included in the rapid review. There were very few studies that actually identified the most effective approaches to recruitment, development and retention of social care staff. Included studies explored the factors that affect recruitment and retention and presented multi-faceted approaches to address these issues. Studies also examined the potential effect of staff development and support in relation to recruitment and retention. An overview of included papers is presented in table 1.

Table 1 Summary of included studies

Study/Country	Methods	Population	Intervention	Main Results
Adams 2021 UK	Systematic review	Mental health nurses	Factors affecting retention within the mental health nursing workforce	The review was concerned with the individual factors that affect the retention of mental health nurses. Overall job satisfaction was a significant factor but this was categorised into four interrelated themes which were identified: Individual characteristics, working within mental health services, training and skills and work environment. The most effective retention strategies will need to address multiple yet specific factors to improve job satisfaction.
Allan 2021 UK	Quantitative	Adult social care staff	Workforce retention	The analysis finds significant correlations between quality and the levels of staffing vacancies and retention of staff in both residential and nursing homes, but no association was found between quality and the use of temporary contract workers nor the resident to staff ratio. Only for staff vacancy rates was there a significant difference in the size of these relationships between types of home. The findings suggest that quality could change for the average care home with a relatively small alteration in staffing circumstance.
Agyapong 2015 Ghana	Quantitative Questionnaires	Health policy directors (n=29) Community mental health workers (n=164)	Factors influencing career choice and retention of community mental health workers	Several factors affect recruitment and retention of community mental health workers in Ghana including the prospects of easy employment, stigma, risk, lack of opportunities for career progression and low salaries.
Anderson 2021 UK	Review	Health and social care staff	Recruitment of a sustainable workforce	Integrated workforce approaches need to be developed alongside reforms to education and training that reflect changes in roles and skill mix, as well as the trend towards multidisciplinary working. Enhancing career development opportunities, promoting staff wellbeing, and tackling discrimination in the NHS are all needed to improve recruitment, retention, and morale of staff.
Barrett 2018 UK	Rapid evidence review	Health and social care staff	Retention of the workforce	Features of 'good intention' included: recruitment of suitable candidates focusing on qualities that might predict higher retention,

				flexible working, pay above minimum wage, financial incentives, actively monitoring retention and retention strategies.
Beidas 2016 USA	Quantitative Qualitative semi-structured interviews	Clinicians (n=130) Supervisors (n=36) Executive administrators (n=22)	Examining turnover	Greater staff burnout predicted increased turnover, more openness toward new practices predicted retention and more professional recognition predicted increased turnover. Staff reported leaving their organisations because of personal, organisational and financial reasons; just over half of staff that left their organisation stayed in the public mental health sector. Implications included an imperative to focus on turnover with a particular emphasis on ameliorating staff burnout.
Bogenschutz 2015 USA	RCT	Direct support professionals	Competency-based training intervention	Results suggested that, compared with the control group, sites receiving the training intervention experienced a significant decrease in annual turnover, when multiple factors were controlled. Implications include the importance of considering quality training as a long-term organisational investment and intervention to reduce turnover.
Bukach 2017 USA	Quantitative	Community mental health workers	Examining turnover	Findings suggest that improving wages for workers is likely to reduce turnover. It is also possible that smaller agencies have lower turnover due to stronger relationships with workers and/or more successful hiring practices. Furthermore, turnover that occurs as a result of career advancement could have positive effects and should be examined separately from other types of turnover in the future.
Carr 2014 UK	Review	Care workers	Relationship between pay and conditions for workers in residential, nursing and domiciliary care	Results show the importance of making staff feel valued by offering chances for progression, managerial support, appropriate conditions, rewards and understanding the personal motivation of staff.
Cosgrave 2018 Australia	Qualitative Semi-structured interviews	Health professionals working in community mental health services (n=25)	Factors affecting job satisfaction	The study identified five work-related challenges negatively affecting job satisfaction: developing profession-specific identity; providing quality multidisciplinary care; working in a resource-constrained

				service environment; working with a demanding client group and managing personal and professional boundaries.
Costello 2020 UK	Quantitative	Care staff (n=2062)	Prevalence and predictors of burnout and effect on turnover	Results showed no association between care home staff burnout level and staff turnover rates. Interventions for burnout could focus on at-risk groups such as younger staff and males. Turnover should be considered at the individual level.
Crane 2020 USA	Quantitative	Direct support workers (n=195)	Personal motivation and resilience	Direct support professionals who are resilient to stress and burnout are motivated by family, social relationships and the desire to contribute to the wellbeing of their community.
Davies 2018 UK	Quantitative	People with learning disabilities (n=70)	Workforce development	People with learning disabilities value a workforce with a positive attitude, with staff who are skilled in supporting people to gain independence and have a voice.
Devi 2021 UK	Review	Nurses and care workers	Attracting, recruiting and retaining nurses and care workers	There are a number of reasons as to why the care sector struggles to recruit and retain staff including: a history of underinvestment in the sector, national shortages of nurses, low public and professional perceptions of working in this setting, long and unsociable hours with low pay and unclear progression, zero hour contracts and the demanding nature of care work.
Durcan 2017 UK	Review	Health and social care workers, carers, service users (n=100)	Workforce development and planning	Four key calls to action: for mental health careers to be promoted in schools, for all mental health service providers to support the mental health and wellbeing of their staff, for mental health workers to get training in the skills they will need for the future and for people to be able to build their careers more flexibly, working in a range of different settings and sectors and taking on new roles as they get older.
Fukui 2019 USA	RCT	Clinical care providers at community mental health centres (n=195)	Mediating role of job satisfaction on turnover	Positive effects were observed for supervisory support on reduced turnover intention through reduced emotional exhaustion. Job satisfaction was not a significant mediator. Supervisory support may help mitigate turnover intention through work-related stress reduction.

Gray 2013 USA	Quantitative	Intellectual disability care workers (n=323)	Retention	Work overload was a significant stressor whilst good social support was associated with low intention to leave the job.
Green 2013 USA	Quantitative	Community mental health providers (n=388)	Retention	Emotional exhaustion was positively related to turnover intention and transformational leadership was negatively related to both emotional exhaustion and turnover intention.
Halter 2017 UK	Systematic review	Nurses	Retention	There are multiple determinants of turnover in adult nursing, with - at the individual level - nurse stress and dissatisfaction being important factors and -at the organisational level - managerial style and supervisory support factors holding most weight.
Hanney 2017 UK	Review and case study	NHS and social care workforce	Development of a higher apprenticeship route	Findings from this review explore the lessons learnt from setting up a new system and the processes that need to be in place for success, when higher and further education collaborate to meet employer needs.
Harrison 2014 Australia	Qualitative	Mental health nurses	Retention of mental health nurses	Themes for recruitment: wanting to make a difference, having an interest in mental health, encouraged by others and opportunities. Themes for retention: facing reality, passion for mental health nursing, patient-centred caring and workplace conditions.
Hurst 2014 UK	Review	Health and social care workforce	Recruitment and retention	Workforce planning and development is about getting enough practitioners with the right skills to meet healthcare demands and to develop and implement new services, but planners don't always have the tools or data to help them determine the ideal workforce and there's a risk that WP&D remains fragmented and uni-disciplinary when modern WP&D should concentrate on integrated working.
Hussein 2011 UK	Qualitative	Stakeholders from English social care sector	Recruitment of migrant workers	The main driver for recruiting migrant social care workers in England has been to address staff shortages. Migrant workers were found to have higher qualification levels, a more caring approach, better work ethic and transferable and wider range of skills.
Jack 2013 Ghana	Qualitative	Mental health workers (n=28)	Recruitment and retention of mental health workers	Motivating factors to remain in mental health care included 1) desire to help patients who are vulnerable and in need, 2) positive day-to-day interactions with patients, 3) intellectual or academic interest in psychiatry or behaviour, and 4) good relationships with colleagues. Demotivating factors included 1) lack of resources at the hospital, 2) a

				rigid supervisory hierarchy, 3) lack of positive or negative feedback on work performance, and 4) few opportunities for career advancement within mental health.
Johnston 2020 UK	Scoping review	Care home workers	Resilience and retention	The review found that multiple factors are suggested as being associated with best practice in supporting resilience and retention, but few have been tested robustly. The thematic synthesis of these identified the analytical themes of – Culture of Care; Content of Work; Connectedness with Colleagues; Characteristics and Competencies of Care Home Leaders and Caring during a Crisis.
Kirton 2018 UK	Qualitative	Trainee mental health workers (n=20)	Recruitment and retention of mental health workers	Five key domains: identity, career strategy, functioning in the system, status and responsibility.
Manthorpe 2010 UK	Qualitative	Representatives of social care organisations (n=15)	Recruitment of international practitioners	Findings are that international social workers have a better reputation and are perceived as being harder workers, more productive, more reliable, more focused and more likely to stay in a post longer than local workers. However, there is also the perception that employment in social care is a stepping-stone into other forms of employment both in the UK and when returning to home countries, through access to training, experience and improved job opportunities.
Mascha 2007 UK	Quantitative	Learning disability direct care staff (n=36)	Retention	Although staff reported high levels of job satisfaction, they experienced moderate degrees of emotional exhaustion and personal accomplishment and reported a high propensity to leave the service. Factors identified as relating to staff morale were staff support and supervision, role clarity, wishful thinking, staff cooperation, and other practical issues regarding the day-to-day running of the service.
McKenzie 2021 UK	Review	Learning disability social care workers	Recruitment and retention in learning disability services	Many factors influence recruitment and retention directly and indirectly including: gender and age; factors that contribute to staff stress and burnout; and organisational factors such as supervision, training and culture.
Murray 2020 UK	Quantitative	Social care workers in learning disability services (n=205)	Retention	The most important factor overall was the relationship of the staff member with the person they supported. This was also identified as the most important factor by the most participants, followed by pay. All of the factors, with the exception of benefits (such as pensions),

				were rated by at least one person as the most important factor. A significant negative relationship was found between fulfilment score and job-seeking score; that is, the lower the former, the more the person agreed that they had been seeking a new job.
Oates 2020 UK	Integrative review	Mental health nurses	Recruitment and retention strategies	Four key themes were identified: engagement with the patient group, the ward social environment, impact on the nurse, and implications for practice.
Qureshi 2011 UK	Review	Social care workforce	Recruitment and retention	High turnover in social care jobs in the UK. Working conditions cause staff to leave. When the work is less demanding, there are less issues with recruitment and retention. Increasing pay would help with retention. Recruitment of migrant workers positive for organisations.
Read 2019 UK	Qualitative	Social care managers	Recruitment and retention	Managers had significant concerns about Brexit's impact on workforce sustainability. Those managing services with a nursing arm were more likely to hire nurses from the EU/EEA and were consequently more concerned about future curtailment to this means of recruitment. Brexit may exacerbate problems with recruitment and retention in social care.
Redknapp 2015 Australia	Review	Mental health nurses	Retention	Findings show there is a wealth of evidence to support the importance of a positive practice environment on nurse retention in the broader health system however there is little evidence specific to mental health.
Ross 2022 USA	Quantitative	Community mental health providers (n=224)	Retention	Perceptions of recovery orientation was protective against 12-month turnover status suggesting that a more person-centered and empowering approach to care may improve the provider experience. More research is needed to further understand how recovery orientation can contribute to workforce stability.
Rycroft 2021 UK	Review	Care workforce	Recruitment	There are 112000 vacancies in the social care sector. The pandemic has led to some of the biggest challenges ever seen by the sector. Staff shortages, lack of funding, employers struggling to support carers at work and lack of clear career progression all contribute to issues around recruitment and retention.

Scanlan 2021 Australia	Mixed methods	Mental healthcare workers	Recruitment and retention	Factors in the service delivery environment are having a negative impact in job satisfaction of MHCWs. Team dynamics and team leader qualities are important factors that support them in their work.
Short 2019 Australia	Qualitative	Mental health staff, consumers and carers	Retention	Seven key themes: Culture and leadership, data and analytics, transitions and communications, wellbeing, safety planning, medications and capacity and capability.
Singh 2015 USA	Quantitative	Learning disability support workers	Mindfulness positive behaviour support	When compared to baseline measures, results showed clinically and statistically significant reductions in the use of verbal redirection, complete disuse of physical restraints within a few weeks of MBPBS training, and cessation of staff and peer injuries. In addition, there was a significant reduction in staff stress and zero staff turnover. Finally, benefit-cost analysis showed substantial financial savings due to staff participation in the MBPBS program.
Skills for Care 2016	Toolkit	Social care staff	Values-based recruitment	Adopting a values and behaviours approach which they define as: looking beyond someone's experience and qualifications and getting to know the real person, assessing values, behaviours and attitudes not often assessed in the recruitment process, sending a clear message about what the organisation's values are and demonstrating that they are important and ensuring the candidate's values are aligned with the organisation's values to ensure people fit with the culture.
Stevens 2018 UK	Commentary	Learning disability staff	Values and skills based recruitment	It is important to stress the complexity of working with people with learning disabilities and the qualities of workers required. Values-based recruitment should be implemented. Person-centred care is valued by people with learning disabilities.
Stevens 2021 UK	Quantitative – survey Qualitative – semi-structured interviews	Learning disability staff (n=47)	Retention	Four key themes linked to retention: pay, supportive team working, morale and training.
Turnpenny 2020 UK	Review	Social care workforce	Recruitment and retention	Four key factors associated with recruitment and retention in social care: personal characteristics, job characteristics, working conditions and external factors.

Via 2020 USA	Quantitative	Mental health staff	Retention	Implementing evidence-based interventions in a wellness protocol may reduce the potential for clinician and staff burnout.
Virido 2019 Canada	Quantitative	Long-term care workers	Retention	Results show that both immediate supervisor support and social care tasks performed were statistically significant predictors of intention to leave. Higher levels of supervisor support and more social care tasks performed regularly were associated with lower intention to quit among direct care workers.
Von Hippel 2019 Australia	Quantitative	Community mental health staff (n=349)	Retention	Analyses revealed that perceptions that service users are not improving was associated with burnout, which in turn is related to lower job satisfaction, decreased job engagement, poorer workplace wellbeing, and increased turnover intentions.
Williams 2016 UK	Evidence review	Stakeholders who represented services, commissioners and older people	Training	Design and delivery of workforce development includes how to make it real to the work of those delivering support to older people; the individual support worker's personal starting points and expectations of the role; how to tap into support workers' motivations; the use of incentivisation; joining things up around workforce development; getting the right mix of people engaged in the design and delivery of workforce development programmes/interventions; taking a planned approach to workforce development, and the ways in which components of interventions reinforce one another, increasing the potential for impacts to embed and spread across organisations.
Zhang 2014 USA	Quantitative	Nursing home staff (n=1589)	Retention	Employee intention to leave was negatively associated with the number of beneficial job features. Healthy workplaces should build better interpersonal relationships, show respect for employee work, and involve employees in decision making about work processes. Possible strategies for improving working conditions in the long-term care environment include establishing an employee recognition program, recognizing birthdays and personal accomplishments, writing thank-you notes or giving small prizes for working extra time and working on holidays and giving more opportunities for frontline care employees to get involved in making decisions about resident care.

4 Recruitment

There are an estimated 112,000 vacancies in the adult social care sector in England and since COVID, almost two thirds of the public are more aware of the care industry and value social care staff on a par with the NHS workforce (Rycroft, 2021).

4.1 Terms & conditions

The vacancy rate in the adult social care workforce is high (Anderson et al., 2021). Care workers account for around 60% of this workforce and one third are on zero-hour contracts with no guaranteed income. The pay differential between a care worker with 1 year and 5 years' experience is around £0.12 per hour, reflecting poor occupational development and training.

Wages are significantly less than the NHS and many roles have poor working conditions, unrealistic and excessive workloads. There is a reliance on foreign staff and temporary staff (agency staff) to address persistent shortfalls (Anderson et al., 2021).

Enhancing pay and reward is essential to attract and retain workers but is not enough to offset the impact of poor quality jobs and unfavourable working conditions (Hussein & Turnpenny, 2020). In order to counter this, the sector needs to be able to offer 'quality jobs' that offer decent pay and terms, job security and a quality working environment.

4.2 Recruitment

In addition to offering quality jobs, Stevens et al. (2018) highlight the importance of recruiting the right kind of staff, requiring a greater emphasis on understanding the most desirable qualities of staff (Moriarty et al., 2018). There is evidence that staff who 'fit' well within a work environment have higher job satisfaction and will more likely stay in post (Duffy et al., 2015; Stevens, 2018). Values based recruitment is recognised as an effective way to do this.

McKenzie and colleagues (2021) conducted a systematic review of potential ways to recruit and retain staff:

- Create a diverse workforce – develop a range of tailored recruitment strategies to target groups with different characteristics and from different backgrounds, profile a range of staff and role models in promotional materials, tackle potential bias to recruiting certain groups (e.g. provide unconscious bias training)

- Promote employment opportunities – organise public awareness events, create links with education, employment services and other relevant organisations, encourage word of mouth via existing staff
- Reduce potential stigma – provide opportunities for direct contact with, and personal experience of, people with learning disabilities – for example, through workplace visits, ensure potential employees have realistic expectations of the role, include people with learning disabilities and current staff in the selection and recruitment process

4.3 Values and behaviours-based recruitment

Attracting the right people into post can reduce burnout, improve retention and job satisfaction. Crane and Havercamp (2020) examined the personal motives associated with indicators of resilience in direct support work. People who were resilient to stress and burnout were motivated by family, social relationships and the desire to contribute to the wellbeing of their community and were not motivated by social status. They also displayed a low desire for competition, self-promotion and career advancement. The authors suggest that these findings have implications for recruiting individuals and highlight the importance of identifying interview questions that:

- Highlight prior experience of serving others
- How they perceived those experiences
- How they describe their accomplishments and whether they take pride in recognition and titles, winning competitions or proving others wrong

Pre-hiring work shadowing experiences could provide important opportunities for applicants to visualise their day-to-day experiences including the variety of pleasant and unpleasant experiences. The American Network of Community Options and Resources (ANCOR) has developed a Direct Support Professional (DSP) toolkit featuring recruitment posters with reference to serving the community, making a difference, building meaningful relationships with others, tapping into the values relevant to DSP success, a realist job preview video that emphasises that some people find this work rewarding and others do not, encouraging self-reflection. There are also suggestions that organisations could promote self-care by encouraging staff to seek outlets outside of work to engage in values not gained e.g. leadership role in a community organisation, sport to meet competitive goals. However, these areas would require careful thought in how they could be implemented in practice.

Skills for Care has produced a toolkit for recruitment and retention (Skills for Care, 2016). Part of the programme includes adopting a values and behaviours approach which they define as:

- looking beyond someone's experience and qualifications and getting to know the real person
- assessing values, behaviours and attitudes not often assessed in the recruitment process
- sending a clear message about what the organisation's values are and demonstrating that they are important
- ensuring the candidate's values are aligned with the organisation's values to ensure people fit with the culture and is based on the adult social care values and behaviours framework:



Other examples of enhanced recruitment initiatives include:

- Bursaries
- National & international recruitment drives
- Fellowships for further training
- Return to practice schemes
- Specialist schemes that dissuade staff from taking early retirement and address the needs of ageing staff – shifting responsibilities, reducing manual tasks
- Promoting lifelong learning
- Protecting staff wellbeing

4.4 Changing needs of service users

As the needs of service users are changing, the workforce is having to adapt and respond accordingly. Increasingly, service users are presenting with a multi-morbidity profile, typically with

more unplanned and preventable admissions. Workforce planning must reflect this changing multi-morbidity profile in the population and provide a strong basic level of generalist skills requiring more investment in integrated care models with stronger community services, closer to home (Anderson et al., 2021). Services should be designed around individual patients, and services which are culturally sensitive and flexible.

Research involving people with learning disabilities (Davies & Burke, 2016) highlighted some of the important skills required for the support worker role: use of technology to enhance communication; understanding behaviour and mental health; delivering news and support for families after diagnosis; and positive risk taking.

Co-produced studies have explored the values and attributes important to service users. Davies and Burke (2016) worked with learning disabled people and their families and identified key worker skills including: to be listened to; be patient; have a happy and positive attitude; be given a voice; and be reliable (punctual). These qualities made a huge difference to their lives. Other qualities were:

- Keeping promises
- Encouraging independence
- Attitudes – “recognises you as a person and not just your disability”
- Emotional intelligence – raised by parents of children with complex needs – be a can do person, think ahead quickly and respond to situations quickly, diffuse and redirect. “they need to think three steps ahead – they need to know when to intervene at the right point – not too early”, “learning the unwritten rules”
- Humour
- Understanding physical health needs
- Maintaining relationships

Similar characteristics and skills valued by people with learning disabilities were also identified in Stevens et al. (2018): ability and willingness to listen; patience; happy and positive attitude; encouraging people to speak up for themselves; good communication skills; reliability; and sense of humour.

4.5 Career motivation, progression & uncertainty

A number of studies have examined motivation to pursue careers within mental health. An Australian sample of mental health nurses were surveyed and asked about the motivations for choosing mental health nursing (Harrison et al., 2014). Key motivations were:

- Wanting to make a difference
- Personal experience of mental illness
- It captured my interest
- Encouraged by others
- Opportunities – perceived benefits of working in the profession
- Self-soothing skills – mental health nursing helped them cope with life in general

Similar motivations were identified in a qualitative enquiry with mental health workers in Ghana (Jack et al., 2013). Motivating factors included: the desire to help vulnerable patients in need; positive day-to-day interactions with patients; an intellectual interest in psychiatry or behaviour; and good relationships with colleagues. Demotivating factors included: lack of resources; a rigid supervisory hierarchy; lack of positive or negative feedback on work performance; few opportunities for career progression.

To many, a career in social care remains unattractive because of the great deal of uncertainty about the future of certain mental health professions and sub-specialties (Durcan et al., 2017). The lack of career structures (at all levels including peer support worker roles), being able to continue in clinical or part clinical roles and having choice and different potential pathways can limit its appeal. Providing flexible working practices and conditions that can be adapted to the changing needs of staff, and ensuring that pay and benefits are consistent with equivalent employment opportunities is also considered important (Anderson et al., 2021). While care workers are more likely to be female, males employed in support work are more likely to be in full-time employment and be in managerial posts (McConkey et al., 2007).

4.6 Migrant workers and Brexit

Social care has typically had a reliance on migrant workers (although less so in NI), with employer perceptions that UK-born individuals are frequently unwilling to work in social care and often unsuitable (Hussein et al., 2011). There are also perceptions that international care workers have a better reputation, work harder, are more productive, reliable, focused and stay in post longer (Manthorpe et al., 2010) although there was a recognised need to address cultural and language

differences to ensure good outcomes for service users (Manthorpe et al., 2010). There remain concerns around sustainability of workforce post-Brexit which may exacerbate endemic problems around recruitment and retention (Read & Fenge, 2019).

4.7 Workforce planning

Historically, social care has been excluded from national workforce planning efforts which have typically exclusively focused on the NHS and COVID-19 has exposed weaknesses in the workforce (Anderson et al., 2021). Demand for social care is growing faster than the workforce and many organisations report difficulties recruiting and retaining staff (McKenzie et al., 2021). Effective workforce planning ensures that the gaps between the need for and availability of skills are anticipated in time.

Quality data

Workforce planning has been hampered by poor data (Anderson et al., 2021). Anderson and colleagues identify the key data requirements to inform workforce planning:

Supply-side

- Workforce entry: training numbers, attrition rates, immigration, re-entry rates
- Workforce exit: retirement, resignation, emigration, leave (maternity, paternity, study, sabbatical, sickness leave), death (including cause of death)
- Workforce characteristics: age, gender, ethnicity, religion, part-time working, skill mix (including volunteers, unpaid carers, & self-care)
- Workforce shortfalls: vacancy rates, urban and regional imbalances

Demand-side

- Population characteristics: age, gender, residence, migration, disability
- Disease epidemiology: disease rates, multi-morbidity
- Health and care utilisation: hospital, ambulatory, primary and long-term care utilisation, average consultation length
- Unmet need: inequalities in access to health-care services between different subgroups of the population

Alternative scenarios

- Changing skill mix: empirical evaluations of the effect of substitution of roles between healthcare professionals
- New models of care: empirical evaluations of the effect of novel models of care

- Emerging technological advancements: empirical evaluations of the effect of substitution of roles between healthcare professionals and technology (i.e. AI and robotics)

4.8 Training

Training costs are expensive. Health care assistants face inconsistent provision of training and supervision – leading to variation in competence across organisations. This group also receives less investment than other staff (Anderson et al., 2021). There is growing recognition of the complexity of training requirements and whether training is adequate preparation for practice – there is a need for developing people to understand complexity and comorbidity and understanding the needs of an ageing population (Durcan et al., 2017).

While the new workforce is being trained, existing staff receive little attention (Durcan et al., 2017) who would also benefit from similar opportunities.

4.9 Interdisciplinary workforce/skill mix/task shifting

Integrated workforce approaches alongside education and training reform are needed that reflect the changes in roles and skill mix and tend towards multidisciplinary working (Anderson et al., 2021). Changing the skill mix and task shifting e.g. non-medical prescribers are currently underutilised in the workforce, additional responsibilities for community pharmacists, physician associates and nurse practitioners.

4.10 Education reform

Professionals should not be trained in isolation (Anderson et al., 2021). Designing collaborative training and education will encourage multidisciplinary working – and help develop competency-led and community oriented support. The major developments in genomics, digital medicine, artificial intelligence, and robotics will result in new roles and the need to re-skill the pre-existing workforce. The education curriculum and workforce strategies should be reviewed regularly to respond rapidly to these developments.

Higher and Degree Apprenticeships

The Department of Health and Social Care in England announced a series of initiatives aimed at increasing the workforce including: the proposed creation of 100,000 NHS apprenticeship opportunities for young people to work in the health and care sector; the introduction of the Nursing Associate role trained through an apprenticeship leading to a foundation degree but these changes were complex to implement, especially when the timing coincided with the Brexit vote and its aftermath affecting the potential of international staff coming to live and work in the UK.

Sheffield Hallam University has developed a cross-disciplinary foundation degree pathway (Hanney & Karagic, 2019) with both full time and higher apprenticeship routes involving 3 departments (Nursing and Midwifery, Allied Health Professions, and Social Work, Social Care and Community Studies) – the FdSc Professional Practice in Health and Social Care. The course has proved popular with both students and employers and has led to high progression onto university based professional health and social care courses.

Kirton et al. (2018) explored the experiences of trainee mental health workers involved in an initiative developed between Middlesex University and the local NHS Mental Health Trusts which attempted to deal with the shortfall in flexible clinical personnel. The Trainee Mental Health Worker programme was co-produced with service user and clinician input throughout the recruitment process, module content, placement experience and assessment. During the programme, TMHWs work within trust settings for 60 per cent of the time and attend university for the remainder. Focus groups were conducted with participants pre-placement, were interviewed pre-placement, following their first placement, and at the end of the programme. Five themes emerged from the data, namely that the expectations of the role differed from the reality:

- Identity – there was a lack of consistency and understanding about their role. Challenging working conditions shaped their practice and learning rather than nurturing or development
- Career strategy – at the start, the course was seen as a means to an end but a better understanding and appreciation of the roles and services within mental health care improved and also led to the pursuit of other professional qualifications in e.g. nursing, psychology and social work.
- Functioning in the system – prior limited understanding but surprise about the politicised nature of the workplace. Learning in practice opportunities were limited.
- Status – concern about not being heard initially, but following placement experience, grew in confidence.
- Responsibility – apprehensive before placement about the level of responsibility required and considering ‘menial tasks’ as part of the learning experience, but once established they valued the day-to-day personal interactions as valuable and appreciated in themselves. Also the important advocacy role which they had not anticipated.

Older people are attracted to the social work programmes and have dependents and other financial responsibilities which may influence their decision to study, which in turn could limit the pool of applicants (Qureshi & McNay, 2011).

5 Retention

The majority of studies included in this review explored factors relating to retention of health and social care staff and approaches to address high rates of staff turnover. Retention of staff may be particularly important for continuity of care for service users as Allan and Vaedon (2021) reported that there are significant correlations between care quality and the levels of staffing vacancies and retention in residential homes.

A recent systematic review by Adams et al. (2021) explored the factors that affect retention within the mental health nursing workforce. The key finding from this review was that overall job satisfaction has a profound effect on intent to leave or stay. Factors affecting retention were grouped into four main themes: individual characteristics, working with mental health services, training and skills, and work environment.

- **Individual characteristics:** As age increases, intent to leave decreases highlighting a need to focus on retention of younger mental health nurses.
- **Working with mental health services:** Career pride, rewarding nature of the job and overcoming negative stereotypes were associated with retaining mental health nurses whilst stigma associated with working in mental health services negatively affects retention. Patient-initiated violence, fear of assault, moral distress, emotional exhaustion and burnout were associated with intent to leave.
- **Training and skills:** There was an association between mental health nurses' intention to leave and developing and maintaining their skills. Lack of CPD opportunities was a contributing factor regarding intention to leave whilst being part of a team that encourages and enables them to enhance their skills was a reason to remain working in the profession.
- **Work environment:** Working relationships, leadership, organisational culture, salary, work schedule and resources were all contributing factors to the work environment and influenced intention to leave among mental health nurses.

5.1 Lack of professional/career development and training opportunities

Lack of professional development, CPD and career progression was a consistent theme across the majority of studies. Agyapong et al. (2015) reported that community mental health workers considered leaving the mental health profession due to lack of opportunities for professional development and lack of career progression. Barrett and Robinson (2018) also identified that lack of developmental opportunities was cited as a reason for leaving or as a positive influence on intention

to stay. Murray et al. (2020) also reported that lack of clear career progression pathways and lack of role clarity were significant influencing factors for staff leaving their jobs. Offering training to staff is often seen as a way of indicating their value to an organisation particularly training that goes beyond mandatory training (Stevens et al., 2021). Durcan et al. (2017) highlighted the importance of not only focusing on training new staff but also identifying the training needs of existing staff. Hurst and Patterson (2014) also concluded that staff education and training are closely related to staff retention and this can be jeopardised by poor workforce planning and development. There exists a need to develop knowledgeable and skilled staff with opportunities for comprehensive and varied training tailored to the service users they support in order to increase retention rates and improve quality and consistency of care. Providing opportunities to learn together and promoting cohesiveness and training together to understand other staff's roles may also provide ways of improving retention of staff (Williams et al., 2016).

5.2 Pay and benefits

Pay is often cited as an influencing factor for retention. Agyapong et al. (2015) reported that community mental health workers had considered leaving their job due to a low salary. Allan and Vaedon (2021) also identified low pay as a factor contributing to social care staff's intention to leave a provider or even the industry when alternative low wage but lower pressure jobs are available (e.g. in retail). Similarly, a rapid review by Barrett and Robinson (2018) found that pay was a major influencing factor on staff retention particularly as an intervention in the lower paid social care sector. Paying above minimum wage improved retention and those who were paid more were less likely to leave their roles. Financial incentives for loyalty and performance also improved retention of staff particularly in the social care sector. Devi et al. (2021) agreed that long and unsociable hours with low pay and unclear career progression affects retention of care staff. Murray et al. (2020) also highlighted the importance of pay for retaining care staff supporting those with intellectual disabilities which is unsurprising given they generally receive low pay and this can be perceived as the extent to which they are valued by their organisation.

5.3 Work environment

The work environment including working relationships and workplace conditions has a direct impact on staff and their intention to stay or leave (Harrison et al., 2014). Research has demonstrated that supportive practice environments have a direct association to lower levels of stress, greater job satisfaction, higher attraction and retention rates and ultimately, better patient outcomes (Redknapp et al., 2015). Flexible working with the ability to work around childcare responsibilities or

long-term health conditions also had a positive impact on retention (Barrett and Robinson, 2018). The work environment was not only related to factors to do with staff but a review by Carr (2014) reported that care worker retention was impacted by not having working conditions to not offer the type of care or support they think service users deserve. This further demonstrates the importance of employee retention for staff continuity and ensuring the familiarity between staff and service users that is vital for care quality. A number of studies suggested that healthy work environments include good interpersonal relationships between staff, showing respect for staff and their work and involving staff in decision making around work processes which reduce intentions to leave among staff (Virido et al., 2019; Zhang et al., 2014). A study by Ross et al. (2022) found that higher levels of recovery orientation were associated with lower rates of turnover suggesting that a more person-centred and empowering approach to care may improve provider experience and contribute to workforce stability.

A qualitative study by Jack et al. (2013) identified a number of factors related to the work environment that affect retention of mental health workers including:

- **Lack of resources** which often made mental health care less attractive than other areas of medicine. The resource limitations were most apparent in staffing, pay, and the hospital environment. Workers were overwhelmed by the enormous patient-to-staff ratio and often had to work long hours.
- **Inadequate work environment** including dilapidated buildings and poor hospital grounds.
- **High risk environment** with staff having to deal with patient aggression and violence.
- **Rigid hierarchy** which inhibits staff motivation.
- **Lack of accountability or feedback** from managers.

Oates et al. (2021) conducted an integrative review of nurses' experiences of working in high secure forensic mental health settings. Four key themes were identified: engagement with the patient group, the ward social environment, impact on the nurse and implications for practice. These themes acknowledged the difficulties that nurses experience in developing therapeutic relationships with patients in high secure settings, the social climate of a locked environment and the risk of exposure to violence and aggression and stress experienced by staff working in a high secure environment. A number of implications for practice were highlighted including specialised education programmes training staff to work with this population group, appropriate supervisory support with opportunities to process ward dynamics and social support through teamwork, clear team roles and team commitment.

5.4 Stress/burnout and job dissatisfaction

There are high levels of stress and burnout amongst health and social care staff in the UK with 42% of UK nurses reporting burnout compared to the European average of 28% (Barrett and Robinson, 2018). Job dissatisfaction was a strong determinant for leaving and was frequently related to stress and burnout further highlighting the importance of tackling the high levels of burnout experienced by health and social care staff in the UK to improve retention. Budgetary and staffing constraints often evident in the health and social care sectors also negatively impact workload which, in turn, impacts upon job satisfaction (Cosgrave et al., 2018; Halter et al., 2017). Despite the stressful nature of working with service users with mental illness and challenging behaviours, it has been reported that community mental health workers derived the most job satisfaction from working with this population however staff working with people with intellectual disabilities also had high levels of emotional exhaustion and a propensity to leave the service (Mascha, 2007). Costello et al. (2020) identified care workers that were most at risk of burnout including younger staff, males and staff whose first language was not English suggesting that interventions to address burnout should be targeted at these at-risk groups in order to reduce turnover. Von Hippel et al. (2019) reported that perceptions that service users are not improving was associated with burnout, which in turn is related to lower job satisfaction, decreased job engagement, poorer workplace wellbeing, and increased turnover intentions among community mental health workers.

A study by Singh et al. (2015) tested the effectiveness of a mindfulness positive behaviour support (MBPBS) intervention for staff supporting people with intellectual disabilities and found that this intervention had benefits for both service users and staff. When compared to baseline measures, results showed clinically and statistically significant reductions in the use of verbal redirection, complete disuse of physical restraints within a few weeks of MBPBS training, and cessation of staff and peer injuries. In addition, there was a significant reduction in staff stress and zero staff turnover. Finally, benefit-cost analysis showed substantial financial savings due to staff participation in the MBPBS program. Via et al. (2020) also advocated implementing evidence-based interventions in a wellness protocol to reduce staff burnout and improve retention rates.

5.5 Teamwork and leadership

Scanlan et al. (2021) reported that job satisfaction of mental healthcare workers was affected by team dynamics and team leader qualities to support them in their role further reinforcing the

importance of leadership. Halter et al. (2017) concluded that managerial style and supervisory support were the most important factors affecting retention at an organisational level. Supervisory support was also identified as responding to staff concerns, managing staff conflicts, delineating clear and realistic job expectations and reducing emotional exhaustion which reduced staff's intention to leave their job (Fukui et al., 2019; Gray and Muramatsu, 2013; Green et al., 2013). Stevens et al. (2021) conducted interviews with learning disability support workers and managers and found that team work was frequently discussed in relation to the positive aspects of the job and seen as contributing to staff wanting to remain working for an employer. Feeling part of a team was declared by staff and managers as an important part of job satisfaction and as an attraction to stay working in a particular team. Many managers described making efforts to foster good team relationships. A scoping review by Johnston et al. (2020) also highlighted the importance of connectedness with colleagues and leadership for retention of social care staff. Positive leadership was related to lower levels of stress and management style including being compassionate, supportive, positive, visible and inclusive were desirable characteristics for managers. Peer support, team working, having positive one-to-one relationships with work colleagues and absence of conflict were also important factors for staff remaining in their job.

A review by Carr (2014) highlighted a number of important factors for retaining staff and motivating them to do their job well including:

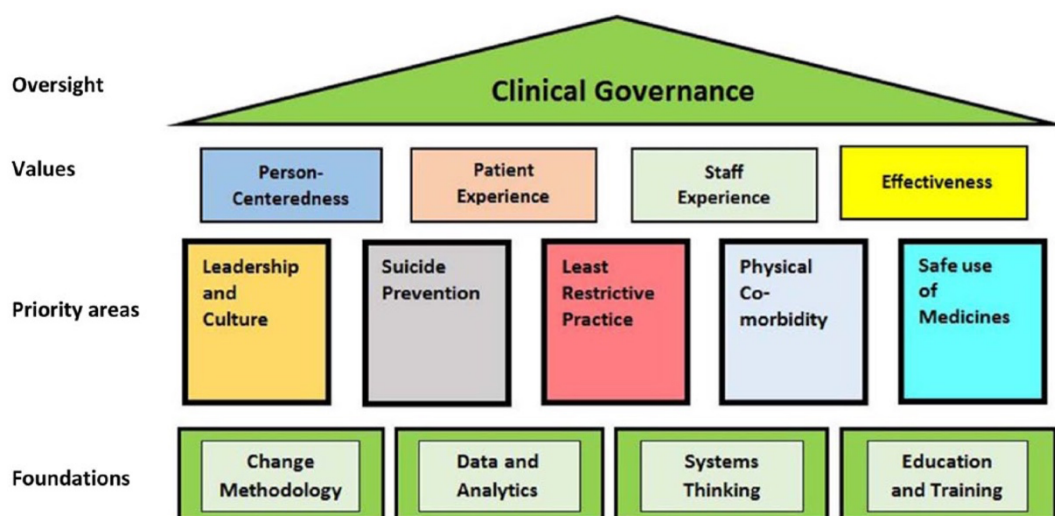
- If employers are unable to provide staff with conditions to focus on what service users want, then some staff may be more likely to move to another social care provider.
- Social care employers should recognise the potential benefits of focusing on core issues of management competency and communication; organisational engagement with staff; supportive human resource management; investment in training and development; imaginative benefits package; and reduction of employee stress.
- Incentives for learning and skills development, improved supervision and mentoring practices and job variation.
- Intelligent approaches to pay setting and progression schemes can have potential benefits for retaining staff.

Short et al. (2019) co-produced a Mental Health Quality and Safety Framework (Fig. 1) with mental health directors, clinical safety and quality leaders, data experts, frontline staff, service users and carers which identified 7 key areas for improvement including:

- Culture and leadership

- Data and analytics
- Transitions and communications
- Wellbeing of patients and staff
- Safety planning
- Medications
- Capacity and capability

Fig. 1 Mental Health Quality and Safety Framework



Addressing some of these keys areas could help with recruiting and retaining staff in mental health services (Short et al., 2019).

6 Recommendations

A number of key recommendations have been produced from this rapid review including:

- Pay, terms and conditions need to attract people
- Clear career pathways, including specialist roles, and room for progression
- Offer job tasters, work shadowing, and other ways to present the roles in a realistic way that attract the right people
- Develop recruitment and interview competencies that measure the right skills and values (values-based recruitment)
- Understand the increasing complexity of service users and provide appropriate training to develop general basic skills and reassess needs as technology develops

- Better data to inform workforce planning to help avoid shortfalls and reliance on agency staff
- Consider contributing to debate around educational reform – partnerships with education, encouraging interdisciplinary collaboration, skill mix and task-shifting
- Offer ongoing training and development to existing staff
- Provide appropriate supervision and mentoring with regular communication between managers and staff
- Develop multi-component interventions to address recruitment and retention problems at an individual level
- Clear career progression pathways with more opportunities for training
- Foster a sense of team cohesiveness and encourage staff to support one another
- Address issues that lead to stress, burnout and job dissatisfaction

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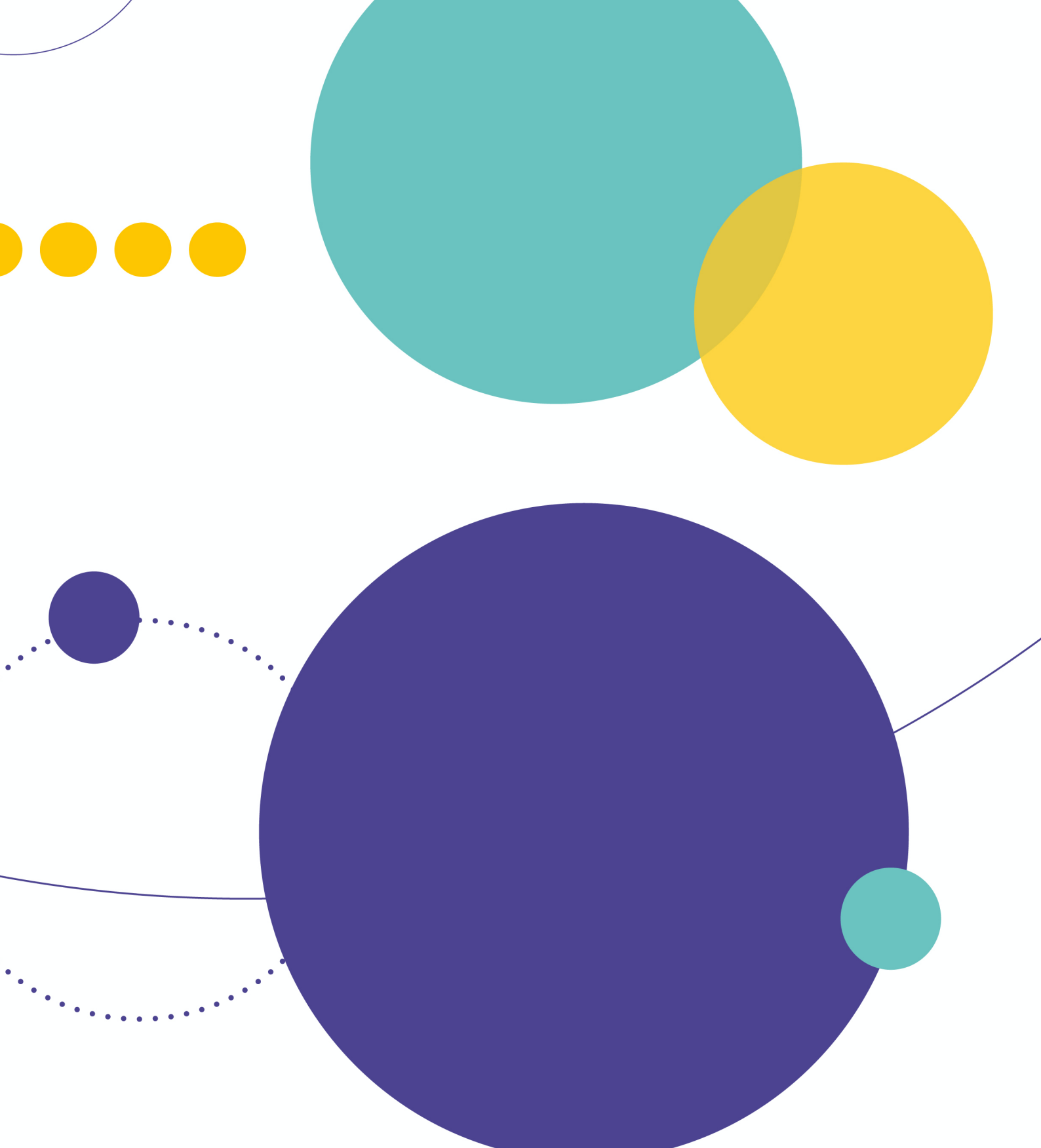
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